# Adult Foster Home Provider Alert

**Policy updates, rule clarifications and announcements**

**Date:** October 4, 2023

**To:** APD Adult Foster Home Providers

**From:** Safety, Oversight and Quality Unit

**Topic:** **Frequently Cited Violations Report – Second Quarter 2023**

The Safety, Oversight and Quality Unit will be running quarterly reports of the most frequently cited violations in adult foster homes (AFH) licensed with Aging and People with Disabilities (APD) to strengthen education and training for Licensees.

This report is intended to be a guideline for licensees so they are aware of current violation patterns and can conduct audits in the adult foster homes they operate. Questions about violations specific to your license should be sent to your licensor at the local licensing office. This quarter, there were three violations that were cited frequently in the previous quarter as well. There are seven new violations of rule noted with a focus on medication and MAR errors.

**Report dates: April 1, 2023 to June 30, 2023**

## *HOME AND RECORDS VIOLATIONS*

**Violation: Background Check 411-049-0120(1)(a) (repeat from last quarter)**
(1) All subject individuals (SI) must have an approved background check, which for non-licensees or non-licensee applicants, may include an approved preliminary fitness determination, prior to operating, working in, training in, or living in an AFH.

(a) Licensees must maintain documentation of preliminary and final fitness determinations with the home's facility records in accordance with these rules and the background check rules.

**APD means Aging and People with Physical Disabilities. APD adult foster homes are licensed to care for adults who are older and adults with physical disabilities.**

**Corrective Action:** Licensee must ensure all subject individuals have approved background checks and the approval records should be kept with the facility caregiver records.

**Violation: Resident Records: Narratives 411-050-0750(2) (repeat from last quarter)**

(2) The record must contain the following information:

(k) NARRATIVE OF RESIDENT'S PROGRESS. Narrative entries describing each resident's progress must be documented at least weekly and maintained in each resident's individual record. All entries must be signed and dated by the person writing them.

**Corrective Action:** There must be written updates related to resident progress that are maintained at least weekly. These notes help to give insight into the resident's adjustment in the home and can be useful in determining changes of condition or overall resident wellness.

**Violation: Safety: Evacuation Drill 411-050-0725(3)(a) (repeat from last quarter)**

(3) EVACUATION DRILL. An evacuation drill must be held at least once every 90 calendar days, with at least one evacuation drill per year conducted during sleeping hours.

(a) The evacuation drill must be clearly documented, signed by the caregiver conducting the drill, and maintained according to OAR 411-050-0745(1)(g).

**Corrective Action:** Evacuations drills are required to be held at least every 90 calendar days and at least one drill must be conducted during sleeping hours. A form indicating completion of this requirement must be kept in the facility records.

## *MEDICATION ADMINISTRATION RECORDS (MAR) VIOLATIONS*

*All violations noted in this section are covered in the required training, Six Rights to Safe Medication Administration. Classes fill up quickly. Information on this training can be found here: https://www.oregon.gov/dhs/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/Documents/training-calendar.pdf

**Violation: MARs: Immediately Initialed**

**OAR 411-050-0130 (6)** MEDICATION ADMINISTRATION RECORD. A current, written MAR, or electronic MAR (see OAR 411-050-0755(4)), must be kept for

each resident and must: **(c)** Be immediately initialed by the caregiver administering the medication, treatment, or therapy as it is completed. A resident's MAR must contain a legible signature that identifies each set of initials.

**Corrective Action:** When medications are given, the MAR should be signed at the same time by the caregiver who administered the medication. Licensees and caregivers should not be signing the MAR before or after giving a medication to a resident, as it increases the likelihood of medication mistakes being made. Furthermore, documenting those medications have been given at any time other than when the medication is actually given is falsification of records.

**Violation: MARs: PRN Medication: Parameters**
**OAR 411-050-0130 (7)** PRN MEDICATIONS. Prescription medications ordered to be given "as needed" or "PRN" must have specific parameters indicating what the medication is for and specifically when, how much, and how often the medication may be administered. Any additional instructions must be available for the caregiver to review before the medication is administered to the resident.

**Corrective Action:** Parameters must be ordered and documented for medications prescribed as PRN, or "as needed." Parameters must include what the medication can be given for (headache, leg pain, etc.), specific dose and specific frequency.

**Violation: Medication Supplies**
**OAR 411-051-0130 (3)** MEDICATION SUPPLIES. The licensee or administrator must have all currently prescribed medications, including PRN medications, and all prescribed over-the-counter medications available in the home for administration. Refills must be obtained before depletion of current medication supplies. Attempts to order refills must be documented in the resident's record.

**Corrective Action:** Medications must be on hand for all meds on a resident's profile. If there are challenges in obtaining refills, document all attempts to have the medications refilled that includes the date of the attempt, who you contacted, how you contacted them (email, phone, etc.), and the results of each attempt. It is your responsibility to make sure medications are refilled in a timely manner (to the best of your ability) and that proper documentation is maintained.

**Violation: Medication: Carry Out Orders**
**OAR 411-051-0130 (2)** WRITTEN ORDERS. The licensee or administrator must obtain and place a signed order in the resident's record for any medications, dietary supplements, treatments, or therapies that have been ordered by a

prescribing practitioner. The written orders must be carried out as prescribed unless the resident or the resident's legal representative refuses to consent. The prescribing practitioner must be notified if the resident refuses to consent to an order.

**Corrective Action:** Medication and treatment orders are to be carried out as written by the prescriber. If the resident declined a medication and/or treatment, first try to find out why the resident is declining. Questions to ask/concerns to look into are: Does it cause unwanted side effects? Does the resident not remember or understand the benefit? Could it be that the time of day the medication/treatment is scheduled is not congruent with the resident's daily schedule? Next, notify the provider what you have found as to why the resident is declining the medication and/or treatment and work with them to see if an alternative is available. Make sure you are documenting each step of this process, from when the medication and/or treatment is initially declined (and every time this happens), what you have found out regarding the declination, and notification to the provider.

**Violation: Medication: Changed Orders** 411-051-0130 (2)(a) Standards for Medications, Treatments and Therapies CHANGED ORDERS. (a) Changes to a written order may not be made without a prescribing practitioner order. The prescribing practitioner must be notified if the resident refuses to consent to the change order. Changes to medical orders obtained by telephone must be followed-up with signed orders within seven calendar days. Changes in the dosage or frequency of an existing medication require a new properly labeled and dispensed medication container. If a new properly labeled and dispensed medication container is not obtained, the change must be written on an auxiliary label attached to the medication container, not to deface the existing original pharmacy label, and must match the new medication order. Attachment of the auxiliary label must be documented in the residents' record. (See section (6)(d) of this rule).

**Corrective Action:** Changes to medication orders must be prescribed and the changes must be noted on the MAR and be clearly labeled so all caregivers know the appropriate dose to offer on medications.

**Violation: 411-051-0130 Standards for Medications, Treatments, and Therapies** (6) MEDICATION ADMINISTRATION RECORD. (d) A current, written MAR, or electronic MAR (see OAR 411-050-0755(4)), must be kept for each resident and must: (d) Document changed and discontinued orders

immediately showing the date of the change or discontinued order. A changed order must be written on a new line with a line drawn to the start date and time.

**Corrective Action:** All changed or discontinued orders must be noted on the MAR and reflect the date the change was made along with a new start date of the new order, if applicable.

**Violation: 411-051-0130 Standards for Medications, Treatments, and Therapies** (10) DISPOSAL OF MEDICATION. Outdated, discontinued, recalled, or contaminated medications, including over-the-counter medications, may not be kept in the home and must be disposed of within 10 calendar days of expiration, discontinuation, or the licensee or administrator's knowledge of a recall or contamination. The licensee or administrator must contact the local DEQ waste management company in the home's area for instructions on proper disposal of unused or expired medications. Prescription medications for residents that have died must be disposed of within 24 hours according to section (11) of this rule. (a) TRANSDERMAL PATCHES. Used transdermal patches and unused patches, such as when the order was discontinued, or the patches have expired, must be folded in half with the sticky side together and disposed of as directed on the product information sheet or by the pharmacy.

**Corrective Action:** Patches must be disposed of in a manner that will not allow the product to be placed on another person’s skin or otherwise used in appropriately. Patches are to be folded in half with the sticky side together and discarded per narcotic disposal guidelines.

If you have any questions, email APD.AFHTeam@odhs.oregon.gov