



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

September 13, 2023

Ms. Jolynn Whitten, Manager  
The Village At White River Junction  
101 Currier Street  
White River Junction, VT 05001

Dear Ms. Whitten:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 25, 2023**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.  
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0660	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  G 07/25/2023
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NAME OF PROVIDER OR SUPPLIER  THE VILLAGE AT WHITE RIVER JUNCTION	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CURRIER STREET WHITE RIVER JUNCTION, VT 05001
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R128 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse (RN) failed to ensure that medications were administered per physician's order for Resident #1. Findings include:</p> <p>Per record Review of Resident #1 medications orders, Resident # 1 was prescribed two Lorazepam orders in alternative routes (forms of administration). An order was provided on 4/21/22 for Lorazepam Topical gel 1mg/ml, Give 1mg (1 packet) apply to skin every 6 hours as needed for anxiety and on 4/23/22 Lorazepam 0.5 mg tablet, take 1 tablet by mouth twice daily 30 minutes prior to personal care.</p> <p>Per review of the Medication Administration Record (MAR) Resident #1 on 4/27/22 9:15 AM and 4/28/22 9:06 AM scheduled order for Lorazapema 0.5mg tablet was documented as "not given", and additional documentation noted "given 0.5 mg of gel vs tab". Per dates of administration on 4/27/22 physician's order for Lorazepam topical gel directions were to administer 1mg (1 packet). At 9:00 AM on 4/27/22 Lorazepam 0.5mg topical gel was administered. Per record review of Resident #1 chart, nursing note stated physicians order obtained to decrease Resident #1's Lorazepam</p>	R128	<p>R128</p> <p>Action to Correct this deficiency:</p> <ul style="list-style-type: none"> <li>The facility will ensure that medications will be administered to all residents per physician's orders.</li> </ul> <p>The measures/systemic changes that will be put in place to ensure the deficiency will not recur:</p> <ul style="list-style-type: none"> <li>Review of all medication policies for Narcotic and Non-Narcotic medications with all trained Medication Administration staff (Nurses and Med Techs). Completion date 8/19/23.                             <ol style="list-style-type: none"> <li>Medication System NUR022PP</li> <li>Medication Administration NUR021PP</li> <li>Schedule II Narcotic Start of Shift Count NUR053PP-VT</li> <li>Schedule II Narcotic Disposition NUR052PP-VT</li> <li>Narcotic Schedule II Count NUR012G</li> </ol> </li> <li>Weekly Audits on Narcotic Books x 4 weeks, then Monthly Audits x 3 months, then Quarterly Audits ongoing.</li> <li>DOHS / ADOHS or designee will monitor completed audits on all Narcotic Books.</li> </ul>	<p>Tag R128 Accepted, Jenielle Shea, RN 8/20/23</p>

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Suzette Carbone RN DOHS*

TITLE

(X6) DATE

8/14/23

Division of Licensing and Protection

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R128 Continued From page 1

from 1mg/ml to 0.5mg/ml was obtained and entered in to Resident #1's at 12:01 PM on 4/27/22.

Per interview on 7/25/23 at 2:30 PM the Director of Health Services (DOHS) reviewed the MAR documentation on 4/27/22 s/he confirmed the coded documentation indicated "not given" and confirmed the notation "given 0.5 mg of gel vs tab". The DOHS confirmed staff administered an incorrect dose of Lorazepam topical gel. The DOHS acknowledged the policy of administration of medications indicates to follow the physician orders as prescribed.

V. RESIDENT CARE AND HOME SERVICES

R161  
SS=F

5.10 Medication Management

5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.

This REQUIREMENT is not met as evidenced by:  
Based on staff interview and record review the Manager failed to ensure the policy and procedure for the management of administrations of medications, and documentation and wasting of controlled substances were not followed by designated staff. Findings include:

1. Per record review of the Medication Administration Record Resident #1 was prescribed an order on 4/21/22 for Lorazepam

R128

R161

Action to Correct this deficiency:

- The facility will ensure that medications will be administered to all residents per physician's orders.
- The facility will ensure that policy and procedure for the management of medication administration, documentation and wasting of controlled substance will be followed by trained medication administration staff (Nurses/Med Tech's). Per policy:

1. Narcotic Schedule II Count NUR012G
2. Schedule II Narcotic Disposition NUR052PP-VT
3. Medication System NUR022PP
4. Schedule II Narcotic Start of Shift Count NUR0053PP-VT

Continued on page 3

Tag R161 Accepted  
Jenielle Shea, RN  
8/20/23

Division of Licensing and Protection

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R161 Continued From page 2

Topical Gel 1 mg/1 ml , give 1 mg (1 packet) every 6 hours as needed for anxiety. and prescribed an order on 4/23/22 for Lorazepam 0.5 mg tablet, give 1 tablet by mouth twice daily 30 minutes prior to care. On 4/27/22 at 9:15 AM and 4/28/22 at 09:06 AM the MAR documentation indicated, Lorazepam 0.5 mg tablet, Give 1 tablet 30 minutes prior to care, was documented as not given. A medication administration note was link to the order for Lorazepam 0.5 mg tablet on 4/27/22 at 9:15 AM and 4/28/22 at 09:06 AM, stating "given 0.5 mg of gel vs tab ."

Per interview on 7/25/23 at 2:45 PM the DOHS, confirmed the MAR documentation on 4/27/22 and 4/28/22, indicated Lorazepam gel was administered in leui of Lorazepam tablet, and the administration of Lorazepam gel was not documented to record the administration on the MAR. S/he continued to explain policy and procedures for the administration of medication was not followed, confirmed designated staff are to document each administration of the associated physician order on the MAR.

2. Per review of the Controlled Substance book, the administration on 4/28/22 at 9:06 AM for Lorazepam Gel was not documented to account for the medication administration indicated on the MAR note. Lorazepam is a controlled substance and requires documentation with each administration, to indicate an account of the supply utilized and the remaining amount, is recorded in a Controlled substance bound book.

Per review of the Policy and Procedure titled Narcotic Schedule II Count (NUR012G), the policy stated "Each time a resident receives a Schedule II narcotic the LPN-LVN- Care Partner/Designee administering/assisting the

R161

R161  
Continued from page 2

The measures/systemic changes that will be put in place to ensure the deficiency will not recur:

- Review of all medication policies for Narcotic and Non-Narcotic medications with all trained Medication Administration staff (Nurses and Med Techs). Completion date 8/19/23.
- 6. Medication System NUR022PP
- 7. Medication Administration NUR021PP
- 8. Schedule II Narcotic Start of Shift Count NUR053PP-VT
- 9. Schedule II Narcotic Disposition NUR052PP-VT
- 10. Narcotic Schedule II Count NUR012G
- Weekly Audits on Narcotic Books x 4 weeks, then Monthly Audits x 3 months, then Quarterly Audits ongoing.
- DOHS / ADOHS or designee will monitor completed audits on all Narcotic Books.

Note: Policy and Procedure documents attached to email

Division of Licensing and Protection

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R161	<p>Continued From page 3</p> <p>resident with the medication is to document the Date, Time/Amount Given/Name and Title of person administering and remaining Balance section.."</p> <p>Per interview on 7/25/23 at 2:45 PM the DOHS reviewed and confirmed the Controlled Substance Log does not account the administration of Lorazepam gel 0.5 mg as given on 4/28/22 9:06 AM. The DOHS confirmed policy and procedures for documentation in the Controlled Substance log were note followed.</p> <p>3. Per record review of the Policy and Procedures for the Disposal of Narcotics, the policy states "The DOHS/Executive Director with a witness shall only destroy the discontinued medications..." In review of the Controlled Substance Log, Lorazepam topical gel was supplied in packets that contained 1 mg/1 ml dose. The medications order was received on 4/21/23, to administered Lorazepam 1 mg/ml, 1 mg (1 packet) every 6 hours as needed for anxiety. The Controlled substance log account for the Lorazepam topical gel indicates administration on 4/27/22 at 0900 with 0.5 administered, the administration of the medication is further documented to indicated the remaining 0.5 as wasted. This occurred again on 4/29/22 at 11:00 AM, 4/29/20 at 8:00 PM, 5/2/22 at 10:00 AM.</p> <p>Per interview on 7/25/23 at 2:50 PM the DOHS confirmed the policy and stated, "two nurses can waste the medication". The DOHS did not recall the package of the Florae topical gel, S/he could not confirm how staff were able to measure the dose to administer 0.5 mg. The DOHS confirmed the policy states to requires a witness when wasting narcotics and confirmed the documentation on of wasting included only one</p>	R161		
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R161	Continued From page 4  signature on 4/29/22 at 11:00 AM and 8:00 PM, and on 5/2/22 at 10:00 AM.	R161		
A 001	VI Initial Comments  An unannounced on-site investigation survey of 4 complaints was conducted on 7/25/23 by the Division of Licensing and Protection. As a result of the investigation, regulatory findings were identified related to 1 of 4 complaints. Findings include:	A 001		

**TITLE:** SCHEDULE II NARCOTIC START OF SHIFT COUNT (NUR0053PP-VT)

**POLICY:** To ensure that any/all Schedule II Narcotics are counted on a shift-by-shift basis.

**PROCEDURE:**

The community shall use and complete the "Schedule II Narcotic Start of Shift Count (NUR0070F-VT)" at the start of each scheduled nursing shift.

**TITLE:** SCHEDULE II NARCOTIC DISPOSITION (NUR052PP-VT)

**POLICY:** To ensure that any/all Schedule II Narcotics are disposed of according to Life Care Services' guidelines in a timely manner.

**PROCEDURE:**

When a resident is discharged or a schedule II narcotic is discontinued per a healthcare provider's order, the Director of Health Services (DOHS)/Executive Director, with a witness, shall count all remaining narcotics and record the required information onto the "Discontinued-Discharged Medications Disposition (NUR0015F-VT)" form.

The DOHS/Executive Director, with a witness, shall only destroy the discontinued medication by the following methods approved by the office of National Drug Control Policy:

1. Take unused, unneeded, or expired prescriptions drugs out of their original containers for disposal.
2. To ensure the medications are not diverted, they should be disposed of in a designated container as mandated by the Board of Pharmacy and FDA
3. RETURN TO FAMILY/LEGAL AUTHORITY ONLY IF RESIDENT IS MOVING FROM COMMUNITY.
4. If a medication manufacturer requests return of a prepackaged and/or sample medication, the medication will be returned as specified by the manufacturer.
5. If a medication is recalled it will be returned as specified by the manufacturer and the resident/responsible party/legal authority will be notified of the recalled medications.



**TITLE:** NARCOTIC (SCHEDULE II) DECLINING BALANCE SYSTEM  
(NUR0051PP-VT)

**POLICY:** To utilize an individual resident declining balance system for any/all Schedule II Narcotics.

**PROCEDURE:**

The community shall utilize the "Schedule II Narcotic Declining Use (NUR0067F-VT)" form, or a declining balance form provided by the pharmacy, for individual resident Schedule II narcotic to ensure the appropriate amount of Schedule II Narcotics are maintained for each resident per the healthcare provider's orders.

\* The facility uses Narcotic Book ledger system.

**TITLE:**                   **MEDICATION SYSTEM – AL (NUR022PP)**  
**(Storage System, Forms of Administration, MAR/MOR, Narcotic Storage, Med. Re-order, Expired Medications, OTC)**

**POLICY:**                To ensure the community uses a medication system that is compliant with board of pharmacy guidelines.

**PROCEDURE:**

1. Medication system will use a unit dose packaging system for Assisted Living and Memory Care residents. Medications dispensed in bulk form from the VA and other Health Insurers and distributors may also be used per resident admission agreement and shall be stored in original packaging.
2. The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner.
3. Residents who are classified as "Independent Living" may self-administer and store their own medications in their units (apartments) as determined by their Physician and per admission agreement. Memory Care licensed/trained staff will assist or administer all medications in the memory care neighborhood.
4. Compartments (including, but not limited to drawers, cabinets, rooms, refrigerators, carts and boxes) containing medications shall be locked when not in use and trays or carts used to transport medications shall not be left unattended if open or otherwise potentially available to others.
5. All centrally stored narcotics shall be kept in medication cart/medication room in locked drawer/cabinet for double lock security. Narcotics shall be listed on a declining balance sheet (#NUR0067F) for each individual narcotic and counted by staff each shift. Responsible party counting shall sign the start of shift count form (#NUR0070F) each shift. Removal of medication cart/room keys from property by any/all staff may result in disciplinary action.
6. All medications administered will be documented on a Medication Administration Records or Medication Observation Record. Each MAR/MOR sheet shall list any/all medications order by the resident's physician in accordance with F.D.A. requirements. Designated staff will review all MAR's/MOR's monthly or as needed to ensure all order changes are reflected. A licensed pharmacist shall perform all label changes for community and/or individual resident, within 10 days of order change.
7. Designated staff shall be responsible for the re-ordering on an ongoing basis of all resident medication as prescribed. Nurse/Medication assistant will notify of delivery of medication, sign and put medication in designated storage area.

8. All medications shall be reviewed/checked for expiration dates. Expired and/or discontinued medications are disposed according to state regulations. Night Nurse/Medication assistant will audit medication nightly and order when amount of seven (7) tablets remain.
9. The resident/legal representative will be notified of medication changes. Replacement medications for all order changes will be reordered as prescribed in a timely manner.
10. Any over-the-counter medications will be approved for use by the physician/healthcare provider for any/all Assisted Living/Memory Care Residents. Storage of OTC medications will adhere to same as physician ordered medications.
11. Residents' medication regime and method of administration will be reviewed by their medical practitioner during routine medical visits.

8. All medications shall be reviewed/checked for expiration dates. Expired and/or discontinued medications are disposed according to state regulations. Night Nurse/Medication assistant will audit medication nightly and order when amount of seven (7) tablets remain.
9. The resident/legal representative will be notified of medication changes. Replacement medications for all order changes will be reordered as prescribed in a timely manner.
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11. Residents' medication regime and method of administration will be reviewed by their medical practitioner during routine medical visits.

**TITLE:** MEDICATION ADMINISTRATION (NUR021PP)

**POLICY:** To accurately prepare, administer and document all medication administration.

**PROCEDURES:**

All residents will be assessed for safe self-administration is assessed to be unsafe. All medications will be administered as prescribed by the resident's Physician / Healthcare Provider and only by persons lawfully authorized to do so.

The following process will be followed for all refused medications.

- a. If unable to administer the medications, initial E-MAR/MOR and circle initial document the reason in the medical record.
- b. If the resident refuses two doses then the nurse will notify MD and family.

Following procedures should be followed for medication administration for narcotic and non-narcotic:

*1. Providing Assistance with Solid Doses of Oral Medication*

- a. Wash hands.
- b. Prepare any necessary items: water, juice, cups, spoons, etc.
- c. Obtain the medication observation record E-MAR.
- d. Obtain the medication from storage.
- e. Verify the medication label with the MOR/E-MAR. Check the MOR/E-MAR, then the medication label, then the MOR/E-MAR before providing the medication to the resident.
- f. Take the medication to the resident and tell them the medications you are providing. Open the container in the presence of the resident.
- g. Give the resident his/her medication, providing the type of assistance needed and with an appropriate liquid.
- h. Observe the resident swallow the medication.
- i. Record that assistance was provided on the MOR/E-MAR.
- j. You must observe the resident taking the medication when providing assistance with medication.

*2. Providing Assistance with Liquid Medication*

- a. Wash hands.
- b. Verify the medication label with the medication observation record. Check the MOR/E-MAR, then the medication label, then the MOR/E-MAR before providing the medication to the resident.
- c. Always use a cup or container which contains measurements. Ask the pharmacist to mark the correct dosage.
- d. Hold cup at eye level.
- e. Use your thumb to mark off the correct level on the cup.

- f. Pour medication into the cup and stop at the mark.
- g. Give the cup to the resident. If necessary, assist the resident to lift the cup to his/her mouth. Observe the resident swallow the medication.
- h. Record that assistance was provided on the MOR/E-MAR.

### 3. *Breaking Scored Tablets/Crushing Tablets*

- a. *Scored Tablets:* Sometimes a medication label will read 'take half a tablet.' You may break tablets and caplets which are "scored." A scored tablet has been imbedded for easier and even breakage; that assures the correct amount.
- b. You may use a pill cutter to break the medication, or break the medication using your thumbs. You must wear gloves if you handle the pill.

### 4. *Crushing a Tablet*

Medications shall be crushed only when it is appropriate and safe to do so; consistent with physician's orders.

- a. Wash hands.
- b. Verify the medication label with the medication observation record. Check the MOR//E-MAR, then the medication label, then the MOR/E-MAR before providing the medication to the resident.
- c. Place the pill in a paper cup or protective device.
- d. Cover the cup with another cup.
- e. Lower the lid of the pill crusher onto cup top and press.
- f. Place crushed pill onto spoon with food (for example applesauce).
- g. Record that assistance was provided on the MOR/E-MAR.

### 5. *Assisting with Nasal Drops and Sprays*

As per physician's orders:

Some residents may need assistance with nasal drops & sprays. Allow each resident to do as much as possible for him or herself. You may assist a resident with nasal drops or sprays in the following manner, using this step-by-step process:

- a. Wash hands.
- b. Verify the medication label with the medication observation record. Check the MOR, then the MOR/E-MAR before providing the medication to the resident.
- c. Ask the resident to gently blow his/her nose to clear the nasal passage.
- d. Ask the resident to either lie down or sit down and tilt his/her head back. If resident lies down, put a pillow under the resident's shoulders and allow the head to fall over the edge of the pillow.
- e. Elevate the nostrils slightly by pressing the thumb against the tip of the nose.
- f. Hold the dropper or spray just above the resident's nostril. Place no more than 3 drops at a time, unless otherwise prescribed. Do not touch the dropper or spray bottle tip to the inside of the nostrils.
- g. Ask the resident to inhale slowly and deeply through the nose; hold the breath for several seconds and then exhale slowly; and remain in position with head tilted back for 3-5 minutes so the solution will come into contact with the entire nasal surface.
- h. Discard any medication remaining in the dropper.

- f. Pour medication into the cup and stop at the mark.
- g. Give the cup to the resident. If necessary, assist the resident to lift the cup to his/her mouth. Observe the resident swallow the medication.
- h. Record that assistance was provided on the MOR/E-MAR.

### 3. *Breaking Scored Tablets/Crushing Tablets*

- a. **Scored Tablets:** Sometimes a medication label will read 'take half a tablet.' You may break tablets and caplets which are "scored." A scored tablet has been imbedded for easier and even breakage; that assures the correct amount.
- b. You may use a pill cutter to break the medication, or break the medication using your thumbs. You must wear gloves if you handle the pill.

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- c. Place the pill in a paper cup or protective device.
- d. Cover the cup with another cup.
- e. Lower the lid of the pill crusher onto cup top and press.
- f. Place crushed pill onto spoon with food (for example applesauce).
- g. Record that assistance was provided on the MOR/E-MAR.

### 5. *Assisting with Nasal Drops and Sprays*

As per physician's orders:

Some residents may need assistance with nasal drops & sprays. Allow each resident to do as much as possible for him or herself. You may assist a resident with nasal drops or sprays in the following manner, using this step-by-step process:

- a. Wash hands.
- b. Verify the medication label with the medication observation record. Check the MOR, then the MOR/E-MAR before providing the medication to the resident.
- c. Ask the resident to gently blow his/her nose to clear the nasal passage.
- d. Ask the resident to either lie down or sit down and tilt his/her head back. If resident lies down, put a pillow under the resident's shoulders and allow the head to fall over the edge of the pillow.
- e. Elevate the nostrils slightly by pressing the thumb against the tip of the nose.
- f. Hold the dropper or spray just above the resident's nostril. Place no more than 3 drops at a time, unless otherwise prescribed. Do not touch the dropper or spray bottle tip to the inside of the nostrils.
- g. Ask the resident to inhale slowly and deeply through the nose; hold the breath for several seconds and then exhale slowly; and remain in position with head tilted back for 3-5 minutes so the solution will come into contact with the entire nasal surface.
- h. Discard any medication remaining in the dropper.

- i. Rinse the tip of the dropper with hot water, dry with tissue and return dropper to the bottled. Wash hands.
- j. Record that assistance was provided on the MOR/E-MAR.

#### 6. *Assisting with Ear Drops*

Some residents may need assistance with ear drops. Allow each resident to do as much as possible for him or herself. You may assist a resident with ear drops in the following manner, using this step-by-step process:

- a. Wash hands.
- b. Verify the medication label with the medication observation record. Check the MOR/E-MAR, then the medication label, then the MOR/E-MAR before providing the medication to the resident.
- c. Ask the resident to tilt head so that ear needing drops is up.
- d. Gently pull the ear up and back.
- e. Place drops in ear according to prescription. Do not touch the ear with the dropper.
- f. Hold head in position for approximately two minutes.
- g. Allow resident to wipe ear with a cotton ball or a tissue.
- h. Wash hands.
- i. Record that assistance was provided on the MOR/E-MAR.

#### 7. *Assistance with Eye Drops or Optic Ointments*

Some residents may need assistance with eye drops or ointments. Allow each resident to do as much as possible for him or herself. You may assist a resident with eye drops or ointments in the following manner, using this step-by-step process:

- a. Wash hands.
- b. Verify the medication label with the medication observation record. Check the MOR//E-MAR, then the medication label, then the MOR/E-MAR before providing the medication to the resident.
- c. Assist the resident to a comfortable position, either sitting or lying down.
- d. If crusting or discharge is present, the eye should be cleaned with a clean, warm washcloth. Use a clean area of the cloth for each eye. When cleaning the eye, wipe from the inner eye to the outer eye. [From closest to the nose, to away from the nose.]
- e. Ask resident to pull lower lid down and out gently, or using forefinger, gently pull lower lid down & out.
- f. Ask the resident to look upward.
- g. Approach the eye from the side and drop medication into center of lower lid. Do not touch the eye with the dropper. Do not drop directly onto the cornea.
- h. Instruct the resident to close eyes slowly, but not to squeeze or rub them.
- i. After at least 30 seconds, instruct the resident to open eye.
- j. Allow resident to wipe off excess solution with a cotton ball or tissue.
- k. Wash hands. Record that assistance was provided on the MOR/E-MAR.

If more than one medication is prescribed, wait five minutes between each medication. Observe the resident's response to the medication and report redness, drainage, pain, or itching, swelling, or other discomforts or visual disturbances.



**NOTE:** It is the policy and procedure for Life Care Services that all LPN's/RN's administer ophthalmic. (See policy).

**8. *Application of Transdermal Medications* - Only LPNs/RNs administer transdermal medications**

It is the policy of Life Care Services that a transdermal patch may not be altered by an unlicensed staff member. A licensed nurse must alter the patch if the medication order specifies alteration. (I.e., using ½ patch instead of a whole one.)

Transdermal medications are usually in the form of patches. You may assist a resident to apply a patch in the following manner:

- a. Wash hands.
- b. Verify the medication label with the medication observation record. Check the MOR//E-MAR, then the medication label, then the MOR/E-MAR before providing the medication to the Resident.
- c. Explain to the resident how you will assist them.
- d. Remove old patch.
- e. Open the package and remove the patch.
- f. Date and initial the patch.
- g. Remove the backing from the patch.
- h. Apply the patch to a dry, hairless part of the body, according to package instructions.
- i. Wash hands immediately to avoid absorbing the medication yourself.
- j. Record that assistance was provided on the MOR/E-MAR.

**9. *Providing Assistance with Creams & Ointments***

It is the policy of Life Care Services that any medication that requires a dressing is to be done by licensed staff only. (See Policy & Procedure).

- a. Wash hands.
- b. Put on gloves.
- c. Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR/E-MAR before providing the medication to the resident.
- d. Squeeze small amount onto a tongue depressor (or similar tool). [A 4 x 4 sterile gauze pad may also be used to apply cream or ointment.]
- e. Spread onto affected area as prescribed by a physician until absorbed, unless the directions say to leave a film.
- f. Discard tongue depressor and gloves.
- g. Record that assistance was provided on the MOR/E-MAR.

**10. *Providing Assistance with Inhalers***

- a. Wash hands.
- b. Verify the medication label with the medication observation record. Check the MOR//E-MAR, then the medication label, then the MOR/E-MAR before providing the medication to the resident.

**NOTE:** It is the policy and procedure for Life Care Services that all LPN's/RN's administer ophthalmic. (See policy).

**8. *Application of Transdermal Medications - Only LPNs/RNs administer transdermal medications***

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- b. Verify the medication label with the medication observation record. Check the MOR/E-MAR, then the medication label, then the MOR/E-MAR before providing the medication to the Resident.
- c. Explain to the resident how you will assist them.
- d. Remove old patch.
- e. Open the package and remove the patch.
- f. Date and initial the patch.
- g. Remove the backing from the patch.
- h. Apply the patch to a dry, hairless part of the body, according to package instructions.
- i. Wash hands immediately to avoid absorbing the medication yourself.
- j. Record that assistance was provided on the MOR/E-MAR.

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- d. Squeeze small amount onto a tongue depressor (or similar tool). [A 4 x 4 sterile gauze pad may also be used to apply cream or ointment.]
- e. Spread onto affected area as prescribed by a physician until absorbed, unless the directions say to leave a film.
- f. Discard tongue depressor and gloves.
- g. Record that assistance was provided on the MOR/E-MAR.

**10. *Providing Assistance with Inhalers***

- a. Wash hands.
- b. Verify the medication label with the medication observation record. Check the MOR/E-MAR, then the medication label, then the MOR/E-MAR before providing the medication to the resident.

- c. Explain to the resident how you will assist him/her.
- d. Remove the cap from the inhaler.
- e. Ask the resident to exhale and then to place the mouthpiece of the inhaler into his/her mouth. Instruct the resident to close their lips around the mouthpiece.
- f. Ask the resident to inhale slowly as either the resident or you push the bottle against the mouthpiece one time.
- g. Instruct the resident to continue inhaling until his/her lungs feel full, and then hold his/her breath for several seconds. Remove the mouthpiece from residents mouth.
- h. Instruct the resident to exhale slowly through pursed lips.
- i. Rinse the mouthpiece with warm water & recap.
- j. Record that assistance was provided on the MOR/E-MAR.

11. *Providing medications off site*

- a. Medications to be given to responsible person when resident is leaving community.
- b. A copy of the /E-MAR will be provided to the responsible party and explained as needed.
- c. If punch cards/bottles are used these may be provided to the responsible party or dosed per MD orders, per responsible party preference.
- d. Responsible party will sign for NARCS DISPENSED ON Narcotic Medication Proof of Use (NUR0016F) – AND ONLY PROVIDE DOSES NEEDED.
- e. Nurse/med–tech, will document on E-MAR that resident is LOA and medication were provided to family.

Staff administering medications will have documentation of training in their individual employee file.