**Section 350.3760 Medication Policies**

a) In order for each resident to attain the highest possible level of independent functioning, all residents shall be permitted to participate in their total health care program. This program shall include, but not be limited to, resident training in preventive health and self-medication procedures provided by a licensed nurse. Every facility shall adopt written preventative health and self-medication policies and procedures, which are consistent with the purpose of the Act and this Part and which shall be followed in the operation of the facility, for assisting residents in obtaining preventative health and self-medication skills. These policies and procedures shall be developed with consultation from an Illinois registered professional nurse and a registered pharmacist. These policies and procedures shall be part of the written program of care and services. (See Section 350.620.)

b) No facility shall operate a pharmacy.

c) A facility may stock only drugs which are regularly available without prescription at a commercial pharmacy, such as: noncontrolled cough syrups, laxatives, and analgesics. These shall be given to a resident only upon the written order of the physician, dentist, or podiatrist; shall be administered from the original containers; and shall be recorded in the resident's clinical record.

d) No emergency medication kit shall be maintained in this type of facility.

e) Nursing stations are not required in this type of facility.

f) Current medical references are not required in this type of facility.

g) All medications on individual prescription or from the physician's personal supply shall be properly labeled as set forth in subsection (r).

1) All other medications shall be authorized by a physician for individual resident use, and shall be clearly identified with the resident's name.

2) Attending physicians shall review the medication regimen of each resident at least every six months. Documentation of this review shall be entered in the resident's record.

h) All medications used by residents shall be properly recorded by facility staff at time of use. (See Section 350.1620(g).) A medication record need not be kept for those residents for whom the attending physician has given permission to keep their medication in their room and to be fully responsible for taking the medications in the correct dosage and at the proper times themselves.

i) Bottled oxygen may not be administered in a facility, except in an emergency. Not more than one 12 pound portable size tank of oxygen for such an emergency use shall be kept in the facility. However, use of an oxygen concentrator is permitted when prescribed by a physician for a resident. The facility must be in compliance with directions for use of such equipment as established by the manufacturer.

j) All discontinued legend or controlled drugs, all medications having an expiration date that has passed, and all medications of residents who have expired shall be disposed of in accordance with the regulations of the Federal Drug Enforcement Administration by the prescribing physician or the consultant pharmacist. A notation of their disposition shall be made in the resident's record.

k) All medications taken by residents in this type of facility must be administered by a nurse or physician licensed to practice in Illinois unless the medication is self-administered by the resident. Facility staff shall not administer medication to residents unless the staff person is a properly licensed nurse or physician.

1) All residents shall be evaluated by the facility's interdisciplinary team to determine their self-medication capability. Each resident determined to have the capability to learn to administer his/her own medications shall have written training and habilitation objectives developed by the interdisciplinary team based upon this evaluation and stated in specific behavioral terms that permit the progress of the resident to be assessed and recorded.

2) The facility shall provide, either directly or through arrangements with the consultant nurse, training and supervision necessary for identified residents to gain independence in self-administering their own medications as approved in writing by the resident's personal physician, and documented in the resident's individual plan.

3) Facility staff may assist a resident in the self-administration of medications by taking the medication from the locked area where it is stored and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident. Facility staff may also assist physically impaired residents, such as those who have arthritis, cerebral palsy, or Parkinson's disease, in the removal of the medication from the container and in assisting the resident in consuming or applying the medication when requested to do so by the resident. (For example, a staff member may place a dose of medicine in a container and place the container to the mouth of a resident who would not be able to do so without spilling it.)

4) To be considered "capable of self-administering their own medications," residents must, at a minimum, be able to identify their medication by size, shape, or color and know when they should take it, and the amount to be taken each time.

l) Medication may be administered by non-licensed direct care staff who have been trained and authorized in accordance with 59 Ill. Adm. Code 116 (Administration of Medication in Community Settings). In addition to the requirements set forth in 59 Ill. Adm. Code 116.50, medications shall be given "as needed" or "PRN" only as follows:

1) Only over-the-counter medications such as those listed in 59 Ill. Adm. Code 116.50(e), with the exception of laxatives, shall be administered PRN;

2) Facilities may develop and follow policies limiting the administration of PRN medication;

3) Each client's medical record shall state what medications may be administered PRN and shall include documentation of administration of PRN medication; and

4) A licensed professional shall be notified within 24 hours after the administration of PRN medication by unlicensed direct care personnel.

m) All medications shall be stored under lock and key at all times. The storage area shall be well lighted and of sufficient size to permit storage without crowding. This area may be a metal container, drawer, cabinet, closet, or room. A separate medication room is not required.

n) The key to the medicine area shall be the responsibility of, and in the possession of, the staff persons responsible for overseeing the self-administration of medications by residents.

1) The medicine area shall not be used for any other purpose. However, for those persons whom the attending physician has given written permission to handle their own medication, medications may be stored in a locked metal container, drawer, or cabinet in the resident's room along with other possessions of that resident.

2) Residents for whom the attending physician has given permission to be totally responsible for their own medication shall maintain possession of the key, or combination of the lock, to their own medication storage area. A duplicate key or a copy of the combination shall be kept by the facility in its safe, or some other secure place, for emergency use, such as if residents lose or misplace their key, or forget the combination.

o) Medications for external use shall be kept in a separate location in the medicine area or in a separate locked area.

p) All poisonous substances and other hazardous compounds shall be kept in a separate locked area away from medications.

q) Biologicals or medications requiring refrigeration shall be kept in a separate, securely fastened locked container in a refrigerator, or in a locked refrigerator.

r) The label of each individual medication container filled by a pharmacist shall clearly indicate the resident's full name, physician's name, prescription number, name and strength of drug, amount of drug, date of issue, expiration date of all time-dated drugs; name, address, and telephone number of pharmacy issuing the drug; and the initials of the pharmacist filling the prescription. If the individual medication container is filled by a physician from the physician's own supply, the label shall clearly indicate all the preceding information except that pertaining to the identification of the pharmacy, pharmacist, and prescription number.

s) Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or dispensing physician for relabeling or disposal. Containers having no labels shall be destroyed in accordance with Federal and State laws.

t) The medications of each resident shall be kept and stored in their originally received containers. Medications shall not be transferred between containers.

Attorney General's Opinion File No. S-1033, dated January 9, 1976, concluded that the administration of medication to residents of licensed long-term care facilities is a nursing procedure, as defined in the Illinois Nursing Act and, as such, cannot be performed by persons who are not licensed as either Registered Professional Nurses or Licensed Practical Nurses. The opinion concluded by stating that "nursing aides, orderlies, attendants, and other auxiliary workers who are employed in nursing homes are not permitted to administer medications to patients in nursing homes."

(Source: Amended at 25 Ill. Reg. 6499, effective May 15, 2001)