

## Survey Findings/Facility Response

Facility : GATEHOUSE THERAPEUTIC HEALTH SERVICES

Survey Date - 7/17/2008 - Citation9

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### Survey Findings

A review of policies and procedures and an interview with the Clinical Director and Administrative Assistant revealed the licensee of an agency requesting to provide assistance in the self-administration of medication did not ensure the required policies and procedures were approved by a medical practitioner, pharmacist, or registered nurse.

Findings include:

A review of the applicant's policies and procedures revealed a policy titled "Medication Services" that described the agency's procedures for providing assistance in the self-administration of medication including requirements in subsection (408)(B)(1)(5).

The policy "Medication Services" was signed and approved on August 6, 2007 by staff #1. No signature for approval of this policy was signed by a medical practitioner, pharmacist, or registered nurse.

In an interview, the current Clinical Director acknowledged staff #1 signs and approves the agency's policies and procedures. He also reported not knowing the aforementioned policy required the review and approval of a medical practitioner, pharmacist, or registered nurse.

The requirement to ensure policies and procedures are developed; approved by a medical practitioner, pharmacist, or registered nurse; and include each of the requirements in subsections (B)(1) through (B)(5), was discussed with the Clinical Director, RN, and Administrative Assistant during the exit conference.

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### Rule/Statute

R9-20-408. Assistance in the Self-Administration of Medication

B. A licensee of an agency that provides assistance in the self-administration of medication shall ensure that policies and procedures are developed; approved by a medical practitioner, pharmacist, or registered nurse; implemented; and complied with and include:

1. A requirement that each client receive instruction in the use of the prescribed medication and information regarding:

a. The prescribed medication's:

i. Anticipated results,

ii. Potential adverse reactions, and

iii. Potential side effects; and

b. Potential adverse reactions that could result from not taking the medication as prescribed;

2. Procedures for:

a. Storage of medication;

b. Informing a client when medication should be taken;

c. Ensuring that a client takes only medication prescribed for the client and that medication is taken as directed;

- d. Observing a client taking medication;
  - e. Preventing, responding to, and reporting a medication error, adverse reaction to medication, or medication overdose;
  - f. Disposing of medication;
  - g. Assisting a client in obtaining medication and ensuring that a client does not run out of medication; and
  - h. Documenting the instruction provided in subsection (B)(1);
3. A list of the staff members authorized to assist a client in self-administration of medication and to have access to a client's medication;
4. A requirement that a client's medication regimen:
- a. Be reviewed by a registered nurse or medical practitioner according to the client's treatment needs, and
  - b. Meet the client's treatment needs; and
5. A requirement that each instance of assistance in the self-administration of medication be documented.
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## Facility Response

The date (10/31/2008) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.