LTC Bulletin

Winter 2013

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Medication Theft Awareness and Prevention

by Alexandria Lewis, MSW, LCSW, Facility Surveyor III, Section for Long-Term Care Regulation

This article provides homes with information and prevention tips to help combat medication misappropriation. All licensed long-term care homes should have policies and procedures in place to ensure an accurate reconciliation of records, receipts and disposition of controlled substances. There is less opportunity for misappropriation of controlled substances if a complete and accurate system is in place to monitor and investigate missing substances.

Controlled substances that are commonly misappropriated include drugs that contain a combination of hydrocodone/acetaminophen (brand names include *Vicodin*, *Lortab* and *Lorcet*); drugs that contain a combination of oxycodone/acetaminophen (brand name *Percocet*); oxycodone (brand names include *Oxycontin* and *Roxicodone*); and fentanyl patches.

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Hazardous Winter Weather Information

An emergency protocol is in place between long-term care homes and the Section for Long-Term Care Regulation (SLCR) in the event a disaster causes loss of a necessary service. This protocol was established to streamline communication so that homes can focus on the safety and well-being of residents. Facilities are encouraged to contact the main office phone number for their region, listed below, during normal business hours.

Region	Main Office	Emergency Only Cell Phone
#1 Springfield	(417) 895-6435	(417) 425-8780
#2 Poplar Bluff	(573) 840-9580	(573) 778-6495
#3 Kansas City	(816) 889-2818	(816) 719-0089
#4 Cameron	(816) 632-6541	(816) 632-9371
#5 Macon	(660) 385-5763	(660) 651-1468
#6 Jefferson City	(573) 751-2270	(573) 619-3338
#7 St Louis	(314) 340-7360	(314) 623-2852

A Missouri map outlining the counties in each region is available at: http://health.mo.gov/seniors/nursinghomes/

Please remember the phone numbers listed above should NOT to be used to self-report incidents normally reported to the Elder Abuse and Neglect Hotline (1-800-392-0210). If you have any questions regarding this protocol, please contact SLCR at 573-526-8524.

Stay in the Loop!

Join the Long-Term Care Information Update Listserv!

Individuals, nursing homes, organizations and other interested parties are welcome to subscribe to the weekly "*LTC Information Update*."
Visit: http://health.mo.gov/seniors/seniorservices/
Click on: Subscribe to LTC Information Update.

Resident Spotlight

Sister Rose Philippine Hoormann

Nazareth Living Center

St. Louis, Missouri

by Janet Vise, MSW, Assistant Director, Gleason Hall

Sister Rose Philippine Hoormann is a Sister of St. Joseph of Carondelet and has spent her life in service to others. She worked primarily as a registered dietician at Good Samaritan Hospital in Cincinnati, Ohio, St. Joseph Health Center in Kansas City, Mo., St. Joseph Center for Life in Augusta, Ga., and St. Joseph Hospital in Kirkwood, Mo. After many years as a dietician, she volunteered, and later became a member of the community life staff at Nazareth Living Center, where she helped to care for the senior sisters who resided on our campus. The sisters always looked forward to her many visits and her loving and caring ways.

Now an assisted living resident at Nazareth Living Center, Sister Hoormann continues to share her many gifts with her religious community, her fellow residents and our staff. She assists with so many things - offering to push the wheelchair of another resident, volunteering in our ice cream shop, or cutting stamps for the sisters' mission project. Sister Hoormann is always present with her warm smile and kind nature. She is quick with a hug or word of encouragement to those in need.

Each of us who resides, volunteers or works at Nazareth is blessed to be in the presence of this wonderful person. While Sister Hoormann is a very humble person who never wishes to have the spotlight on her, she certainly is deserving of this recognition!

Resident Spotlight

Verona Theissen

Victorian Manor of Hermann

Hermann, Missouri

by Chauna Romig, LPN

Verona is 99 years old, very active and possibly as flexible as a teenager. She is an amazing woman!

Verona and her 11 siblings were raised on a farm in Bluffton, Mo. She recalls they had a lot of work to do growing up, but they tried to make it fun. Perhaps her least favorite task was milking the cows every morning and evening. Since her family did not have refrigeration then, they had to hang the milk in a deep well to keep it cold.

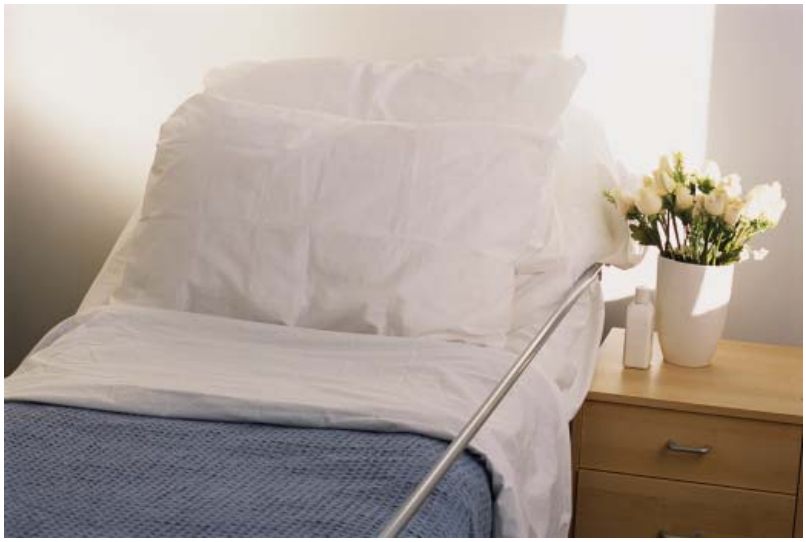
Verona married George Theissen, and they had six children. She still tears up when she speaks of George, who is deceased. She says he was the kindest man on earth. Verona also says raising their children was easy, and that all have grown up to be great adults.

Verona enjoys sitting in the sunshine and watching flowers grow. She is one of the kindest people I have ever met, and all the residents and staff here at Victorian Manor enjoy every day she is with us.

Do you have a special resident to nominate for the Resident Spotlight? Residents featured may have a special talent, lived an adventurous life, given back to their community or experienced other types of accomplishments. Nominations will be reviewed and selected by a team from the Section for Long-Term Care Regulation. Facilities should ensure that all privacy policies are followed. All submissions are subject to editing and approval by the DHSS Office of Public Information.
To receive a nomination form, please call 573-526-8514.

When is a Resident Discharge an Emergency?

Many rights are guaranteed to people living in long-term care facilities, thanks to the federal 1987 Nursing Home Reform Law. One of these rights mandates that a facility give residents, their next of kin, or their designees a 30-day written notice before transferring or discharging residents. Residents and their designees have the right to appeal the discharge and request a hearing before the Division of Legal Services' Administrative Hearings Unit.



State regulation 19 CSR 30-82.050(1)(B), defines discharge as "releasing from a facility or refusing to readmit a resident from a community setting under circumstances where the resident or a legally authorized representative of the resident has not consented or agreed with the move or decision to refuse readmittance." Note the definition's reference to "refusing to readmit." A discharge occurs when a facility sends a resident to a hospital and refuses to readmit the resident. All discharge requirements apply to this situation.

A resident may be discharged if:

1. The resident's welfare and the resident's needs cannot be met by the facility;
2. The resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
3. The safety of individuals in the facility is endangered;
4. The health of individuals in the facility is endangered;
5. The resident has failed, after reasonable and appropriate notice, to pay for (or have paid under Medicare or Medicaid) a stay at the facility; or,
6. The facility ceases to operate.

Prior to discharging a resident, a long-term care facility must document the reason for discharge in the resident's record. A physician must also document the reason if the discharge regards items one, two or four above.

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Resident Discharge *(Continued from Page 5)*

Emergency Discharge

An emergency discharge is the only time a resident does not have to receive a 30-day written notice before being discharged. However, written notice must still be given to the resident as soon as practicable *before* an emergency discharge, per 19 CSR 30-82.050(5). The reasons for an emergency discharge are:

1. **The safety of individuals in the facility is endangered;**
2. **The health of individuals in the facility is endangered;**
3. **The resident's health has improved;**
4. **Immediate discharge is required because of urgent medical needs; or,**
5. **The resident has not resided in the facility for the last 30 days.**

Regardless of the type of discharge, a facility must:

- Send written notice to the resident in a language and manner understood by the resident;
- Send written notice to any legally authorized representative of the resident and to at least one family member; and
- If there is no known family member, the notice shall be sent to the regional ombudsman.

The written notice must include:

- The reason for the discharge;
- The effective date of the discharge;
- The resident's right to appeal the discharge within 30 days of receipt of the notice;
- The address to which the request for a hearing should be sent: Administrative Hearings Unit, Division of Legal Services, P.O. Box 1527, Jefferson City, MO 65102;
- That filing an appeal will allow a resident to remain in the facility until the hearing is held, unless a hearing official finds otherwise;
- The location to which the resident is being discharged;
- The name, address, and telephone number of the designated regional long-term care ombudsman office;
- For Medicare/Medicaid-certified facility residents with developmental disabilities or mental illness, the mailing address and telephone number of the Missouri Protection and Advocacy Services, 925 South Country Club Drive, Jefferson City, MO 65109.

For more information regarding discharge procedures and the appeal process, please refer to state regulation 19 CSR 30-82.050.

Medication Theft *(Continued from Page 1)*

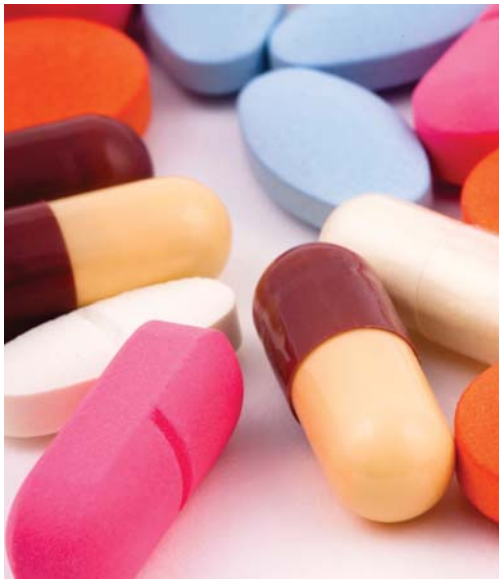
Medication Deliveries

Medications can be ordered, and then misappropriated when the pharmacy delivers them to the facility. Medications in the medication room that have not been properly inventoried (i.e., before narcotic sheets are completed) can also be misappropriated.

Conduct routine audits of controlled substances:

- Routinely request pharmacy dispensing records for all controlled substances delivered to your home.
- The pharmacy dispensing records should match your home's delivery receipts.
- The delivery receipts, reconciled to the dispensing records, should then be reconciled to the Medication Administration Record (MAR), and the quantity of controlled substances.
- Review narcotic sheets and MARs, paying close attention to crossed-out information. All records should have legible staff names and initials.

Determine which staff members have the authority to order controlled substances and document their identity with each order. Develop a system of checks and balances. If your facility only uses a pharmacy delivery sheet to account for controlled-substance delivery, consider that the sheet could be destroyed and the medication misappropriated. Consider requesting two sets of delivery receipts from the pharmacy for controlled substances. The second set could be provided to a director of nursing, the administrator or another person in authority.



Residents at Risk

Medications can be misappropriated from residents who have cognitive decline. For example, a staff person can falsely initial on the MAR that residents' pain medications were given. Due to cognitive deficits, however, residents may be unable to remember if they received their medications.

Conduct routine audits of MARs:

- A resident's pain and the effectiveness of the medication administered to alleviate that pain should be assessed.
- Assessments and medication administration of controlled substances should be consistent for all nurses.

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Medication Theft *(Continued from Page 7)*

Fentanyl Patches

Fentanyl packets can be compromised if staff tampers with the fentanyl package or box. Misappropriation can occur if used fentanyl patches are not properly destroyed or patches are removed from residents' bodies.

- During shift changes, staff can check the fentanyl patch packaging to ensure it is tamper-free.
- For residents with cognitive deficits, staff should check for placement and potential tampering of fentanyl patches in between administration times.
- Pain patches should be dated and initialed by the person who administers the patch.
- Facilities should have a procedure in place for proper destruction of used fentanyl patches.

*PRN**

An excess supply of PRN pain medications may occur if those medications are routinely delivered on a monthly basis. A large quantity of PRN-controlled substances presents an opportunity for missing pills to go unnoticed by staff.

Audit PRN orders of pain medications:

- PRN pain medications should not be routinely ordered from the pharmacy on a monthly basis for residents who already have a sufficient supply.
- Review the MAR for consistency among all staff. Ensure only appropriate staff members who provide resident care are initialing the administration of PRN pain medications. Ensure routine PRN pain medication orders are necessary and are for residents who require these pain medications.

**Pro re nata (PRN) is a Latin phrase meaning "in the circumstances" or "as the circumstance arises." It is commonly used in medicine to mean "as needed" or "as the situation arises."*

Discontinued and Outdated Medications

When controlled substances are discontinued or have expired and been removed from the medication cart, it is important to have a system in place to ensure those medications are monitored. Discontinued pain medications should be organized to ensure accountability. Include the discontinued date, the number of pills left in the bubble pack/or pill bottle when discontinued, and the narcotic count sheet. Audits should also be completed to ensure discontinued and outdated controlled substances are destroyed within the appropriate time frames. **

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Medication Theft *(Continued from Page 8)*

**Please do not flush medications down the sink or toilet.

For information regarding proper medication disposal, please visit the Department of Natural Resources' website, http://dnr.mo.gov/env/swmp/pubs-reports/publist.htm, and scroll to the brochure entitled: "Proper Disposal of Household Pharmaceutical Waste."
Direct link to publication: http://dnr.mo.gov/pubs/pub2291.pdf

State regulatory references: *Chapter 85: Intermediate and Skilled Nursing Facility Administrative and Resident Care Requirements. 19 CSR 85.042 (57); (59); (60); (61); and (63). Chapter 86: Residential Care Facilities and Assisted Living Facilities Administrative, Personnel and Resident Care Requirements. RCF I Facilities: 19 CSR 30-86.042 (46); (51); (55); (56); (57); and (60). RCF II Facilities: 19 CSR 30-86.043 (49); (50); (53); and (55). Assisted Living Facilities: 19 CSR 30-86.047 (41); (43); (46); (47); (51); (52); (53); and (56).*

Federal regulatory references for discontinued and outdated medications: F431

Investigation of Missing Medications

When misappropriation may have occurred, a home's missing-medication investigation should be thorough and complete. Facility staff conducting such an investigation should have training about facility policy and procedures, and regulatory requirements of the investigative process. Ensure all applicable information is collected and documented, in order to demonstrate that a full investigation has occurred. It is important not to make any preliminary judgments before all the evidence has been collected.

Pre-planning: It may help staff to jot down tasks that need to be completed (i.e., type of audit that may need to be completed; which staff may need to be interviewed; whether the physician, pharmacist or medical director needs to be involved, etc). This pre-planning may be helpful with organization of tasks.

Interviews: All facility employees that had access to the missing controlled substances should be interviewed. A facility can use time-clock documentation to determine which employees were on duty and had access to the medication. Sometimes handwritten staffing schedules change, so compare those schedules to the time-clock documentation. Facility staff members who may conduct interviews as part of an investigation should be familiar with how to conduct an investigation. In most cases, an employee is not going to admit that he or she was involved in misappropriation, so it is important to gather specific details and scrutinize the different accounts of what happened.

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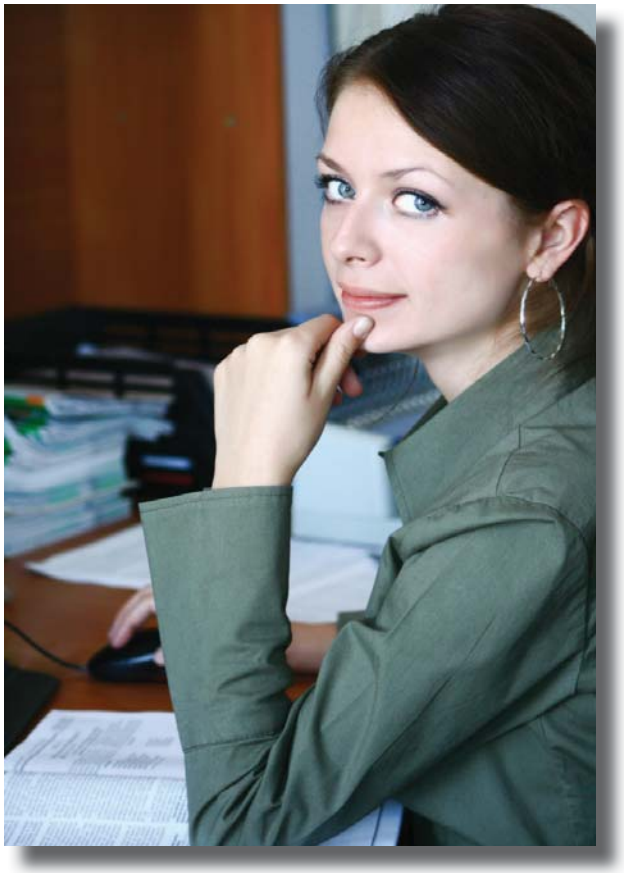
Medication Theft (*Continued from Page 9)*



Record review: Conducting thorough audits is important. After detailed audits, some facilities have discovered thousands of missing pills.

Summary/conclusion of findings: There should always be a summary of findings.

Reporting Requirements

Theft of controlled substances is considered a crime in Missouri and should be reported to law enforcement.

Nursing homes: Long-term care facilities certified by CMS are required to report misappropriation of resident property to the state agency. (Department of Health and Senior Services (DHSS)). Section 1150B of the Social Security Act, as established by section 6703(b)(3) of the Patient Protection and Affordable Care Act of 2010, requires CMS-certified facilities to report to law enforcement any reasonable suspicion of crimes committed against a facility resident.

State-licensed only facilities: While misappropriation of resident property is not required to be reported under the Missouri mandatory reporting requirements for state-licensed "only" facilities, these facilities should still report these allegations to DHSS. DHSS will investigate and determine whether further action is warranted regarding the alleged perpetrator (i.e., employee disqualification list referral and/or professional board referral). Theft should always be reported to law enforcement.

Resident neglect: It is mandatory to report resident neglect to DHSS. The following example is an illustration of when misappropriation is also considered neglect:

A facility employee takes a resident's pain pill for self-use and falsifies the MAR as administering it to the resident. Consequently, the resident experiences significant pain due to the misappropriation of his or her medication.

State regulatory references for policies, procedures and reporting requirements: *Chapter 88: Resident's Rights 19 CSR 88.010 (23); (25).*

Federal regulatory references for investigation, policies, procedures and reporting requirements: F225, F226.

Nursing Home Quality Collaborative

Go for the Gold in your Nursing Home

Nursing homes that have worked with Primaris know how quality improvement can lead to better health outcomes for residents and a better bottom line. In the past, Primaris projects have been limited to a small number of providers. Beginning in 2013, Primaris will launch the Nursing Home Quality Collaborative, and ALL Missouri nursing homes can participate.

The collaborative includes education, webinars and shared learning sessions about "hot topics" that concern Missouri nursing homes. "Hot topics" sessions feature national and state speakers. These speakers have done training with surveyors and will address regulatory success and how to improve resident care. Sign up now at www.primaris.org. Click "Join the Nursing Home Quality Collaborative" on the left-hand side of the home page.

As Missouri's Medicare Quality Improvement Organization, Primaris provides clinical improvement resources, expertise, and real-time, tailored assistance to meet a home's needs and reinforce existing efforts. Participating nursing homes are not charged for any materials, consultations or coaching.

If you have questions, please contact Pam Guyer at 573-356-7127, or send an email to pguyer@primaris.org. You may also visit www.primaris.org to find out more, sign a participation agreement and register for the "Hot Topics in Nursing Homes" webinar series. Only homes signing an agreement will be able to attend Primaris' 2013 sessions.

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If you have suggestions for future articles, please contact Lisa Veltrop at 573-526-8514 or send an email to Lisa.Veltrop@health.mo.gov.