

**Offices of Primary Care and Health Systems Management
Division of ACF/Assisted Living Surveillance
ACF Association Meeting Q&As
July 7, 2016**

1. **George Forman Grill Question:** I had an inquiry about whether or not a George Forman grill would be permitted in an enriched housing program? In reviewing the equivalency document, it seems as though perhaps it would require a waiver request for 488.11 (h)(5)? This would not replace the stove, but be another option for the resident.

Response:

There is no prohibition against cooking equipment in an EHP kitchen; however, the facility must ensure that the resident can safely use the equipment following the guidelines below:

Guidelines:

1. Each resident requesting a cooking device and/or appliance in their room must first be assessed by the operator as being able to safely use and maintain the device according to the manufacturer's guidelines. This assessment must be repeated every 6 months or sooner if indicated to determine the resident's continued ability to use the cooking device and/or appliance properly and safely. Documentation of the assessment in the resident's chart/record is required.
2. The cooking device and/or appliance must be periodically inspected by facility staff or an outside service provider (at least every 6 months or sooner if indicated) to determine that it is functioning properly.
3. Appropriate GFCI outlets must be used to service the equipment. The cooking device and/or appliance must have an Underwriters Laboratory (UL) rating label.
4. If residents are found unable to properly and safely use the cooking device and/or appliance, the cooking device and/or appliance should be immediately removed and disabled.
5. If the living accommodation is shared, approval from the roommate(s) to have the cooking device and/or appliance(s) must be obtained in writing and the roommate(s) (if applicable) must demonstrate the ability to properly use the cooking device and/or appliance as well.

2. Activities Question:

My activities coordinator came to me with an idea of a Bingo night once a year. He does have Bingo every week in which the residents come in and can win 50 cent gift cert. to any gift shop on our property. The once a year Bingo that he is proposing would be for residents that would like to win money. The residents interested would sign up and pay a minimal entrance fee and would be eligible to win money from the entrance fees. Food and beverages would be offered at no cost of course. Is this OK to do and if so, what are the expected criteria?

Response:

This is outside our jurisdiction and requests for information should be made to the local gaming authority.

3. Toaster in the Dining Room Question:

Some residents are particular about exactly how their toast is cooked. To accommodate their individualized tastes, we want to put a toaster out in the dining room at meal time, and dietary staff would be there to supervise, then put it away after the completion of service. Is this OK?

Response:

The facility is required to follow the policies and procedures governing rules and standards for cooking devices and/or appliances.

4. Labeling Question (two part question):

We have two questions regarding surveillance and lack of regulation. What should the process be for the following?

Rubber banding med evals/ RX to the outside of the bottle:

The facilities are shrinking the medical evaluation or prescription, and rubber banding the paper to the outside of the bottle of medication. This is usually for the OTC medications that family or residents purchase. Example vitamins which the family can provide a larger quantity and lower cost than the facility. Is it acceptable for the facility to rubber band these to the outside of bottles or is this considered labeling?

Response:

Labels for over the counter (OTC) medications require the resident's name and manufacturer label.

Family providing care in an Adult Home:

A few examples:

A resident can no longer do their own finger sticks but the physician wants them continued. Part A- The family has agreed to perform these finger sticks. Is this

acceptable or does the family require specific training and does the facility need to have a physician order that the family will perform this function. Part B - to this question is what will be done in the case that the family is unable to make it to the facility to perform the task?

A resident has dressing changes that the family will be doing. There is not any documented evidence the family has training, the order received through the pharmacy has that the doctor wrote the family will be doing the treatment and the facility called family and confirmed they will do the daily dressing changes.

Response:

As noted previously, family members are not permitted to perform medical tasks in a licensed adult home.

5. Medication Management Question:

I have the following questions about the requirements for medication management in Adult Care Facilities:

1. Disposal:

What is the method for proper disposal of wasted, refused or partial doses of Controlled substances? Are the answers to questions #26 and #27 in DAL-HCBC 05-07, dated August 26, 2005 still correct?

2. Assistance:

Best practice would indicate that staff re-approach a resident who has refused a dose of medication after an interval of time has passed, to see if the resident has changed his/her mind and would now accept the offered medication.

What is the allowable time window in which a refused or missed dose (Non-controlled or Controlled medication) that had been removed from the blister pack or vial may be kept and offered again to the resident before disposal of the dose is required? Of course, the required prescribed interval, if any, between doses must be maintained.

Response:

Please refer to BNE's FAQ's on disposal of controlled substances.

6. Geri-sleeve Question: Is this permitted with a doctor's order? Just want to make sure it wouldn't be considered a restraint.

<http://www.mycarehomemedical.com/large-arm-geri-sleeve> thank you.

Response: The Geri-Sleeve Sleeve is not considered a restraint because it does not restrain movement. The Geri-Sleeve is a protective product (may also

be referred to as a stockinet) and is described as a fabric sleeve used for skin protection. Staff need to be trained in the application and removal of the Geri-Sleeve as there is potential for additional skin damage or infection if the sleeve is not applied correctly or the area not properly prepared. Staff would be required to be trained on the application, care and removal of the Geri-Sleeve. A doctor's order is required and must include the size of the sleeve. The facility must have a policy and procedure regarding staff training, how often the sleeve is changed (washed) and the resident must approve of its use.

7. **ACF Legal Services Agencies & Community Resources Providing Resident Advocacy Services Guide:** It seems that the list of advocacy agencies that must be provided when issuing a 30-day notice will be revised on a pretty regular basis because of changes in the county. The latest DAL reports a change in Greene County. In hopes of limiting emails only to those members that are actually impacted, my question is whether it is sufficient to just notify members in the counties where the changes have been made. In other words, will surveyors be OK with using the previous list/DAL reference if any subsequent changes that have been made are not in the affected ACF's county?

Response: The ACF Legal Services Agencies & Community Resources Providing Resident Advocacy Services Guide is a statewide document that is updated when necessary. As stated in the DAL, "the operator shall furnish to the resident a list of agencies, including the Long Term Care Ombudsman Program, providing free legal services and agencies engaged in resident advocacy services within the geographic vicinity of the facility". The information provided by the operator (the list for their geographic vicinity of the facility) should be correct for their region.

8. **Oxygen Sign Question:** We have received a number of inquiries related to a sign (below) that needs to be posted in residents' rooms related to oxygen use. Can you please confirm this new requirement?

Response: DAL 13-17: Liquid Oxygen and Oxygen Concentrators, dated July 9, 2013 referenced ACF Directive No. 5-97 (dated September 30, 1997) in which it states that "A sign must be placed on the door to the storage area indicating the presence of oxygen. If pressurized oxygen is used regularly by a resident in his/her apartment or bedroom, then a sign must be placed on the entrance door to the apartment or bedroom indicating that oxygen may be in use. In addition, the facility operator must keep on file and comply with any other safety guideline or standard that is provided by the manufacturer of the oxygen equipment and/or the medical equipment supplier."

9. **Ensure Question:** A question came up about medicine refrigerators and Ensure. Can Ensure be kept with medications or does it have to be separate (is it considered a food)? If it has to be separated, can we keep it in the fridge that

we keep the alcohol in (i.e. white wine and Baileys are kept in a different fridge so they're not with the meds)?

Response: While Ensure is considered a medication in terms of MD orders and documentation, it is a nutritional supplement (really a food source) and should be handled like any liquid food. Ensure should be stored separately from medications in another refrigerator. The intent of the regulation is to prevent cross-contamination between food and medicine.

10. **Sunblock Question:** Would we need an MD order to apply sunblock in ALP? can aides put on for residents without resident assist?

Response: A physician order for the use of sunblock is necessary. ACF, Personal Care, Home Health and Resident Care Aides are permitted to “assist with self-administration of medications: topical to stable skin surface, eye, ear or nose.”

11. **Documentation on MAR Question:** For residents that self-medicate for most or all of their medications (as per the MD's OK), it has been my understanding that the ACF needs orders for the self-medicating meds; however, a surveyor is now looking for those self-meds to be reflected somehow on the MAR. This is new to me and I'm not sure how to advise if, and/or how, that would/should be documented on the MAR (the ACF does have orders for the meds). Please advise.

Response: If a resident is capable of self-administration, the requirements in 487.7(f)(1)(i-ii) is for the resident's physician to attest in writing that the resident is capable of self-administration and that the resident keeps the operator informed of all medications being taken, including name, route, dosage, frequency, times and any instructions, including any contraindications, indicated by the physician. There is no requirement to have MD orders, because the home is not dispensing or assisting with the resident's medication. As part of the above regulation, the resident needs to be independent in all functions of medication administration. There is no requirement for a MAR or listing of a self-administering resident's meds on a MAR, because there is no assistance being given. Some facilities have used MARs generated from the pharmacy as proof of current knowledge. It is acceptable documentation, but not required.

12. **Medication Question:** For a resident capable of self-administering insulin and their glucose testing, but the ACF brings the insulin in a pre-filled syringe to the resident and observes that they inject, how should the partial assistance (bringing the syringe, making sure they take) be documented? Should it be documented on the MAR? If so, provide guidance as to how it should read.

Response: In 487.7(f)(2)(i-vii), identifies seven functions that define what a resident needs to accomplish independently to be capable of self-administration

of their medications. A resident needing assistance with self-administration is one who needs assistance to properly carry out one of more of the activities listed in 487.7(f)(2). If the resident cannot safely store the medication then they would require assistance (as defined in regulation 487.7(3)). Partial assistance as illustrated in the first example is defined as assistance in the regulation. Documentation in the MAR should read the type or extent of assistance given to the resident.

13. Liquid Soap: Does liquid dish soap require a waiver in an EHP resident's apartment?

Response: In adult homes this is not applicable. In EHPs, residents may have dish soap, however the facility should check the label and follow-up with their regional office program manager if needed.