SLNHA CEU Program: Thursday, March 19, 2026 1:00 pm - 4:00 pm

"Steering Clear of Deficiencies *Beyond* the Med Pass"

After attending this presentation, attendees will be able to:

1. Review challenges and obstacles nurses face in medication administration, including drug diversion.
2. Identify at least three commonly cited deficiencies which can involve medications other than med pass.
3. Learn ways administrators can work with nurse leadership to avoid commonly cited deficiencies.

Your staff made no med errors during the annual compliance survey's med pass. Congratulations! Yet there are other areas of exposure during the survey involving medication policies and practices that may result in deficiencies. This session will raise the awareness of administrators on ways they can work with nursing to avoid commonly cited deficiencies involving medications.

Phyllis Barone Ameduri, RN, MA, CDP, CMDCP, Consultant

Phyllis is a dedicated professional with no□able accomplishments in the health care industry. She has a diverse clinical background in long-term care with experience as a nursing aide, staff nurse, head nurse, supervisor, educator, assistant director, director of nursing and director of quality assurance. She has served as a hospital director of staff development and taught in associate degree, baccalaureate, and master's degree nursing programs. For over 15 years, she has worked for Care Perspectives, a New Jersey based consultant company which assists nursing homes achieve optimal quality outcomes. She is also the author of three books. ***Nursing: What the Heck Was I Thinking?*** was written during the COVID-19 pandemic and shares lessons learned in the hope of inspiring others.

Amit Gupta RPh, Pharm.D, CCP, Owner/Consultant Pharmacist

Amit Gupta graduated from Rutgers College of Pharmacy in 2001, and Auburn University in 2010 with High Honors. For over 17 years, he has provided unparalleled Consultant Pharmacist Services to Ambulatory Surgery Centers, Dialysis Centers and Skilled Nursing Centers. During his time working for others, he has learned from the good and bad practices in the healthcare industry. He has started his own company to bring a NEW standard of excellence to the Consultant Pharmacist Industry, believing that hands-on teaching, time and care will help his clients and patients achieve the best possible outcomes. Focused on the future, providing top notch services while maintaining efficiency, he will change the Consultant Pharmacist industry.

Drug Diversion & Shortening your med pass

Dr. Amit Gupta RPh, Pharm.D, CCP

About US

Amit Gupta R.Ph, Pharm.D, CCP

Owner of Amit Gupta Consulting, LLC

Consultant Pharmacist

22+ years of experience

Provide Consulting Pharmacy services to ASC, Methadone, Dialysis, SNF, and ALF.

Amit Gupta Consulting, LLC

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Bordentown NJ 08505

(908) 334-5437

amit@amitguptaconsulting.com

Thank you
to
the Administrators!

Once upon a time a long time ago...

The last time I spoke to a large crowd...

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First message was from my sister-in-law and niece

Even when the fate of the universe is at stake, moms will be moms.

908 334 5437

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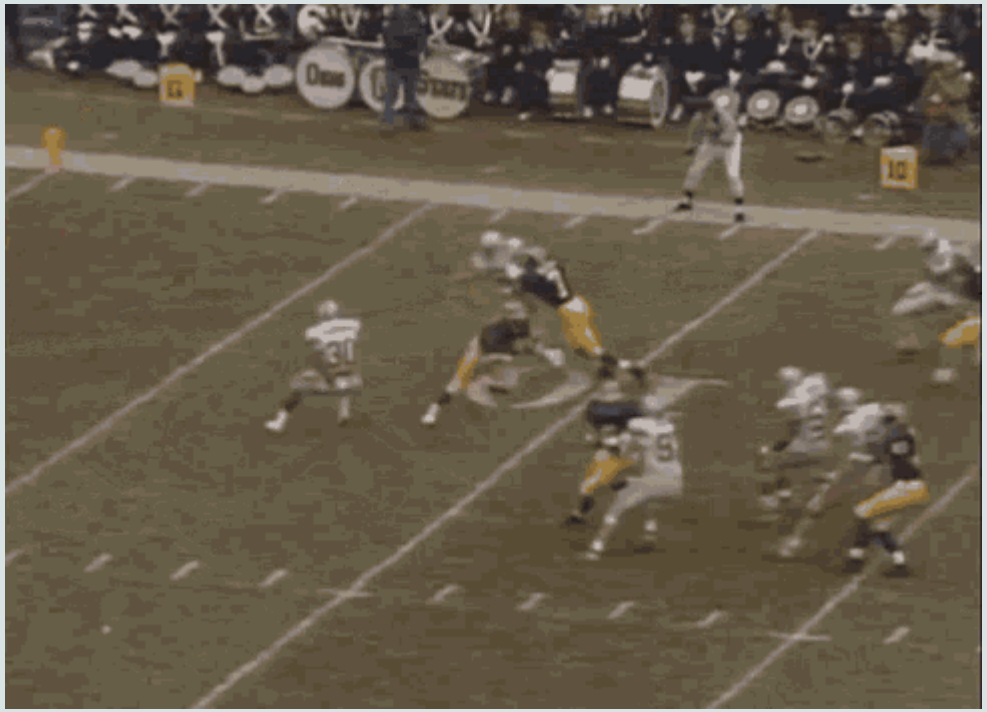
Which is not a CDS?

Propofol **Fentanyl** **Fioricet**

WHO IS RUNNING BACK THIS KICK?



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deSmond
hOWARD

pROPOFOL

- The C with Roman Numerals indicates the class of Controlled Class of Medication
- Propofol is not a controlled substance.

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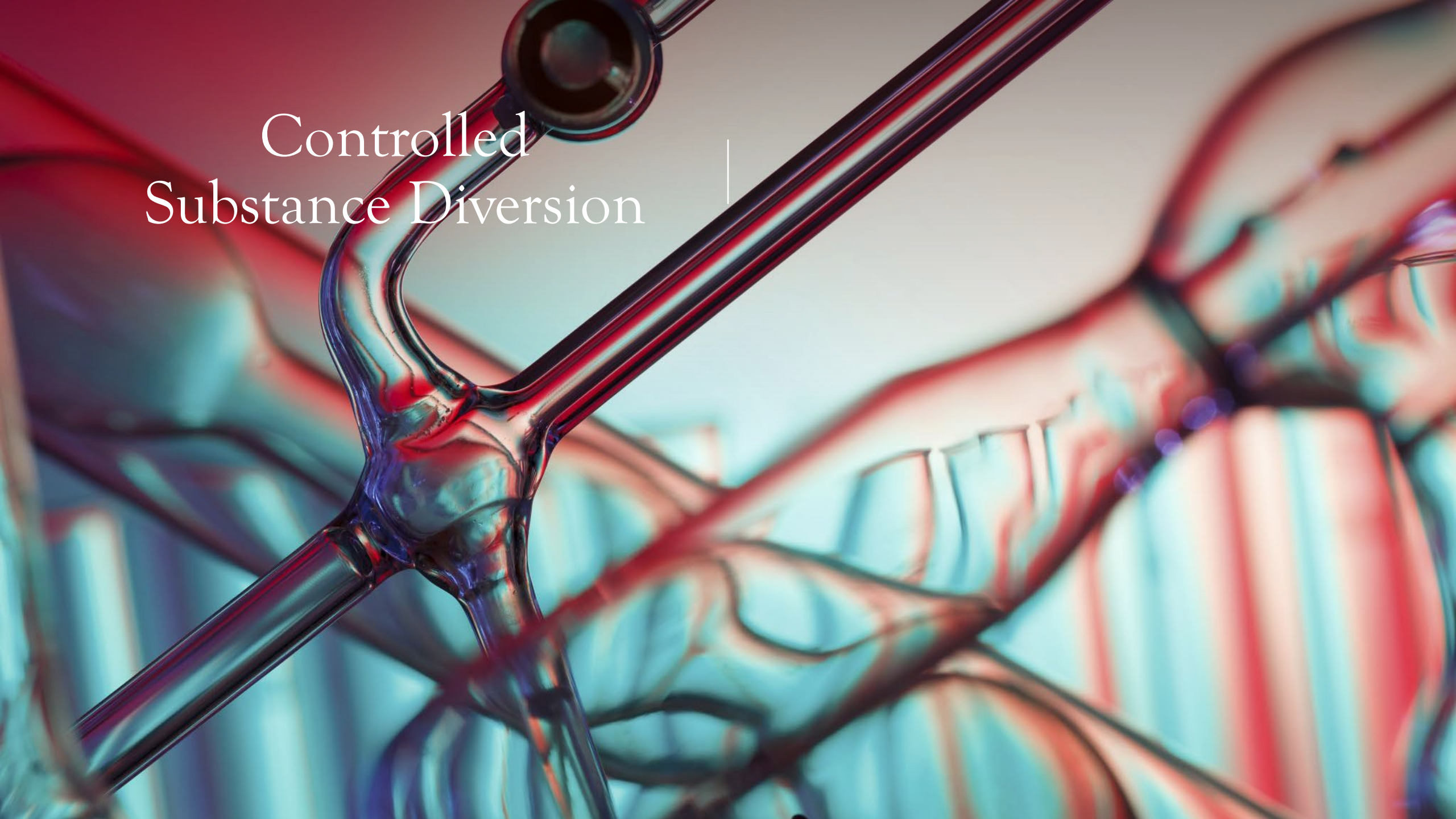

Controlled
Substance Diversion

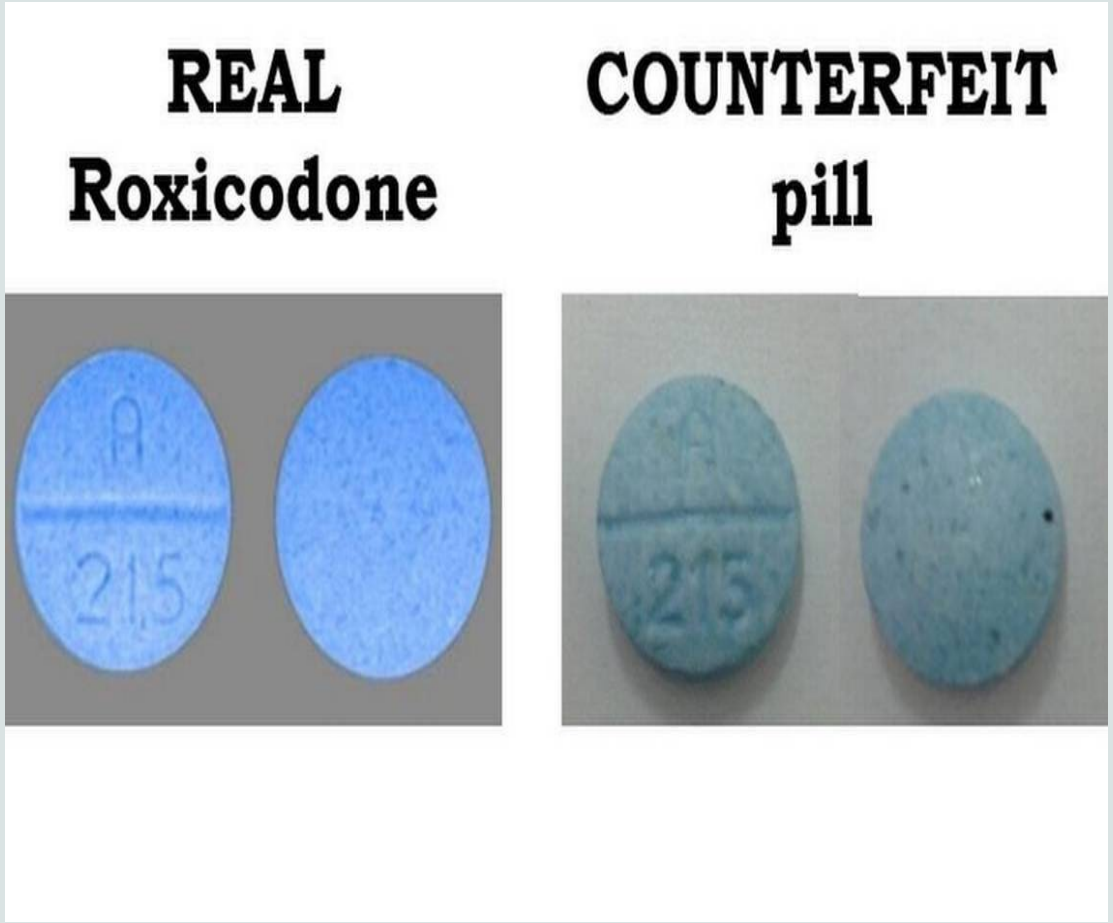
When does it happen?

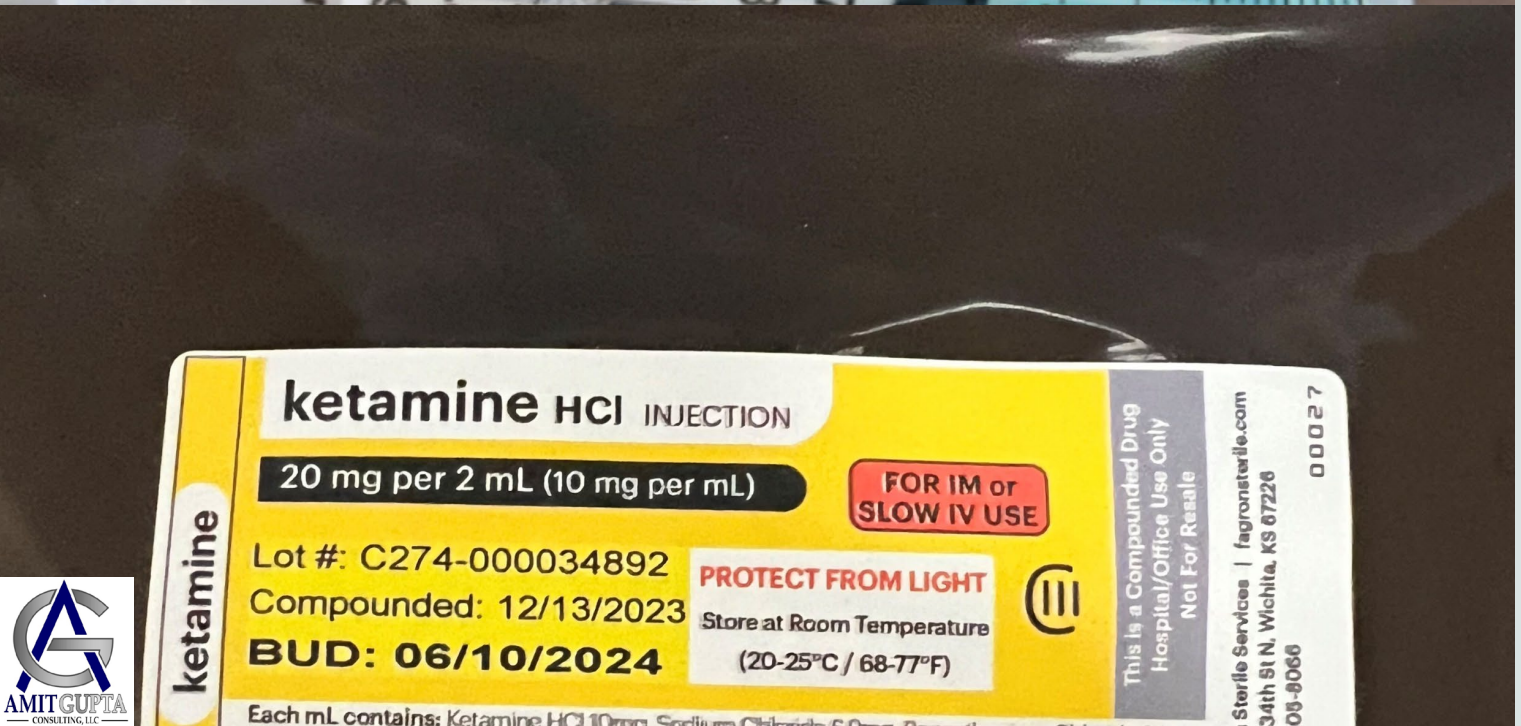
Fentanyl mixed with heroin

"…according to the CDC, multiple doses of naloxone may be required following a fentanyl overdose because of how potent fentanyl is in comparison to other opioids. This can be especially true when someone takes heroin or other drugs that are laced with fentanyl."

The One Pill can kill campaign… www.dea.gov/onepill

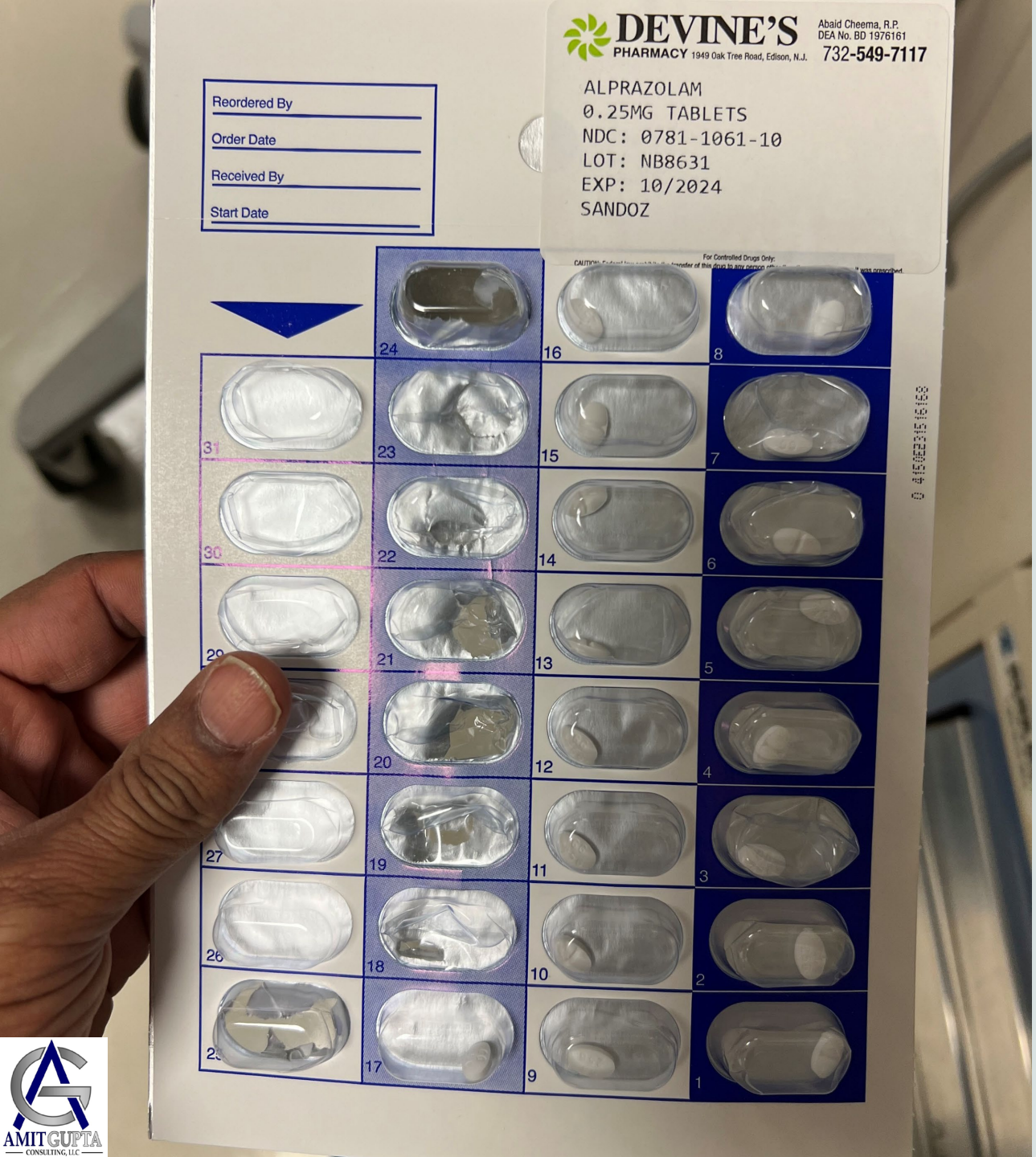
- DEA is warning of 700,000 fake pills containing fentanyl
- DEA Lab Testing reveals 2 out of 5 pills with fentanyl contain a potentially lethal overdose





The best strategy is to make it hard

- Bound books for CDS
- Counting in HER
- Wasting Fentanyl patch with 2 signatures



Bingo cards

- More commonly used
- Make it easier to count vs. using a tray and counting each pill.
- Must take precautions

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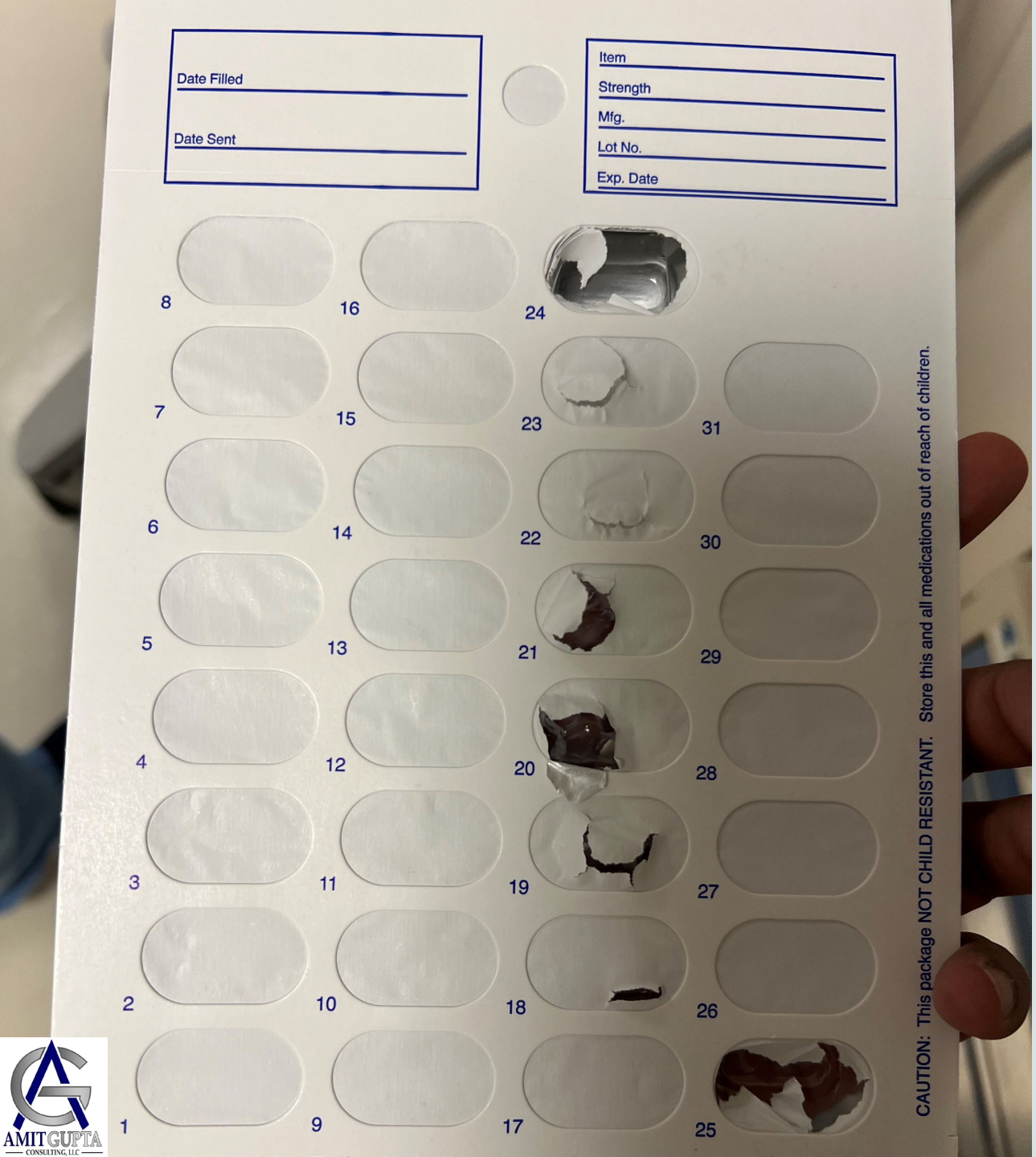
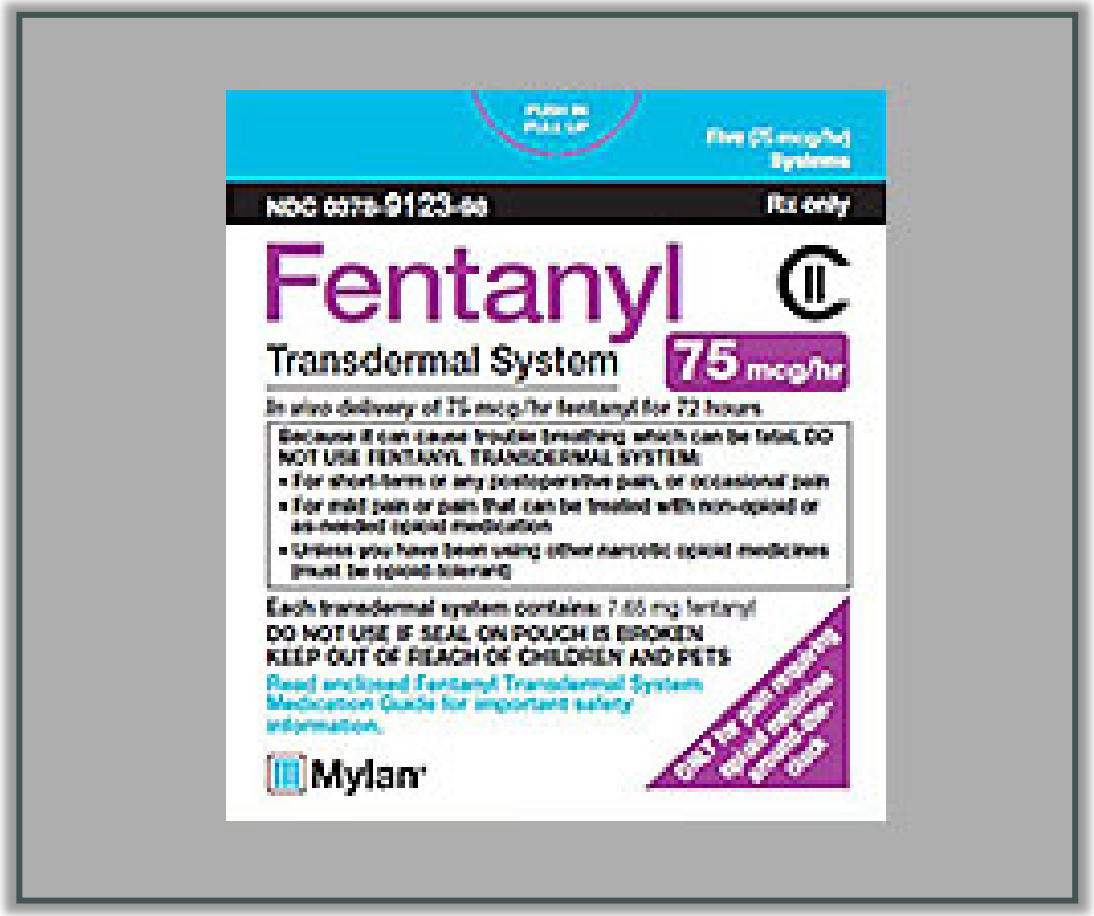


But...

- The paper tends to weaken
- Holes start to form
- Nurses start to use TAPE!
- People start to pop-out the medication and replace with other medications.



Now how do we decrease the chances for theft?

A. Internal Audits

1. *Checking for double waste signatures*
2. *Noticing same people frequently giving CDS at common or uncommon dosages*
3. *Do not wait for your Consultant*

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Internal Audits

4. *Comparing Logs vs. usage*
5. *Carefully examining Unit Dosing Packaging*
6. *Different people ordering and receiving*

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Technology

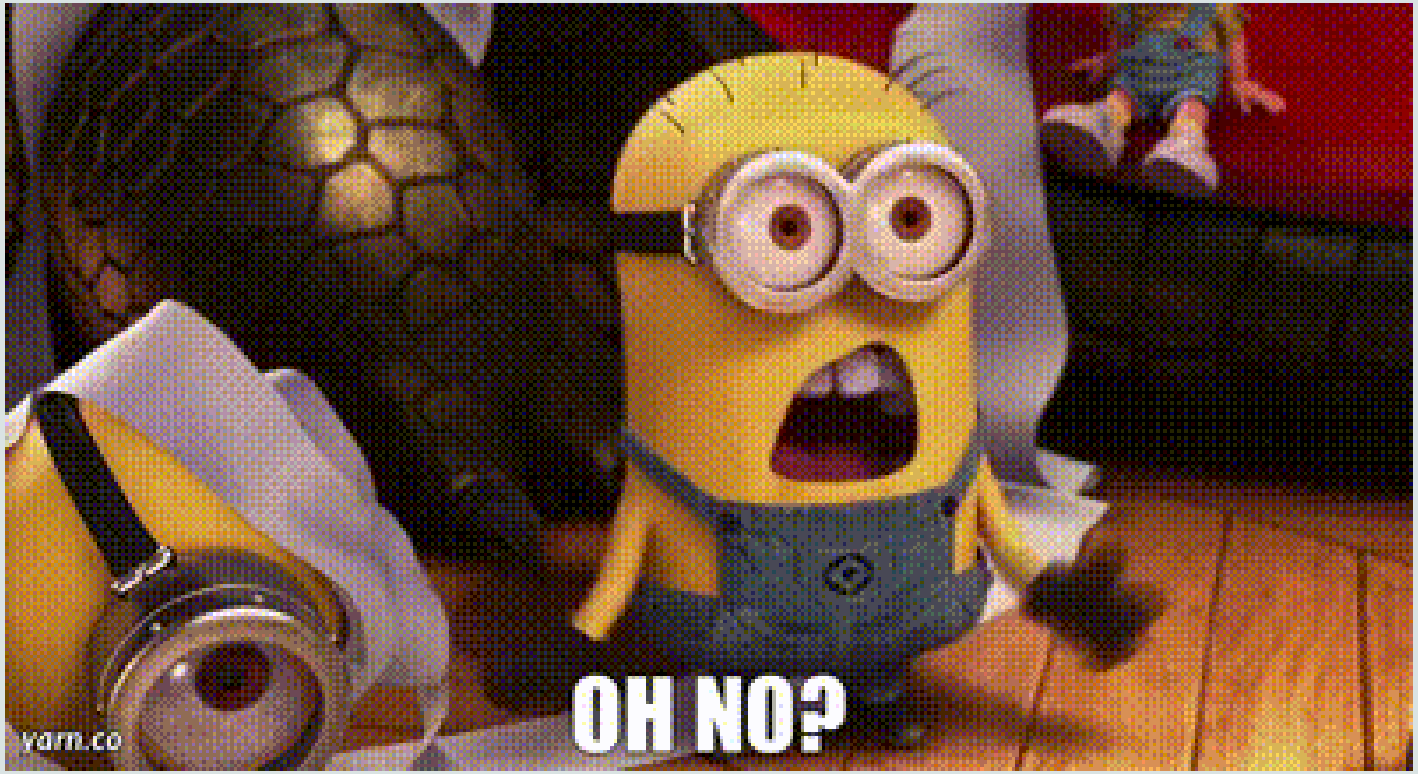
- Cameras
- CDS cabinets
- Pyxis machines

Now How do we decrease the chances for theft?

C. Consultant Pharmacist Audit

1. *Look at your ordering/receipt/processes*
2. *Compare records of use to charts*
3. *Look at your waste of medications*

Makes all licensed personnel know audits are occurring.



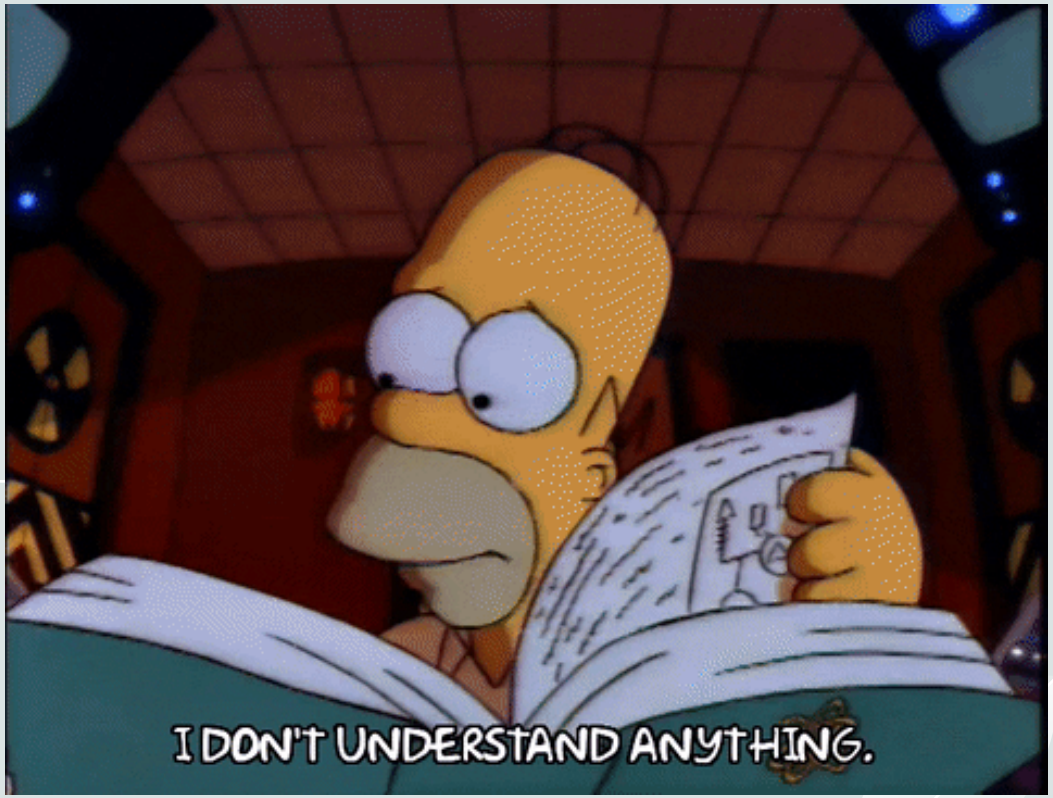
So now you have diversion..

Start with your policy

- Notify the DON and administrator
- An incident report should be completed to start the process
- The Consultant Pharmacist is notified immediately for instructions regarding documentation of theft or loss and individual *state or federal requirements applicable to the event.*

DEA Form 106

It’s so confusing



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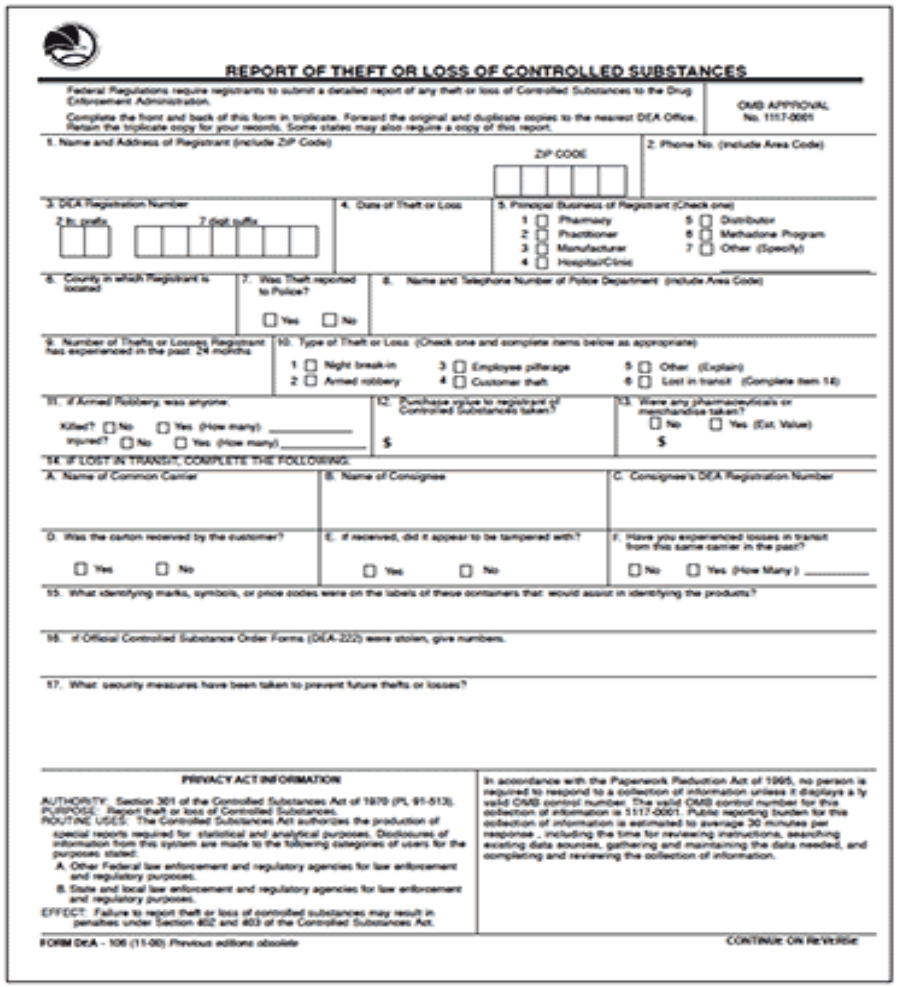
When and why



REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.

Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

OMB APPROVAL No. 1117-0001

1. Name and Address of Registrant (Include ZIP Code)

ZIP CODE

2. Phone No. (Include Area Code)

3. DEA Registration Number

2 lb. prefix | 7 (last) suffix

4. Date of Theft or Loss

5. Principal Business of Registrant (Check one)

1 ☐ Pharmacy
2 ☐ Practitioner
3 ☐ Manufacturer
4 ☐ Hospital/Clinic
5 ☐ Distributor
6 ☐ Methadone Program
7 ☐ Other (Specify)

6. County in which Registrant is located

7. Was Theft reported to Police? ☐ Yes ☐ No

8. Name and Telephone Number of Police Department (Include Area Code)

9. Number of Thefts or Losses Registrant has experienced in the past 24 months

10. Type of Theft or Loss (Check one and complete items below as appropriate)

1 ☐ Night break-in
2 ☐ Armed robbery
3 ☐ Employee pilferage
4 ☐ Customer theft
5 ☐ Other (Explain)
6 ☐ Lost in transit (Complete item 14)

11. If Armed Robbery, was anyone:

Killed? ☐ No ☐ Yes (How many) _____

Injured? ☐ No ☐ Yes (How many) _____

12. Purchase value to registrant of Controlled Substances taken?

$

13. Were any pharmaceuticals or merchandise taken?

☐ No ☐ Yes (Est. Value)

$

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier

B. Name of Consignee

C. Consignee's DEA Registration Number

D. Was the carton received by the customer?

☐ Yes ☐ No

E. If received, did it appear to be tampered with?

☐ Yes ☐ No

F. Have you experienced losses in transit from this same carrier in the past?

☐ No ☐ Yes (How Many) _____

15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?

16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.

17. What security measures have been taken to prevent future thefts or losses?

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Report theft or loss of Controlled Substances.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a ly valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response , including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM DEA - 106 (11-00) Previous editions obsolete

CONTINUE ON REVERSE

Figure 1. DEA Form 106 (page 1). Source: Reference 2.

- Upon discovery of a theft or significant loss of **controlled substances.**
- Must report the loss in writing to the area Drug Enforcement Administration (DEA) field office on DEA Form 106 either electronically or manually within one business day.
- Submit a Report of Theft or Loss of Controlled Substances form (DDC-52) to the NJ Department of Law and Public Safety, Drug Control Unit.
- ALF are not the registrant!

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Significant loss? Upon discovery?

- All theft must be reported.
- Witnessed breakage or spillage does not constitute a loss of controlled substances, because the loss can be accounted.

→ As this may be a recurring trend, we recommend an incident report to see if this is a one-time thing or a trend.

- Within 24 hours of discovery
- As more information is uncovered, the DEA may require more information for up to 2 months.
- Establish a log of all communication
- Updates must be in writing either electronically or manually.

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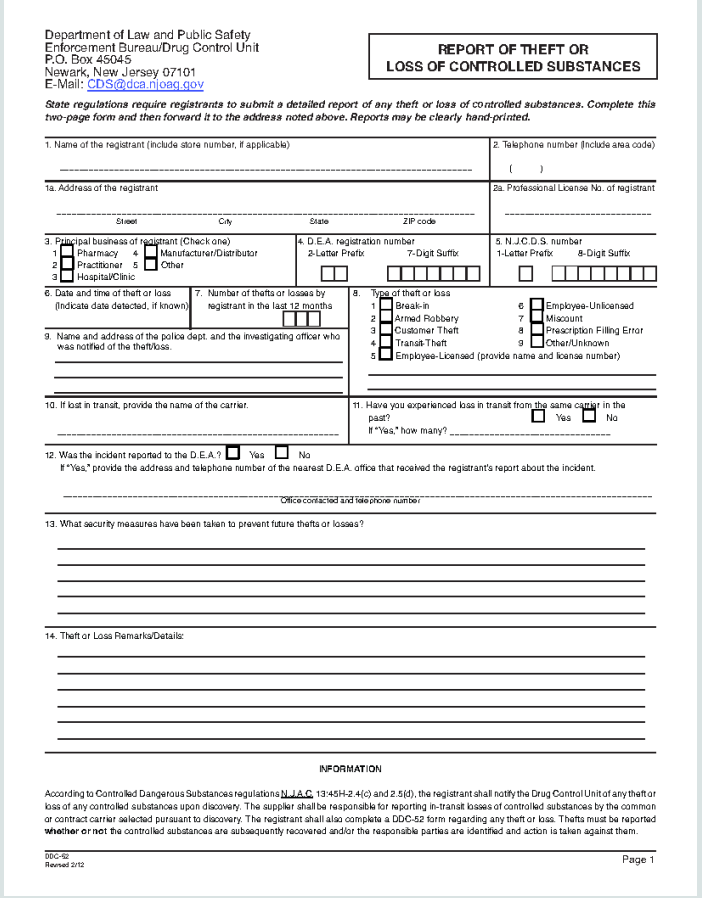
DDC - 52

Submission

- Submit a Report of Theft or Loss of Controlled Substances form (DDC-52) to the NJ Department of Law and Public Safety, Drug Control Unit.
- CDS@dca.njoag.gov
- In ALF – the resident owns the medication therefore, DDC-52 is not technically required.



Department of Law and Public Safety
Enforcement Bureau/Drug Control Unit
P.O. Box 45045
Newark, New Jersey 07101
E-Mail: CDS@dca.njoag.gov

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

State regulations require registrants to submit a detailed report of any theft or loss of controlled substances. Complete this two-page form and then forward it to the address noted above. Reports may be clearly hand-printed.

1. Name of the registrant (Include store number, if applicable)
2. Telephone number (Include area code) ( )
1a. Address of the registrant — Street, City, State, ZIP code
2a. Professional License No. of registrant
3. Principal business of registrant (Check one): 1 Pharmacy, 2 Practitioner, 3 Hospital/Clinic, 4 Manufacturer/Distributor, 5 Other
4. D.E.A. registration number: 2-Letter Prefix, 7-Digit Suffix
5. N.J.C.D.S. number: 1-Letter Prefix, 8-Digit Suffix
6. Date and time of theft or loss (Indicate date detected, if known)
7. Number of thefts or losses by registrant in the last 12 months
8. Type of theft or loss: 1 Break-in, 2 Armed Robbery, 3 Customer Theft, 4 Transit-Theft, 5 Employee-Licensed (provide name and license number), 6 Employee-Unlicensed, 7 Miscount, 8 Prescription Filling Error, 9 Other/Unknown
9. Name and address of the police dept. and the investigating officer who was notified of the theft/loss.
10. If lost in transit, provide the name of the carrier.
11. Have you experienced loss in transit from the same carrier in the past? Yes No
If "Yes," how many? _____
12. Was the incident reported to the D.E.A.? Yes No
If "Yes," provide the address and telephone number of the nearest D.E.A. office that received the registrant's report about the incident.
Office contacted and telephone number
13. What security measures have been taken to prevent future thefts or losses?
14. Theft or Loss Remarks/Details:

INFORMATION

According to Controlled Dangerous Substances regulations N.J.A.C. 13:45H-2.4(c) and 2.5(d), the registrant shall notify the Drug Control Unit of any theft or loss of any controlled substances upon discovery. The supplier shall be responsible for reporting in-transit losses of controlled substances by the common or contract carrier selected pursuant to discovery. The registrant shall also complete a DDC-52 form regarding any theft or loss. Thefts must be reported **whether or not** the controlled substances are subsequently recovered and/or the responsible parties are identified and action is taken against them.

DDC-52
Revised 2/12

Page 1

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Authorities

- Contact local police department and report the theft/loss.
- The local police will make a visit
- The DEA agents in the area will make a visit and conduct and investigation.
- Must potentially notify the licensed professional board (Nursing, Pharmacy, etc)

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Factors to consider...

- 1) The actual quantity of controlled substances lost in relation to the type of business;
  2) The specific controlled substances lost;
  3) Whether the loss of the controlled substances can be associated with access to those controlled substances by specific individuals, or whether the loss can be attributed to unique activities that may take place involving the controlled substances;
  4) A pattern of losses over a specific time period, whether the losses appear to be random, and the results of efforts taken to resolve the losses; and, if known,
  5) Whether the specific controlled substances are likely candidates for diversion; and
  6) Local trends and other indicators of the diversion potential of the missing controlled substance.

Tip of the Day

- Must be present to store refrigerated CDS
- Must permanently affixed
- Must be double locked.

Shortening your Medication Pass

Shortening your medication pass

- We are getting things back to normal.
- Nursing shortages
- Charting blanks, unit inspections, HOLD PARAMETERS!!!
- Do more with less staff…

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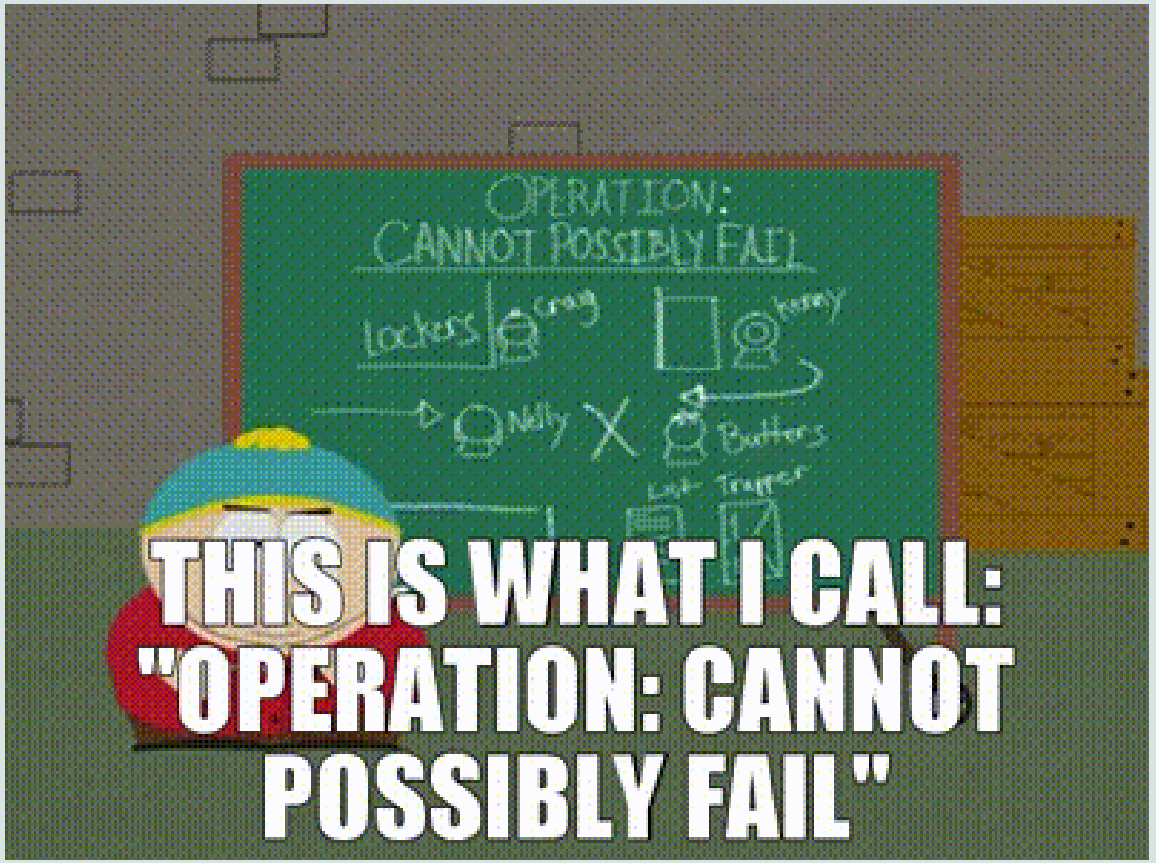
Impossible?
What?

Application to a 93 year old

- Alendronate 6 am
- Protonix 630 am
- MVI, Calcium 9 am
- Lopressor 8 am and 5 pm
- Ferrous sulfate 12 pm and 5 pm
- Cranberry Tablets 9 am and 9 pm
- Atorvastatin 9 pm



Results -- Or we can do them all at 5 pm.

- Protonix 9 am
- Atorvastatin 9 am
- Toprol XL 8 am
- Ferrous sulfate 9 am
- Cranberry Tablets 9 am and 9 pm → Discontinued
- MVI, Calcium 9 am → Discontinued
- Alendronate 6 am → Discontinued

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Outcomes

- Done in a Center – 52 LTC + 8 Subacutes – 2 med pass nurses
- Nurses were done at 945 am with meds and treatments
  - *No sliding scales*
  - *1 (one) antipsychotic*
  - *All psych summaries done perfectly*
  - *CDS audit perfect*
  - *4 deficiency free state surveys in 5 years (2 total deficiencies)*
  - *1 federal survey with 2 deficiencies (undated bottle of wine, expired ambu-bag)*

→ ***Medical Director who believed in the DON, and me.***

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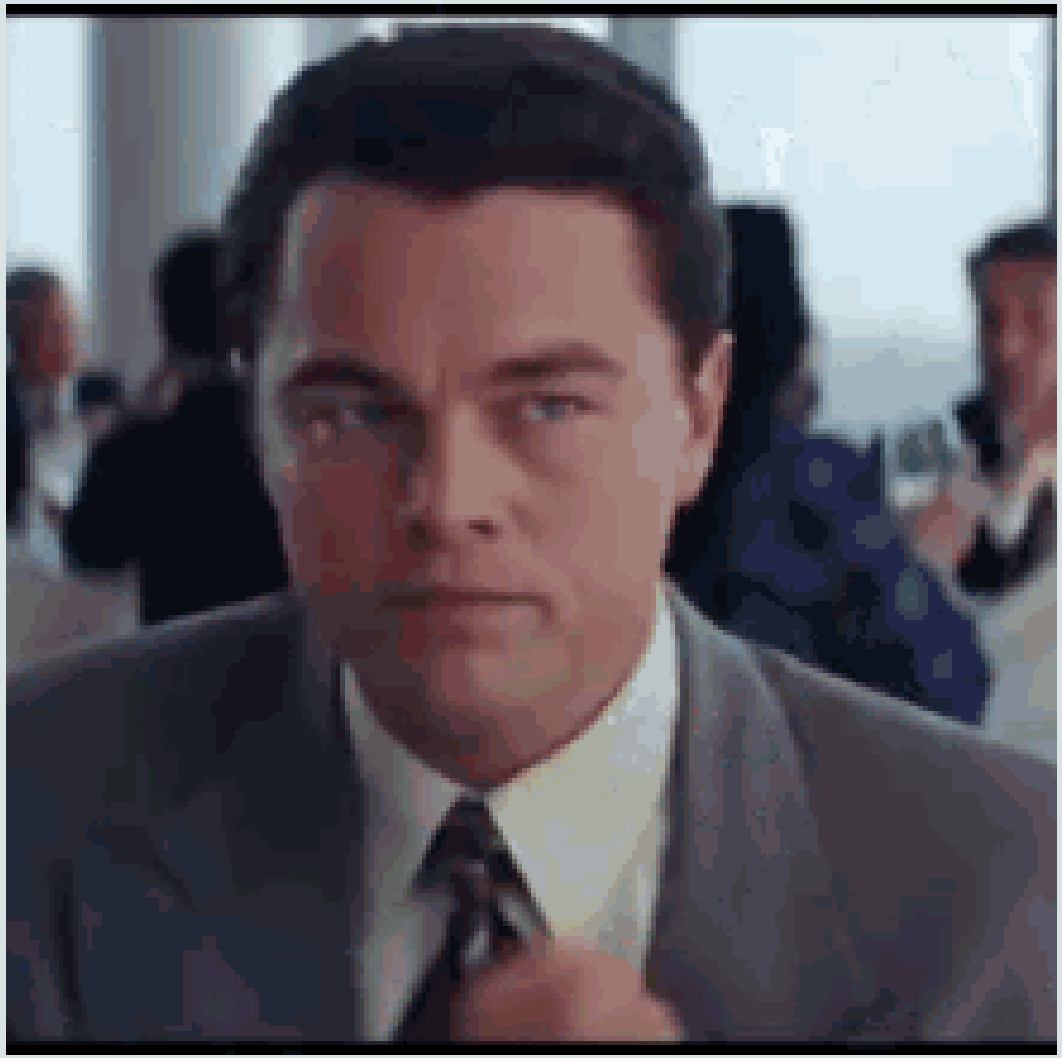
Everyone on board

- Nurses
- Administrator
- Medical Director
- Physicians
- Social Worker
- Consultant Pharmacist!!!



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Discontinue unnecessary medications

- Many residents are taking too many medications
- Taking many vitamins and supplements they cannot absorb (Ferrous Sulfate BID)
- One home found they could easily eliminate 40% of the medications they were giving.

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Once-Daily medications

Extended-Release drugs

- *Lopressor to Toprol XL*
- *Glipizide to Glipizide XL*
- *If they can swallow and are stable… why not?*

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Taking advantage of the package insert

- Protonix

  Why are we giving them at 630?

  Can we stop the PPI or famotidine after 12 weeks

- Atorvastatin, Pravastatin, Crestor

  Why in the evening?

- Norvasc and Zyprexa

  BID to QD?

Do not put in specific directions unless required

Unnecessarily shortening medication pass windows and getting nurses out of compliance

- *Coreg ordered with meals, however package insert states "take with food"*
- *Januvia plotted with meals*

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- **www.temu.com**

Hold parameters

- Lopressor 50 mg BID – Hold if SBP less than 120.

  Drug is rarely if ever held

- Midodrine ARGH!
- Can we discontinue the parameters?
  - *Direct decrease in time*
  - *Nurses are still nurses*
  - *MD should be called if medications are held and documentation in place*

Problems

- Need everyone on board
  - *Social worker got in the way*
  - *Pharmacy representative*
- Physicians who do not want to participate
- Residents and families who do not want changes – RARE!

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Summation

- Goal is to reduce the number of times a nurse must enter a room
- We are trying to mimic home environments so the nurses have more time, it will increase compliance, and let your residents attend activities, therapy without being bothered.
- Start with your doctor and ask for a few people each month.

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References

1. https://www.deadiversion.usdoj.gov/21cfr_reports/theft/theft-loss.html
2. https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-051)(EO-DEA144)Spilled_Methadone_Guidance_Final.pdf
3. https://nj.gov/oag/newsreleases13/Pharmacy-Security-Best-Practices.pdf
4. https://www.dea.gov/press-releases/2022/10/06/yale-agrees-pay-308k-resolve-allegations-violations-controlled-substances
5. https://www.leadingageca.org/Portals/38/cacpcc-org/db6a43_6814b41b491b4696a7c92c956959ec78.pdf

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Steering Clear of Deficiencies Beyond the Med Pass

Objectives

After attending this presentation, learners will be able to

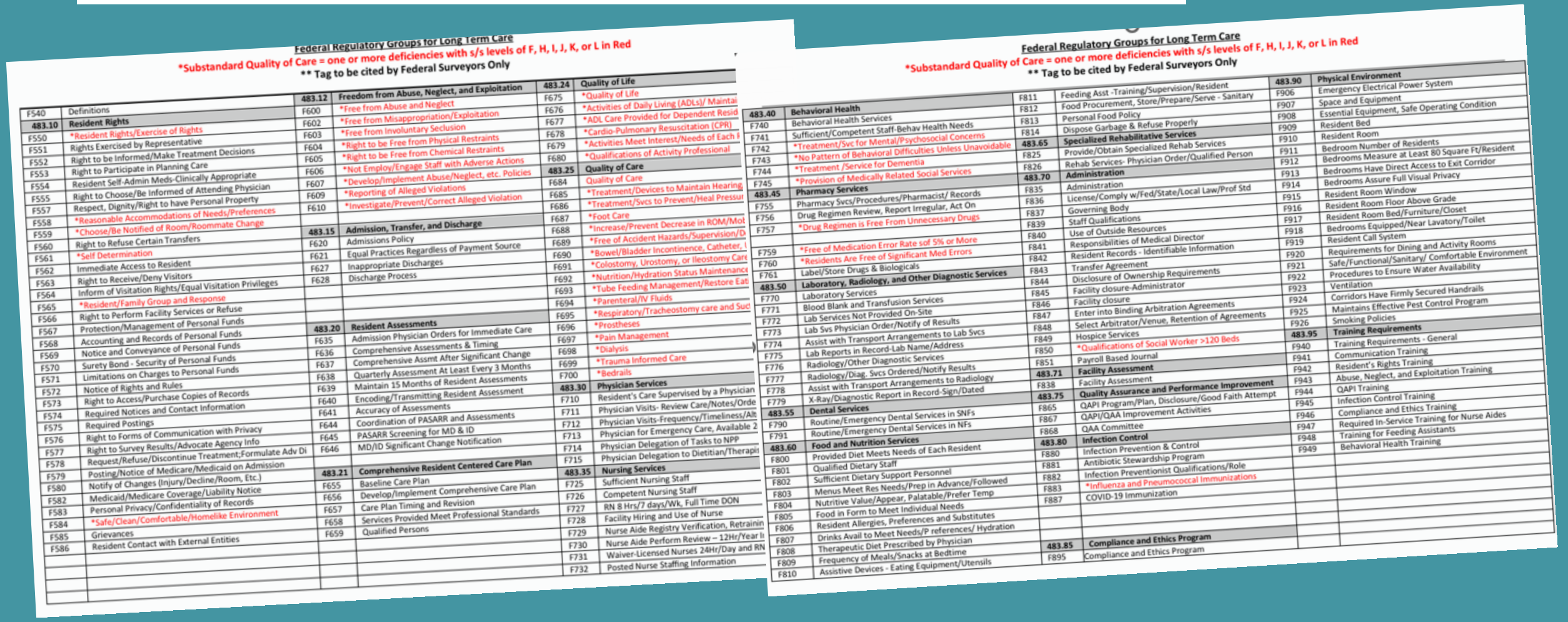
- Review challenges and obstacles nurses face in medication administration.
- Identify at least three commonly cited deficiencies which involve medications other than med pass.
- Learn ways administrators can work with nurse leadership to avoid commonly cited deficiencies.

Your staff has passed med pass and avoided…

F759 *Free Of Medication Error Rates of 5% or More

F760 *Residents are Free of Significant Med Errors

Congrats but there are other potential deficiencies beyond the med pass that involve medications



Federal Regulatory Groups for Long Term Care

***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**

**** Tag to be cited by Federal Surveyors Only**

F540	Definitions	**483.12**	**Freedom from Abuse, Neglect, and Exploitation**	**483.24**	**Quality of Life**
483.10	**Resident Rights**	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F550	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintai
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Resid
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each R
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	**483.25**	**Quality of Care**
F557	Respect, Dignity/Right to have Personal Property	F609	*Reporting of Alleged Violations	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F610	*Investigate/Prevent/Correct Alleged Violation	F685	*Treatment/Devices to Maintain Hearing
F559	*Choose/Be Notified of Room/Roommate Change			F686	*Treatment/Svcs to Prevent/Heal Pressur
F560	Right to Refuse Certain Transfers	**483.15**	**Admission, Transfer, and Discharge**	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mot
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/D
F563	Right to Receive/Deny Visitors	F627	Inappropriate Discharges	F690	*Bowel/Bladder Incontinence, Catheter, I
F564	Inform of Visitation Rights/Equal Visitation Privileges	F628	Discharge Process	F691	*Colostomy, Urostomy, or Ileostomy Care
F565	*Resident/Family Group and Response			F692	*Nutrition/Hydration Status Maintenance
F566	Right to Perform Facility Services or Refuse			F693	*Tube Feeding Management/Restore Eati
F567	Protection/Management of Personal Funds	**483.20**	**Resident Assessments**	F694	*Parenteral/IV Fluids
F568	Accounting and Records of Personal Funds	F635	Admission Physician Orders for Immediate Care	F695	*Respiratory/Tracheostomy care and Suc
F569	Notice and Conveyance of Personal Funds	F636	Comprehensive Assessments & Timing	F696	*Prostheses
F570	Surety Bond - Security of Personal Funds	F637	Comprehensive Assmt After Significant Change	F697	*Pain Management
F571	Limitations on Charges to Personal Funds	F638	Quarterly Assessment At Least Every 3 Months	F698	*Dialysis
F572	Notice of Rights and Rules	F639	Maintain 15 Months of Resident Assessments	F699	*Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F640	Encoding/Transmitting Resident Assessment	F700	*Bedrails
F574	Required Notices and Contact Information	F641	Accuracy of Assessments	**483.30**	**Physician Services**
F575	Required Postings	F644	Coordination of PASARR and Assessments	F710	Resident's Care Supervised by a Physician
F576	Right to Forms of Communication with Privacy	F645	PASARR Screening for MD & ID	F711	Physician Visits- Review Care/Notes/Orde
F577	Right to Survey Results/Advocate Agency Info	F646	MD/ID Significant Change Notification	F712	Physician Visits-Frequency/Timeliness/Alt
F578	Request/Refuse/Discontinue Treatment;Formulate Adv Di			F713	Physician for Emergency Care, Available 2
F579	Posting/Notice of Medicare/Medicaid on Admission	**483.21**	**Comprehensive Resident Centered Care Plan**	F714	Physician Delegation of Tasks to NPP
F580	Notify of Changes (Injury/Decline/Room, Etc.)	F655	Baseline Care Plan	F715	Physician Delegation to Dietitian/Therapis
F582	Medicaid/Medicare Coverage/Liability Notice	F656	Develop/Implement Comprehensive Care Plan	**483.35**	**Nursing Services**
F583	Personal Privacy/Confidentiality of Records	F657	Care Plan Timing and Revision	F725	Sufficient Nursing Staff
F584	*Safe/Clean/Comfortable/Homelike Environment	F658	Services Provided Meet Professional Standards	F726	Competent Nursing Staff
F585	Grievances	F659	Qualified Persons	F727	RN 8 Hrs/7 days/Wk, Full Time DON
F586	Resident Contact with External Entities			F728	Facility Hiring and Use of Nurse
				F729	Nurse Aide Registry Verification, Retrainin
				F730	Nurse Aide Perform Review – 12Hr/Year In
				F731	Waiver-Licensed Nurses 24Hr/Day and RN
				F732	Posted Nurse Staffing Information

Federal Regulatory Groups for Long Term Care

***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**

**** Tag to be cited by Federal Surveyors Only**

483.40	**Behavioral Health**	F811	Feeding Asst -Training/Supervision/Resident	**483.90**	**Physical Environment**
F740	Behavioral Health Services	F812	Food Procurement, Store/Prepare/Serve - Sanitary	F906	Emergency Electrical Power System
F741	Sufficient/Competent Staff-Behav Health Needs	F813	Personal Food Policy	F907	Space and Equipment
F742	*Treatment/Svc for Mental/Psychosocial Concerns	F814	Dispose Garbage & Refuse Properly	F908	Essential Equipment, Safe Operating Condition
F743	*No Pattern of Behavioral Difficulties Unless Unavoidable	**483.65**	**Specialized Rehabilitative Services**	F909	Resident Bed
F744	*Treatment /Service for Dementia	F825	Provide/Obtain Specialized Rehab Services	F910	Resident Room
F745	*Provision of Medically Related Social Services	F826	Rehab Services- Physician Order/Qualified Person	F911	Bedroom Number of Residents
483.45	**Pharmacy Services**	**483.70**	**Administration**	F912	Bedrooms Measure at Least 80 Square Ft/Resident
F755	Pharmacy Svcs/Procedures/Pharmacist/ Records	F835	Administration	F913	Bedrooms Have Direct Access to Exit Corridor
F756	Drug Regimen Review, Report Irregular, Act On	F836	License/Comply w/Fed/State/Local Law/Prof Std	F914	Bedrooms Assure Full Visual Privacy
F757	*Drug Regimen is Free From Unnecessary Drugs	F837	Governing Body	F915	Resident Room Window
		F839	Staff Qualifications	F916	Resident Room Floor Above Grade
F759	*Free of Medication Error Rate sof 5% or More	F840	Use of Outside Resources	F917	Resident Room Bed/Furniture/Closet
F760	*Residents Are Free of Significant Med Errors	F841	Responsibilities of Medical Director	F918	Bedrooms Equipped/Near Lavatory/Toilet
F761	Label/Store Drugs & Biologicals	F842	Resident Records - Identifiable Information	F919	Resident Call System
483.50	**Laboratory, Radiology, and Other Diagnostic Services**	F843	Transfer Agreement	F920	Requirements for Dining and Activity Rooms
F770	Laboratory Services	F844	Disclosure of Ownership Requirements	F921	Safe/Functional/Sanitary/ Comfortable Environment
F771	Blood Blank and Transfusion Services	F845	Facility closure-Administrator	F922	Procedures to Ensure Water Availability
F772	Lab Services Not Provided On-Site	F846	Facility closure	F923	Ventilation
F773	Lab Svs Physician Order/Notify of Results	F847	Enter into Binding Arbitration Agreements	F924	Corridors Have Firmly Secured Handrails
F774	Assist with Transport Arrangements to Lab Svcs	F848	Select Arbitrator/Venue, Retention of Agreements	F925	Maintains Effective Pest Control Program
F775	Lab Reports in Record-Lab Name/Address	F849	Hospice Services	F926	Smoking Policies
F776	Radiology/Other Diagnostic Services	F850	*Qualifications of Social Worker >120 Beds	**483.95**	**Training Requirements**
F777	Radiology/Diag. Svcs Ordered/Notify Results	F851	Payroll Based Journal	F940	Training Requirements - General
F778	Assist with Transport Arrangements to Radiology	**483.71**	**Facility Assessment**	F941	Communication Training
F779	X-Ray/Diagnostic Report in Record-Sign/Dated	F838	Facility Assessment	F942	Resident's Rights Training
483.55	**Dental Services**	**483.75**	**Quality Assurance and Performance Improvement**	F943	Abuse, Neglect, and Exploitation Training
F790	Routine/Emergency Dental Services in SNFs	F865	QAPI Program/Plan, Disclosure/Good Faith Attempt	F944	QAPI Training
F791	Routine/Emergency Dental Services in NFs	F867	QAPI/QAA Improvement Activities	F945	Infection Control Training
483.60	**Food and Nutrition Services**	F868	QAA Committee	F946	Compliance and Ethics Training
F800	Provided Diet Meets Needs of Each Resident	**483.80**	**Infection Control**	F947	Required In-Service Training for Nurse Aides
F801	Qualified Dietary Staff	F880	Infection Prevention & Control	F948	Training for Feeding Assistants
F802	Sufficient Dietary Support Personnel	F881	Antibiotic Stewardship Program	F949	Behavioral Health Training
F803	Menus Meet Res Needs/Prep in Advance/Followed	F882	Infection Preventionist Qualifications/Role		
F804	Nutritive Value/Appear, Palatable/Prefer Temp	F883	*Influenza and Pneumococcal Immunizations		
F805	Food in Form to Meet Individual Needs	F887	COVID-19 Immunization		
F806	Resident Allergies, Preferences and Substitutes				
F807	Drinks Avail to Meet Needs/P references/ Hydration				
F808	Therapeutic Diet Prescribed by Physician	**483.85**	**Compliance and Ethics Program**		
F809	Frequency of Meals/Snacks at Bedtime	F895	Compliance and Ethics Program		
F810	Assistive Devices - Eating Equipment/Utensils				

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What went into that successful med pass?

"Nurses work 12 hours a day: 4 hours caring for patients and 8 hours washing our hands."

Med pass competencies

- What is your protocol?
- What observation tool is being used?
- Who does the observations?
- How often are staff med passed?
- Are agency nurses being med passed?

Resident Rights

F550 Resident Rights / Exercise of Rights

F552 Right to be Informed / Make Treatment Decisions

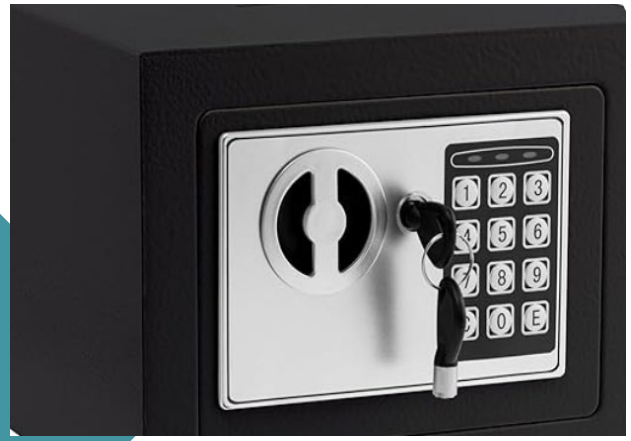
F553 Right to Participate in Planning Care

- Residents have the right to be informed of and participate in their treatment. The resident has the right to accept or decline the initiation or increase of a medication.

Resident Rights and Refusals of Care

- Has there been documentation of adequate explanation
- Has the physician been notified and documented awareness and given direction
- Have alternatives been proposed – e.g., what if a medication time change would be agreeable
- Has the care plan been updated to reflect refusals

Resident Rights



F554 Resident Self-Admin Meds – Clinically Appropriate

If a resident requests to self-administer medication(s) it is the responsibility of the interdisciplinary team to determine that it is safe before the resident exercises that right.

Evaluating safety:

- Is the resident capable of handling medication?
- Is the resident cognitively able to self-administer?
- Can the resident follow directions: verbalize purpose, administer at correct time, report side effect etc.
- Can the medication be safely stored and secured?

Is there a formal assessment, care plan, and decision by the interdisciplinary team?

Freedom from Abuse, Neglect, and Exploitation

F605

Right to be Free from Chemical Restraints

The resident has a right to be treated with respect and dignity, including the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms

F605
Right to be free from Chemical Restraints

When any medication restricts the resident's movement or cognition, or sedates or subdues the resident, and is not an accepted standard of practice for a resident's medical or psychiatric condition, the medication may be a chemical restraint.

Even if use of the medication follows accepted standards of practice, it may be a chemical restraint if there was a less restrictive alternative treatment that could have been given that would meet the resident's needs and preferences or if the medical symptom justifying its use has subsided.

F605
Right to be Free from Chemical Restraints

The clinical record must reflect whether the staff and practitioner have identified, to the extent possible, and addressed the underlying cause(s) of distressed behavior, either before or while treating a medical symptom.

Potential underlying causes for expressions and/or indications of distress

- Delirium
- Pain
- Presence of an adverse consequence associated with the resident's current medication regimen
- Environmental factors, such as staffing levels, over stimulating noise or activities, under stimulating activities, lighting, hunger/thirst, alteration in the resident's customary location or daily routine, physical altercations, temperature of the environment, and crowding.

F605
The Right to be Free from Chemical Restraints

KEY POINTS:

To demonstrate compliance, the resident's medical record must include documentation that the resident or resident representative was informed **IN ADVANCE** of the risks and benefits of the proposed care, the treatment alternatives or other options and was able to choose the option he or she preferred.

A WRITTEN CONSENT form may serve as evidence of a resident's consent to medication, but other types of documentation are also acceptable.

F605
The Right to be Free from Chemical Restraints

To cite deficient practice, the surveyor's investigation will generally show that the facility has failed, in one or more areas, to do any one or more of the following:

- Assure that the resident is free from restraints imposed for discipline or staff convenience
- Identify medical symptoms that were being treated with the use of a chemical restraint
- Has not provided the least restrictive alternative for the least time possible, including and as appropriate developing and implementing a plan for gradual dose reduction
- Monitored and evaluated the resident's response to the medication and
- Discontinued the use of the medication when the medical symptom is no longer being treated, unless reducing or eliminating the use of the medication may be clinically contraindicated.

F757
Drug Regimen is Free From Unnecessary Drugs

Each resident's drug regimen must be free from unnecessary drugs.

An unnecessary drug is any drug when used In excessive dose (including duplicate drug therapy)

- For excessive duration
- Without adequate monitoring
- Without adequate indications for its use
- In the presence of adverse consequences which indicate the dose should be reduced or discontinued

F757
Drug Regimen is Free From Unnecessary Drugs

Circumstances which require evaluation for unnecessary medication

- Admission or readmission medication reconciliation
- 24-hour chart checks
- Recommendations from monthly pharmacy consultant reviews
- New medication orders given in an emergency when now the resident has now stabilized and need is no longer present

F605 vs. F757

If the survey team identifies an unnecessary medication that is acting as a chemical restraint (sedating or subduing a resident), noncompliance is cited at F605 and not cited at F757.

Both tags shall not be cited for the same noncompliance.

Quality of Care

483.25	Quality of Care
F684	Quality of Care
F685	*Treatment/Devices to Maintain Hearing/Vision
F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F687	*Foot Care
F688	*Increase/Prevent Decrease in ROM/Mobility
F689	*Free of Accident Hazards/Supervision/Devices
F690	*Bowel/Bladder Incontinence, Catheter, UTI
F691	*Colostomy, Urostomy, or Ileostomy Care
F692	*Nutrition/Hydration Status Maintenance
F693	*Tube Feeding Management/Restore Eating Skills
F694	*Parenteral/IV Fluids
F695	*Respiratory/Tracheostomy care and Suctioning
F696	*Prostheses
F697	*Pain Management

F684
Quality of Care

Hospice / Palliative care

Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.

Medication management includes wound treatments, controlling nausea, vomiting, uncomfortable breathing, agitation, pain.

Communication between hospice and facility staff is essential.

Quality of Care

F686
Treatment / Services to Prevent/ Heal Pressure Ulcers

Wound competencies – correct administration of treatments

F695
Respiratory / Tracheostomy Care and Suctioning

Correct administration of inhalers / nebulizer medication

F697
Pain Management

NEW!

Definitions of pain

Acute Pain refers to pain that is usually sudden in onset and time-limited with a duration of less than 1 month and often is caused by injury, trauma, or medical treatments such as surgery.

Subacute Pain refers to pain that has been present for 1–3 months.

Chronic Pain refers to pain that typically lasts greater than 3 months and can be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause.

F697
Pain Management

Based on the comprehensive assessment of a resident, the facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices, related to pain management.

Possible indicators of pain

- Non-verbal (e.g., groaning, crying, screaming, grimacing, frowning, or clenching of the jaw)
- Changes in gait (e.g., limping), skin color, vital sign changes, perspiration
- Resisting care, pacing, irritability, depressed mood, or decreased participation in usual physical / social activities
- Decline in function or ADLs (e.g., rubbing a specific location of the body, or guarding a body part
- Difficulty eating or loss of appetite; weight loss
- Difficulty sleeping

F697
Pain Management

Plan of care

- Develop and implement both non-pharmacological and pharmacological interventions/approaches to pain management, depending on observed patterns (e.g., is pain episodic, continuous, associated with ADLs or wound treatment?)
- Balance the resident's desired level of pain relief with the avoidance of unacceptable adverse effects
- Determine if one prn pain medication is appropriate or there are multiple pain options?
- Are staff adhering to protocols which follow mild, moderate and severe prn pain scales?
- Is prn pain medication use being monitored and standing orders provided when needed ?
- Are effectiveness and/or adverse effects (e.g., constipation, sedation) being monitored and approaches modified as necessary?)

Pharmacy Services

483.45	Pharmacy Services
F755	Pharmacy Svcs/Procedures/Pharmacist/ Records
F756	Drug Regimen Review, Report Irregular, Act On
F757	*Drug Regimen is Free From Unnecessary Drugs
F759	*Free of Medication Error Rate sof 5% or More
F760	*Residents Are Free of Significant Med Errors
F761	Label/Store Drugs & Biologicals

" You have a choice. An ultra-expensive medication that may cure you, but has the side-effect of bankruptcy . . OR a low-priced medication with the side-effect of a near-death experience. "

F755
Pharmacy Services/ Procedures/Pharmacist/ Records

The facility must provide routine and emergency drugs and biologicals / pharmacy services including procedures that assure accurate acquiring, receiving, dispensing and administering of all drugs and biologicals.

The licensed pharmacist consultant provides consultation, establishes a system of records of receipt and disposition of all controlled drugs to enable accurate reconciliation, determine drug records are in order, and an account of all controlled drugs is maintained and properly reconciled.

F755
Pharmacy Services/ Procedures/Pharmacist/Records

Possible Concerns

- Emergency boxes
- Process of controlled substance delivery, shift audit documentation
- Unestablished par levels / running out of supplies
- “Awaiting delivery” ongoing charting without documentation of medical provider notification and instructions

F756
Drug Regimen Review

Possible Concerns

- Change of consultant company / gaps in service
- Email addresses not updated / not receiving pharmacy reports
- Pharmacy consultant not notified of admissions/ readmissions
- Delayed responses to pharmacy consultant reports by nurses and medical providers

F761
Labeling / Storage of Drugs and Biologicals

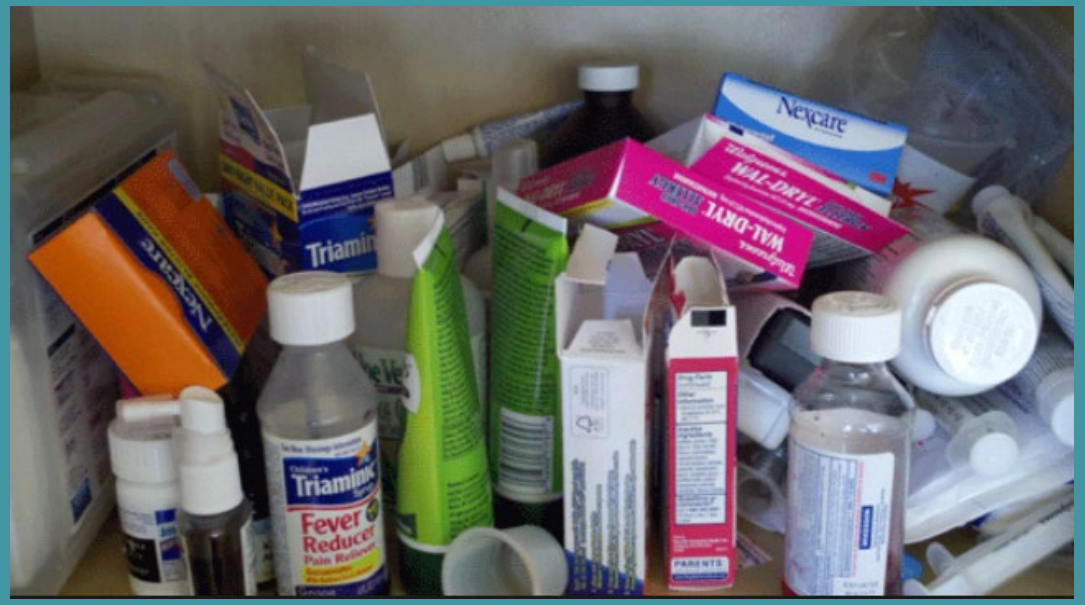
- Locked compartments
- Key control
- Properly labeled and stored
- Appropriate instructions and precautions
- Proper temperature controls

F761
Labeling / Storage of Drugs and Biologicals

Possible common concerns

- Label damaged cannot be read clearly
- No expiration dates where needed (e.g., eye drops)
- Insulin / glucometers not separately bagged
- No date opened on multidose vials (e.g., PPD)
- Taping over damaged bingo card to hold pill in / loose pills
- Refrigerator temperatures not logged
- Keys or cart left unattended / Medication room door left open

What you don’t want to see



CLUTTER: expired meds, loose pills, undated, unbagged items, etc.

What you do want to see

Locked, no personal items, no equipment on top, HIPAA compliance, etc.

Quality Assurance/ Infection Control / Training

F867 QAPI / QAA Improvement Activities

The facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring.

e.g.
- Medication errors
- Pharmacy delivery delays

F881 Antibiotic Stewardship Program

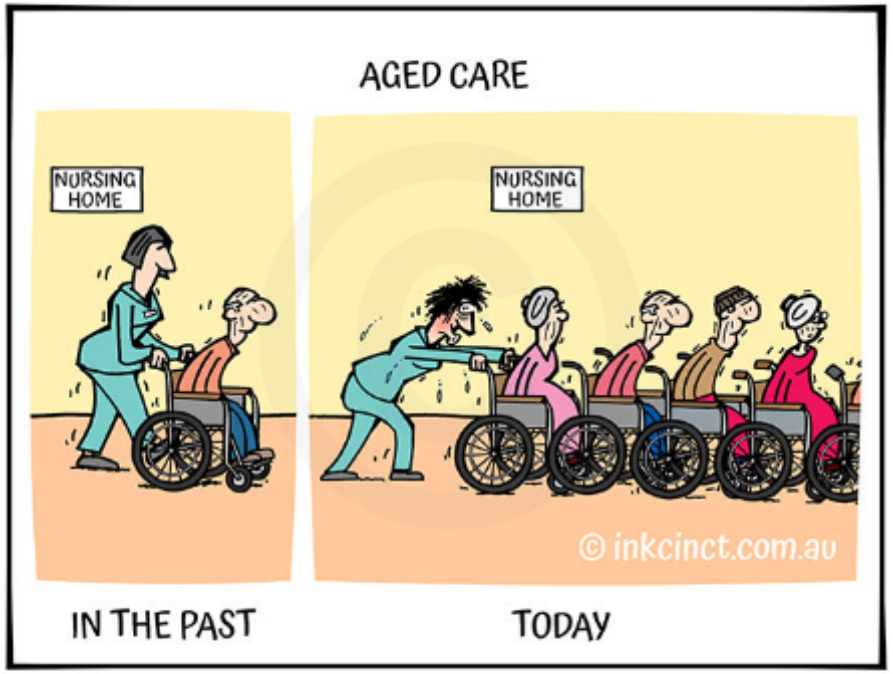
Includes antibiotic use protocols and a system to monitor antibiotic use.

- Unnecessary medications

F941 Training Requirements

- Training based on facility assessment

There are many challenges in medication administration



Facilities can support staff in medication administration

Work with pharmacy consultant / medical provider to simplify med pass

- Balance medication administration workload between shifts
- Stagger medications (e.g., 8 vs 9 am)
- Reduce / eliminate unnecessary medications and testing (e.g., finger sticks of stable diabetics)
- Discontinue medication parameter orders of stable long-term care residents
- Liberalize medication pass

Medication administration is a huge responsibility. Does your home recognize those who are doing the job well?

Strategies that reduce risk of medication related deficiencies

Observations / Competencies

Delegated responsibilities (e.g., to check med rooms)

Manager environmental rounds

Education (and or discipline)

Audits / QAPI Performance Improvement Projects

Use of CMS LTC Clinical Pathways

e.g.,

- Medication Administration Observation
- Unnecessary Medication
- Medication Storage

Resources

- CMS State Operations Manual Appendix PP Guidance for Surveyors for Long Term Care Facilities; published 7/23/2025;
- Garratt S, Dowling A, Manias E. Medication administration in aged care facilities: A mixed-methods systematic review. J Adv Nurs. 2025 Feb;81(2):621-640. doi: 10.1111/jan.16318. Epub 2024 Jul 7. PMID: 38973246; PMCID: PMC11729541.
- Shieu B, Wang MC, Harris J, Lee YW. NURSES' PERSPECTIVES ON MEDICATION ADMINISTRATION SAFETY FOR RESIDENTS IN NURSING HOMES: A QUALITATIVE STUDY. Innov Aging. 2024 Dec 31;8(Suppl 1):1209–10. doi: 10.1093/geroni/igae098.3872. PMCID: PMC11692301.
- Texas Health and Human Services ● hhs.texas.gov ● Evidence-Based Best Practices for Medication Management in LTC, Revised 01/2024.

Thank you!

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