



NEWS & VIEWS

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Medication Storage and Securing of Controlled Substances

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&

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Thefts of controlled substances in a nursing home usually involve someone—often a healthcare employee—who steals the drugs for personal use, to provide drugs for another person or for personal financial gain. These thefts can happen wherever controlled substances can be found. Along with thefts from medication dispensaries, narcotic cabinets and pharmacies, desperate addicts frequently remove Fentanyl patches from a resident's body or dig through medical or hazardous waste for controlled substance remnants and residue.

Today, the growing number of drug diversions in nursing homes due to opioid addiction is increasing at a rapid pace and harms not only the addict but fellow healthcare workers, the nursing home and the residents. In the case of the residents, they may be deprived of the prescribed medication and will suffer needless pain; or, even be infected with a bloodborne illness when the healthcare worker diverting the drugs uses the same syringe to inject the patient after first injecting himself. The Centers for Medicare & Medicaid Services (CMS) has now formally labeled opioid addiction an "epidemic."

In an effort to thwart this growing problem, **effective November 17, 2018**, the CMS revised the survey process and added medication storage and securing of controlled substances to the list of information requested by surveyors when they first enter a facility. Specifically, the surveyor team leader requests a list of the number and location of the facility's medication storage rooms and its medication carts. This task is now a Mandatory Facility Task investigation and involves Form CMS-20089, Critical Element Pathway - Medication Storage and Labeling. As the survey proceeds, one-half of the medication carts and medication rooms will be monitored with more rooms and carts added if concerns are recognized. The observation process involves looking at the medication rooms, carts, boxes and refrigerators.

Failure by many facilities to meet the requirements for medication storage and labeling as spelled out on Form CMS-20089, is resulting in citations for non-compliance as specified under F755 Pharmacy Services and F761

To be compliant, a facility should be able to respond "yes" to the following 10 items-the only exception would be not having a medication room:

1. Medication room access is limited to authorized individuals, and the med room door is locked when not in use.
2. Medication carts are locked and secured when not in use.
3. Discontinued medications, including controlled substances, are removed from the medication cart/room as soon as possible after they are discontinued.
4. There is a process in place for safe storage of medications and controlled substances that are discontinued until the destruction/return process is accomplished.
5. All multi-dose vials are dated when opened and are discarded with 28 days or according to the manufacturers' instructions.
6. Insulin pens are clearly marked with the resident's name and used only for one resident.
7. All controlled substances are secured in a double-locked, permanently-affixed location.
8. Medication rooms, carts and refrigerators are clean and in good working condition.
9. All medications and resident supplies have current dates, and none are expired.
10. Temperature logs are maintained for medication room refrigerators and temperatures are within a manufacturer's recommended limits.

Along with being considered theft, misappropriation and diversion of medications or supplies that are intended for resident use may constitute fraud and a violation of the False Claims Act when government Medicare or Medicaid funds are requested to reimburse the facility for their cost. It should also be noted that "borrowing" a controlled substance prescribed for one resident to be used on another resident is a felony and punishable by law.

Detailed information must be available for anyone who has access to medications regarding their secure storage along with the designated method used to record and reconcile their medication administration to residents. The typical way that a controlled substance is diverted by a person with access proceeds from the easiest accessible to the most difficult as follows: 1) discontinued medications, 2) medications with a current order but not being used for a resident and 3) actively used prescribed medications.

Facilities can be proactive in preventing drug diversions by training their nursing team that it is their professional responsibility to report to their supervisor, administrator, compliance officer or call the hotline if they see something of concern. If a nursing home employee sees something suspicious and fails to report it, they will be in jeopardy of losing their job

For more information regarding this article, call 609-454-5020 or email info@mednetconcepts.com

Report on the Decreased Use of Antipsychotic Medications

Information Adapted from CMS Update

CMS is tracking the progress of the National Partnership to Improve Dementia Care in Nursing Homes by reviewing publicly reported measures. The official measure of the National Partnership is the percentage of long-stay nursing home residents who receive antipsychotic medication, excluding residents diagnosed with schizophrenia, Huntington's disease or Tourette's syndrome. In the fourth quarter of 2011, 23.9% of residents received an antipsychotic medication. As of the third quarter of 2017, 15.4% of residents received anti-psychotic medication showing a 35.4% decrease from 2011. Success varies by state and CMS region; some states and regions have a reduction greater than 35%

"Alexa," a Name to be Uttered with Care

By:
Louise Lindsey, Editor

In 1977, when "Star Wars" introduced the world to the artificial intelligence of R2-D2 and C3PO, they quickly became popular household names. In 2003, "R2-D2 was inducted into the Robot Hall of Fame and the Smithsonian Institution has included R2-D2 in its list of 101 Objects that Made America." R2-D2 has played a role in every "Star Wars" movie including the most recent "The Last Jedi."

Today, there is a huge effort to place some form of artificial intelligence or IoT (Internet of Things) into every home in America. Along with that idea, family members are also purchasing and placing these new personal

assistant devices from Amazon (Alexa), Google, Apple (Siri), Microsoft (Cortana) in the rooms of residents living in skilled nursing homes and assisted living facilities. The rationale for doing this has a variety of motives—some positive and some negative. Some are placed with the idea that they might be helpful to the residents because they can be programmed to call specified telephone numbers and answer questions a resident may pose about temperature, sports, news, etc. The degree of helpfulness to a resident has not been determined and the physical limitations and constraints that many elderly residents experience, like hearing and memory, are obvious barriers to the successful use of these devices.

Some of these devices are also now equipped with video cameras, and family members may feel that this will help the resident be connected visually with family and friends. Or, this may be something that the family member thinks will prevent abuse and neglect. These concerns are often due to the attention-getting headlines and news media horror stories that are so alarming to family members with loved ones living in long-term care facilities. They believe that having a video camera in their resident's room will give them a way to monitor the care that their loved one receives.

The holiday season of gift-giving provided the backdrop for many artificial intelligent devices, like Amazon's Echo or what many just call "Alexa," to be placed in the rooms of long-term care residents. However, these devices present some serious concerns for long-term care facilities in terms of residents' rights and privacy issues, and raise questions of how to handle this new challenge.

One primary issue needing to be addressed pertains to the roommates of the person being given an "Alexa." One recently reported incident involved the resident asking "Alexa" questions during all hours of the day and night-times when the roommate was sleeping or trying to sleep. The audio of these devices is on 24-7 and the ones with video cameras are also on 24-7.

To address the issues of privacy and residents' rights, it is suggested that facilities adopt these policies and procedures:

- Treat the devices like a video camera-
- Place a note on the resident's door advising those who might enter the room that there is a video camera operating and an audio recording occurring in the room.
- Limit the hours of use. Turn off or unplug the device.
- Obtain a signed acknowledgement of approval from the resident's roommate.
- Provide training to staff regarding the facility's policies and procedures involving these devices and the concerns regarding privacy and residents' rights.

Another issue is that in some states, like Massachusetts, it is illegal to secretly tape a conversation. An example would be recording a telephone call or a conversation with another person without their being aware you were doing it. Some states require that everyone participating in a conversation must be made aware that they are being taped and must agree to the recording. Violations to your state's consent laws can result in civil and criminal penalties.

Cameras that operate in public places do not pose a problem because there is no expectation of privacy. However, when cameras are placed in private areas of healthcare facilities, they can be problematic regarding patient privacy, and are covered under HIPAA law that is intended to protect a "patient's medical information, including visual information." Video-taping a resident without proper consent may violate HIPAA and may increase a facility's liability to sanctioning by the Office of Civil Rights.

When this is considered in context with the 24-7 capabilities for recording conversation and video taping of an "Alexa" device, it takes on potentially serious exposure for a nursing home or an assisted living facility.

For more information regarding this article, call 609-454-5020 or email info@mednetconcepts.com

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