
EVALUATOR MANUAL TRANSMITTAL SHEET

<p><u>Distribution:</u></p> <p><input type="checkbox"/> All Child Care Evaluator Manual Holders</p> <p><input type="checkbox"/> All Residential Care Evaluator Manual Holders</p> <p><input checked="" type="checkbox"/> All Evaluator Manual Holders</p>	<p><u>Transmittal No.</u> 11 RCFCI - 01</p> <hr/> <p><u>Date Issued</u> December 2011</p>
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Subject:

Residential Care Facilities for the Chronically Ill - Resident Records

Reason for Change:

Update record requirement policy during the sale or transfer of facility property.

Filing Instructions:

REMOVE – Pages 17 through 21

INSERT – Pages 17 through 21

Approved:

ORIGINAL DOCUMENT SIGNED BY
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December 23, 2011

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Date

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87870 RESIDENT RECORDS (Continued)**87870****PROCEDURE**

Do not require a Durable Power of Attorney; however, when reviewing clients records, if there is a Durable Power of Attorney on file, check to ensure that appropriate signatures are affixed.

(c) POLICY

During the process of selling or transferring property the licensee may be asked to or may have provided information about the clients/residents cared for at the facility to persons interested in taking control of the facility. A resident's confidentiality must be respected even during the sale and transfer of property. For example, the range of care needs of the residents in general can be provided however identifying information about the individual resident would be violating the confidentiality of the resident. The party interested in buying or taking possession of the property would have a right to the confidential information if the party became the licensee or is associated with the facility as an employee. Any violation by sharing confidential information during the process of selling or transferring property must be cited by the licensing program analyst.

87872 PERSONAL RIGHTS**87872****(a)(9) POLICY**

Refer to information on crushing medication in Evaluator Manual Section 87918(f), Medication Procedures.

(b) POLICY

Refer to information specifying what authorization is required in order to crush medications, in Evaluator Manual Section 87918(f), Medication Procedures.

87893 GENERAL REQUIREMENTS FOR ALLOWABLE CONDITIONS**87893****(h) POLICY**

Refer to information on crushing medication in Evaluator Manual Section 87918(f), Medication Procedures.

87894 RESIDENT MEDICAL ASSESSMENTS**87894****(b)(4) POLICY**

If a facility has a resident who is unable to fill his/her own syringe due to blindness, tremors, or arthritis, etc., verification of the condition should be included on the medical assessment. (See Evaluator Manual Section 87903 on diabetes, Section 87904 on injections, and Section 87915(a)(4) on being granted an exception for an registered nurse to pre-fill syringes.)

PROCEDURE

Check the residential care facilities for the chronically ill's file to make sure that a physician has provided written verification that states:

1. The resident cannot fill his/her own syringe due to blindness, tremors, arthritis, etc.;
2. The resident's need for insulin is stable (if resident is diabetic); and
3. The resident is cognitively and physically competent to inject his/her own medication.

87896 RESIDENT INDIVIDUAL SERVICES PLAN/TEAM**87896**

(a) & (a)(1)

PROCEDURE

Check to see that the Individual Services Plan coincides with the written facility plan when the licensee of a facility is requesting an exception be granted to pre-fill insulin syringes for a diabetic resident. An residential care facilities for the chronically ill has the added protection of having a Registered Nurse Case Manager, so find out his/her role when an exception is requested to pre-fill insulin syringes for a diabetic resident. (Refer to Evaluator Manual Section 87894(b)(4) above)

87903 DIABETES**87903**

(a)(2)

POLICY

If a licensee is requesting an exception to be allowed to pre-fill insulin syringes for a diabetic resident, see Evaluator Manual Section 87915(a)(4).

See Evaluator Manual Section 87904(a)(2) pertaining to drawing-up medication into a syringe for immediate injection, pre-filling syringes, and who may administer injections.

See Evaluator Manual Section 87865(g)(3) on suggested training to care for a diabetic resident.

(b)(1)

POLICY

See Evaluator Manual Section 87903(a)(2) above.

(b)(2)

POLICY**Storage of Insulin and Insulin Syringes**

1. Insulin stored at room temperature should be used within one (1) month; otherwise, it should be refrigerated.
2. Once an insulin vial has been opened, it can only be stored in the refrigerator for three months.
3. Unopened insulin stored in the refrigerator is effective through the expiration date.
4. Insulin should be kept out of direct sunlight and away from heat and cold.
5. If a facility has only one diabetic resident, who has his/her insulin syringes pre-drawn, the vial of insulin, together with the individual pre-filled insulin syringes, may be stored in the resident's room or be **centrally stored** in a separate locked box in a refrigerator or stored in a separate container in a locked drawer, cabinet, etc.
6. If there is more than one diabetic resident in a facility who has his/her insulin syringes pre-drawn, special care should be taken to ensure that medications do not get mixed up. Nurses and pharmacists, with whom the Department has consulted, have suggested that the following procedures represent best practice, but in an residential care facilities for the chronically ill the Registered Nurse Case Manager may have an equally safe alternative:

87903 DIABETES (Continued)

87903

(b)(2)

POLICY (Continued)

- a. The vial of insulin, together with the individual syringes, should be stored in a locked drawer, cabinet, closet, etc. **in the resident's own room** or be stored in the resident's own refrigerator in a locked container (See Regulation Section 87916: Self-Administered Medications);
- b. Staff or registered nurses who handle centrally locked medications should also have a key to get into the resident's locked medications; and
- c. An emergency unopened vial of insulin for each resident should always be centrally stored in the refrigerator and replaced before its expiration date. This vial of insulin can be taken to the resident's room to be locked up when the resident's current vial is empty. Then a new vial can be ordered from the pharmacy and put in central storage to replace the old bottle in case of an emergency.
- d. Insulin syringes should not be set up for more than seven days in advance.

Labeling

Each *vial* of insulin and the individual syringes made from that vial should all be stored together in a zip locked bag.

In addition to the labeling requirements for the vial of insulin found in Sections 87915(a)(5)(A) - (K) and 87919(a)(1) - (7) and (b)(1) - (6), the vial should be flagged referring an individual to a record so that the following can be noted:

1. The amount in the original vial of insulin;
2. How many syringes were made from the original container and the dates the insulin was drawn;
3. The dosage of insulin in each syringe made from the original vial of insulin;
4. The name of the person who pre-filled the syringes;
5. The name of the person who gave the syringe to the resident to inject him/herself along with:
 - a. The amount the resident injected;
 - b. The time and date the injection was given; and
 - c. The location on the body where the insulin was injected.
6. The date the emergency back up vial of insulin was taken from the refrigerator to replace the used vial in the resident's room and the name of the person who took it there;

87903 DIABETES (Continued)**87903**

7. The date the insulin was reordered and the name of the person who ordered it; and the date the new vial of insulin was received from the pharmacy and put in the refrigerator as an emergency back up and the name of the person who received it.

Each individual pre-filled insulin *syringe* should be labeled and should include the following information:

1. The name of the resident for whom the insulin was prescribed;
2. The contents in the syringe including the drug name, strength, and quantity;
3. The date the syringe was drawn up;
4. The initials of the individual who drew up the syringe; and
5. A cross-reference to the prescription number of the vial of insulin it came from, the date it was filled, and the expiration date.

The licensee is responsible for ensuring that the resident has enough insulin available to meet his/her needs, and that the resident's insulin/medication is re-ordered timely.

87904 INJECTIONS**87904**

(a)(2)

POLICY**Administration**

In residential care facilities for the chronically ill, any injections must be self-administered by the resident.

If the resident is unable to self-administer an injection, injections shall only be administered by the following licensed medical professionals: physicians, registered nurses, Licensed Vocation Nurses, and psychiatric technicians.

1. In settings outside of a health facility or State Developmental Center, a Psychiatric Technician can only administer subcutaneous and intramuscular injections to residents who are developmentally disabled or mentally disordered, provided the licensed Psychiatric Technician performs the procedure in accordance with a licensed physician's order.

Based upon consultation with the Board of Registered Nursing and the Board of Vocational Nurse and Psychiatric Technician Examiners, Licensing Program Analysts need to be aware of the differences between drawing medication for immediate injection and pre-filling syringes.

Pre-packaged Medication

Medications, including insulin, that are packaged in pre-measured doses in individual syringes and are available at the pharmacy are not considered to be pre-drawn. They are considered to be the originally received container.

87904 INJECTIONS (Continued)

87904

(a)(2)

POLICY(Continued)**Drawing Medication for Immediate Injection**

Only the following may draw-up medication into a syringe for immediate injection:

1. The resident him/herself;
2. A Physician;
3. A registered nurse;
4. A (licensed vocational nurse, under the direction of a registered nurse or a physician;
or
5. A Psychiatric Technician, under the direction of a physician, a surgeon, a psychiatrist,
or a registered nurse.

Pre-Drawing Medication for Future Injection

Only a registered nurse can pre-fill syringes (drawing the medication up from the container received from the pharmacy) for future use by a resident in a community care facility. The physician must give a written order for a registered nurse to set up medication syringes in advance and must provide written instructions for doing this. The physician, registered nurse, and licensee should work out an arrangement pertaining to the registered nurse coming into the facility to pre-fill the syringes. The registered nurse who pre-fills the syringes should have an emergency back-up plan if he/she is unable to set up syringes and the facility runs out.

1. The pre-drawing of medication into syringes in a residential care facilities for the chronically ill will require an exception from regulations pertaining to requiring each resident's medication be stored in its originally received container. See Evaluator Manual Section 87894(b)(4) under Resident Medical Assessments on whether the facility could take care of a diabetic resident when he/she cannot fill his/her own syringe due to blindness, tremors or arthritis. (Also see Evaluator Manual Section 87915(a)(4) and Evaluator Manual Section 87903 on diabetes.)

A registered nurse, licensed vocational nurse, or Psychiatric Technician may not administer medication that has been pre-drawn by another.

PROCEDURE

Suspected violations of Section 87904(s)(2) by licensed professionals should be referred to the respective licensing board. If the licensed professional is employed by a Home Health Agency or other entity licensed by the Department of Health Services, a report should be made to the Department of health Services Licensing and Certification District Office. Consult with a licensing supervisor prior to making this referral.

If unlicensed and/or unauthorized persons are administering injections, a notice of deficiency should be issued, citing this regulation. This is a serious deficiency.

(b)(1)

POLICY

See Evaluator Manual Section 87904(a)(2) above.