



## Self-Administration of Medications Policy and Procedure Checklist

### Purpose and Intent of 483.10(c)(7)

The purpose of the Self-Administration of Medication Policy and Procedure is to develop guidelines about facility staff expectations in the nursing home to honor resident’s request for Self-Administration of Medications whenever assessed as appropriate to keep resident at their highest level of functioning. The facility will implement a system to coordinate appropriate assessment process, documentation and decision-making to ensure that the practice is clinically appropriate in order to meet the individualized needs of the residents accurately and safely to implement quality systems based on clinical standards of practice and clinical guidelines, as well as regulatory compliance.

To assure that all the required steps have been followed for the development and implementation of a comprehensive Self-Administration of Medications policy in accordance to the new Requirements of Participation (RoP), the following checklist captures specific action items for successful completion. The left column represents the actual Requirements of Participation (RoP) language and the right column indicates specific strategies for successful completion and implementation of the revised RoP. When preparing updated policies and procedures, it is recommended to include actual RoP language as applicable.

### Suggested Checklist Program and Policy and Procedure

Regulation	Recommended Actions
<p><b>§483.10(c)(7) (F554) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate.</b></p> <p>If a resident requests to self-administer medication(s), it is the responsibility of the interdisciplinary team (IDT) (as defined in §483.21(b), F657, Comprehensive Care Plans) to determine that it is safe before the resident exercises that right. A resident may only self-administer medications after the IDT has determined which medications may be self-administered.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review, revise and institute a Self-Administration of Medications Policy in accordance with the (RoP). See regulatory requirements as well as template policy and procedure.</li> <li><input type="checkbox"/> Institute a Self-Administration of Medications resident assessment form for initial and ongoing assessment</li> </ul>



When determining if self-administration is clinically appropriate for a resident, the IDT should at a minimum consider the following:

- The medications appropriate and safe for self-administration;
- The resident’s physical capacity to swallow without difficulty and to open medication bottles;
- The resident’s cognitive status, including their ability to correctly name their medications and know what conditions they are taken for;
- The resident’s capability to follow directions and tell time to know when medications need to be taken;
- The resident’s comprehension of instructions for the medications they are taking, including the dose, timing, and signs of side effects, and when to report to facility staff.
- The resident’s ability to understand what refusal of medication is, and appropriate steps taken by staff to educate when this occurs.
- The resident’s ability to ensure that medication is stored safely and securely.

Appropriate notation of these determinations must be documented in the resident’s medical record and care plan

The decision that a resident has the ability to self-administer medication is subject to periodic assessment by the IDT, based on changes in the resident’s medical and decision-making status

If self-administration is determined not to be safe, the IDT should consider, based on the assessment of the resident’s abilities, options that allow the resident to actively participate in the administration of their medications to the extent that is safe (i.e., the resident may be assessed as not able to self-administer their medications because they are not able to manage a locked box in their room, but they may be able to get the medications from the nurse at a designated location and then safely self-administer them).

- Update staff education materials for orientation, annual education, and agency staff orientation, as needed.
- Educate the interdisciplinary team about the Self-Administration of Medications Policy and Procedure.
- Conduct updated training for nursing leaders about supervising and monitoring for compliance with the Self-Administration of Medications Policy and Procedure
- Review the Self-Administration of Medications Policy with the Medical Director in conjunction with the Quarterly Quality Assurance Committee meeting
- Discuss with the Medical Director education to attending physicians regarding the facility policy



The below areas serves as a cross reference for facility leaders to conduct addition policy and procedure review across departments to incorporate the changes set forth in **§483.10(c)(7) (F554) The right to self-administer medications.**

This listing is not all encompassing however should serve as a resource for leaders as they update their internal policies, procedures and operational processes.

Cross Reference: (additional areas for review)

- CMS Definitions
- Employee Orientation
- Annual Training Requirements
- Unnecessary Medications
- Medical Director
- Incident/Accident Policy and Procedure
- Quality Assurance and Performance Improvement
- Staff Training and Education

## References

CMS State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities:

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>