



F0761 Label/Store Drugs/Biologicals

Vicky Kilby
Darlene Shoemaker

This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication # 12SOW-IPRO-QIN-TA-AA-23-1137



- Healthcentric Advisors
- Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

F-TAG LEADERBOARD

1 F0884 NHSN Reporting

2 F0689 FREE OF ACCIDENTS

3 F0080 INFECTION PREVENTION

4 F0684 QUALITY OF CARE

5 F0812 FOOD STORAGE/PREP/SERVE

6 F0656 DEV/IMP COMP CARE PLANS

7 F0677 ADL CARE

8 F0761 LABEL/STORE DRUGS BIOLOGICALS

9 F0686 PRESSURE ULCERS

10 F0609 REPORTING ALLEGED VIOLATIONS

Learning Objectives

1. Review the key elements of this tag
2. Identify issues that frequently cause deficiencies
3. Apply critical pathways

F0761 Definition

The facility must store all drugs and biologicals in accordance with currently acceptable professional principles and include the appropriate accessory, cautionary instructions, and expiration date when applicable.

In accordance with state and federal law, the facility must store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys.

The facility must provide separately locked permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single-unit package drug distribution systems.

General

Medication cart, treatment cart, and medication room door **MUST** be locked at all times.



Keylock



Medication Cart Sanitization

Completed after *EACH* medication pass, the medication cart is to be cleaned/sanitized while using gloves and an EPA approved high-level chemical disinfectant following its manufacture recommendations.



Outside of the Medication Cart Review

- Cups and spoons must be facedown on medication cart and covered when cart not in use.
- Sharps containers should be clean and no more than 2/3 full.
- Supplements, applesauce/pudding, juice, thickened liquids etc. must be dated when opened.
- Water pitchers/coolers must be sanitized at least daily per facility policy.
- Spills and drips should be wiped up immediately.
- No personal items should be on or in the medication cart.

Inside the Medication Cart

- Medications need to be stored by route of administration.
- All bulk items need to be labeled.
- Topical ointments and creams must be stored separately (in separate drawer).
- Scoops should be stored outside of the bottle.
- Syringes used for liquid medications should be discarded after use.
- Bottles should be wiped clean.
- All labels should be legible.



<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

Medication Cart - General

Medications are not to be pre-poured

- Medications cannot be left on top of the cart
- Unlabeled medications cannot be left on the top of the cart or in the top drawer

Properly discard loose pills found in the bottom of medication cart

Discontinued medications or medications from discharged residents must be removed from the medication cart

Expired medications must be removed from the medication cart

Nurses' personal items are not to be stored in the medication cart



■ Healthcentric
Advisors
■ Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

Medications Left at the Bedside

Medications cannot be left at the bedside for the resident to take later

- This is considered inappropriate storage of medications
- Other residents in the area will have access to the medications

Cannot sign off medications left at the bedside – see F759 and F760

Multi-Dose Vials

Must have a pharmacy label and must be dated when opened

Must be discarded based on the manufacture's recommendations/pharmacy recommendations

Must be stored by route of administration (contact the pharmacy for dividers)

Multi-Dose Vials... PPD, Influenza, Hep B, etc.

- Must have a date opened (Purified Protein Derivative (PPD), influenza vaccine, COVID 19/bivalent vaccine, lidocaine, normal saline, Hep B)
- Check with pharmacy about a shortened expiration date
- Determine the number of doses needed and only order what is needed to prevent doses expiring before use
- Must be returned to the refrigerator after opened and used

Insulin

Unopened vials/pens need to be stored in the refrigerator

Must be stored in the original container or baggy for infection control purposes

The container/baggy must have a label with the name of the resident

Each type of insulin may have a different length of time before it expires, based on manufacture/pharmacy recommendations

Insulin pens cannot be stored with the needle intact/engaged

Check to make sure the insulin is clear - should not be discolored – not safe to use

Remember to put the cap back on the pen while being stored



Healthcentric
Advisors
Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

Self Administration of Medications

Must have:

- Physician order
- Care plan documenting resident competency to self administer medication
- Secured, locked box to store the medication – one key for the resident, one key for the nurse
- Routine follow up assessment of the resident's ability to self-medicate
- Medications must be reviewed regularly for active order, not expired, dosage appropriate, correctly labeled

Determine who will be doing the re-fills/reordering

See also: F554

Medication Refrigerator

Refrigerator must be dedicated for medications only.

- Maintain temperatures in accordance with manufacturer specifications and monitor according to national guidelines
- No food/drinks in medication refrigerators
- Freezer needs to remain ice-free/defrosted
- Medications should be stored by route of administration
- Should be kept clean and free of spills

Refrigerator Temperatures

Refrigerator temperature – 36 to 46 degrees

Temperatures must be monitored – per facility policy (minimum daily)

Controlled Drugs in the Refrigerator

Controlled drugs must be stored in a locked box that is attached to a shelf in the refrigerator.

Refrigerated controlled drugs **MUST** be counted each shift.

The key to the refrigerated locked box should be in the possession of the nurse assigned to hold the narcotic keys.

These drugs should be checked for usage and expiration dates.

Vaccines in the Refrigerator

3 Use vaccine storage best practices



DO

- ✓ Do make sure the refrigerator door is closed!
- ✓ Do replace crisper bins with water bottles to help maintain consistent temperature.
- ✓ Do label water bottles "Do Not Drink."
- ✓ Do leave 2 to 3 inches between vaccine containers and refrigerator walls.
- ✓ Do post "Do Not Unplug" signs on refrigerator and near electrical outlet.

DON'T

- ✗ Don't use dormitory-style refrigerator.
- ✗ Don't use top shelf for vaccine storage.
- ✗ Don't put food or beverages in refrigerator.
- ✗ Don't put vaccines on door shelves or on floor of refrigerator.
- ✗ Don't drink from or remove water bottles.

© 2015-2017 Revision February 2018

<https://www.cdc.gov/vaccines/hcp/admin/storage/downloads/storage-fridge.pdf>

Medication Storage – Medication Preparation Areas

Storage

- Bulk stock needs to be rotated
- IV medications should be maintained in manufacturer outer bag
- Medications should be stored by route of administration
- Nothing can be stored under a sink or on the floor

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>



■ Healthcentric
Advisors
■ Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

Long Term Care Survey Critical Element Pathway CMS 20089

- **Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities**

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

Scroll down to downloads

Click on Survey Resources 10-26-22 (zip)

Click on LTC Survey Pathways

Scroll down and click on CMS 20089- Medication Storage



■ Healthcentric
Advisors
■ Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

Medication Storage and Labeling

Medication Storage and Labeling: The team should review half of the med storage rooms, covering different units and review half of the med carts on units where the storage room was not observed. Surveyors, other than the one assigned coordination of the Medication Storage task, who are reviewing medication storage areas, need only answer the CE question if there are “No” responses to observations.

- Medications and biologicals in medication rooms, carts, boxes, and refrigerators were maintained within:
 - Secured (locked) locations, accessible only to designated staff;
 - Clean and sanitary conditions; and
 - Maintain temperatures in accordance with manufacturer specifications and monitor according to national guidelines (e.g., see CDC vaccine storage and handling).
- Schedule II-*V* controlled medications (excluding single-unit packaging in minimal quantities that can readily be detected if missing) were maintained within a separately locked permanently affixed compartment.
- Sufficiently detailed records of receipt and disposition of controlled medications were maintained to enable an accurate reconciliation.
- All medication records were in order and an account of all controlled medications was maintained and

Medication Room Audit Tool

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
MARYLAND DPSCS PHARMACEUTICAL SERVICES AUDIT FORM

INSTITUTION: _____ DATE: _____

MEETS REQUIREMENTS (X) PROBLEM AREA === IMMEDIATE ATTENTION REQUIRED **

MEDICATION STORAGE:

1. Adequate security is provided at all locations where drugs are stored and keys are controlled by authorized personnel..... []
2. Medication room and carts locked when not in use..... []
3. Medication room / carts clean..... []
4. Internal and External medication are separated..... []
5. All medications stored in accordance with manufacturer's recommendation..... []
6. Refrigerator in proper working order; temperature 38-46 degrees F..... []
7. Medication containers are properly labeled..... []
8. No discontinued, expired or deteriorated meds on hand..... []
9. Multiple doses (parenterals) dated when opened and discarded after 30 days..... []
10. Stock medication inventory does not exceed DOC approved levels..... []
11. No food and/or drink in refrigerator with medication..... []

RECORDS:

1. Stock medication records maintained in accordance with DOC policy..... []
2. Medication order on medication administration record (MAR) transcribed correctly (spot check)..... []
3. Patient data on MAR is complete, including refusals..... []
4. Start and stop dates documented on MAR..... []
5. Dosage administration and refusals properly documented..... []
6. Personnel administering medications have signed and initialed the MAR..... []
7. Medication disposal records in order..... []
8. Inventory count for sharps equals count sheet balance..... []
9. PRN medications are properly documented..... []

<https://dbm.maryland.gov/contracts/Documents/ContractLibrary/DPSCS/PharmacyServices/Q0016025-AttachmentDD.pdf>



Healthcentric
Advisors
Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

CDC Vaccine storage and handling tool kit

<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

Vaccine Storage and Handling Toolkit

Updated with COVID-19 and Mpox Vaccines Storage and Handling Information
Addendum added January, 2023



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Healthcentric
Advisors
Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

Questions?

Unmute or write questions in chat



■ Healthcentric
Advisors
■ Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

Contact us

We're Here to Help!

Health Centric Advisors (HCA)

MA, CT, ME, NH, VT, RI

Marguerite McLaughlin

mmclaughlin@healthcentricadvisors.org

Director of Education, Task 1 Nursing Home Lead

Joshua Clodius

jclodius2@healthcentricadvisors.org

Quality Improvement Specialist

Kristin-Rae Delsesto

kdelsesto@healthcentricadvisors.org

Quality Improvement Specialist

Mary Ellen Casey

mcasey@healthcentricadvisors.org

Sr. Quality Improvement Manager

Nelia Odom

nodom@healthcentricadvisors.org

Quality Improvement Manager

Island Peer Review Organization (IPRO)

NY, NJ, OH

Melanie Ronda

mronda@ipro.org

Assistant Director & Nursing Home Lead

Danyce Seney

DSeney@ipro.org

Quality Improvement Specialist

Amy Stackman

astackman@ipro.org

Quality Improvement Specialist

Tammy Henning

thenning@ipro.org

Quality Improvement Specialist

Maureen Valvo

mvalvo@ipro.org

Senior Quality Improvement Specialist:

David Johnson

djohnson@ipro.org

Senior Quality Improvement Specialist

Qlarant

MD, DE, DC

Charlotte Gjerloev,

gjerloevc@qlarant.com

Director

Shirlynn Shafer

shafers@qlarant.com

Project Manager II

Darlene Shoemaker

shoemakerd@qlarant.com

Quality Improvement Consultant

Vicky Kilby

kilbyv@qlarant.com

Quality Coordinator II



■ Healthcentric
Advisors
■ Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP