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Title 22@ Social Security

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Division 6@ Licensing of Community Care Facilities

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Chapter 2@ Social Rehabilitation Facilities

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Subchapter 1@ Basic Requirements

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Article 6@ Continuing Requirements

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Section 81075@ Health-Related Services

## **81075 Health-Related Services**

### **(a)**

The licensee shall ensure that each client receives necessary first aid and other needed medical or dental services, including arrangement for and/or provision of transportation to the nearest available services.

### **(b)**

Clients shall be assisted as needed with self-administration of prescription and nonprescription medications. (1) Facility staff who receive training may assist clients with metered-dose inhalers, and dry powder inhalers if the following requirements are met: (A) Facility staff must receive training from a licensed professional. 1. The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of facility staff who have been trained in those procedures. 2. The licensee ensures that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year. (B) All staff training shall be documented in the facility personnel files. (2) Facility staff, except those authorized by law, shall not administer injections but staff designated by the licensee shall be authorized to assist clients with self-administration of injections as needed. (3) Assistance with self-administration does not include forcing a client to take medications, hiding or camouflaging medications in other substances without the client's knowledge and consent, or otherwise infringing upon a client's right to refuse to take a

medication. (4) If the client's physician has stated in writing that the client is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the client with self-administration of their PRN medication. (5) If the client's physician has stated in writing that the client is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the client with self-administration, provided all of the following requirements are met: (A) There is written direction from a physician, on a prescription blank, specifying the name of the client, the name of the medication, all of the information specified in Section 81075(b)(6)(D), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation. (B) Once ordered by the physician the medication is given according to the physician's directions. (C) A record of each dose is maintained in the client's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the client's response. (6) If the client is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the client with self-administration, provided all of the following requirements are met: (A) Facility staff shall contact the client's physician prior to each dose, describe the client's symptoms, and receive direction to assist the client in self-administration of that dose of medication. (B) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the client's facility record. (C) The date and time the PRN medication was taken, the dosage taken, and the client's response, shall be documented and maintained

in the client's facility record. (D) For every prescription and nonprescription PRN medication for which the licensee provides assistance, there shall be a signed, dated written order from a physician on a prescription blank, maintained in the client's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information: 1. The specific symptoms which indicate the need for the use of the medication. 2. The exact dosage. 3. The minimum number of hours between doses. 4. The maximum number of doses allowed in each 24-hour period.

**(1)**

Facility staff who receive training may assist clients with metered-dose inhalers, and dry powder inhalers if the following requirements are met: (A) Facility staff must receive training from a licensed professional. 1. The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of facility staff who have been trained in those procedures. 2. The licensee ensures that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year. (B) All staff training shall be documented in the facility personnel files.

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**1.**

The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of facility staff who have been trained in those procedures.

**2.**

The licensee ensures that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.

**(B)**

All staff training shall be documented in the facility personnel files.

**(2)**

Facility staff, except those authorized by law, shall not administer injections but staff designated by the licensee shall be authorized to assist clients with self-administration of injections as needed.

**(3)**

Assistance with self-administration does not include forcing a client to take medications, hiding or camouflaging medications in other substances without the client's knowledge and consent, or otherwise infringing upon a client's right to refuse to take a medication.

**(4)**

If the client's physician has stated in writing that the client is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the client with self-administration of their PRN medication.

**(5)**

If the client's physician has stated in writing that the client is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the client with self-administration, provided all of the following requirements are met:

(A) There is written direction from a physician, on a prescription blank, specifying the name of the client, the name of the medication, all of the information specified in Section 81075(b)(6)(D), instructions regarding a time or circumstance (if any) when it

should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation. (B) Once ordered by the physician the medication is given according to the physician's directions. (C) A record of each dose is maintained in the client's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the client's response.

**(A)**

There is written direction from a physician, on a prescription blank, specifying the name of the client, the name of the medication, all of the information specified in Section 81075(b)(6)(D), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.

**(B)**

Once ordered by the physician the medication is given according to the physician's directions.

**(C)**

A record of each dose is maintained in the client's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the client's response.

**(6)**

If the client is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the client with self-administration, provided all of the following requirements are met: (A) Facility staff shall contact the client's physician prior to each dose, describe the client's symptoms, and receive direction to assist the client in self-administration of that dose of medication. (B) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the client's facility record. (C) The date and time the PRN medication was taken, the dosage taken, and the

client's response, shall be documented and maintained in the client's facility record. (D)

For every prescription and nonprescription PRN medication for which the licensee provides assistance, there shall be a signed, dated written order from a physician on a prescription blank, maintained in the client's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information:

1. The specific symptoms which indicate the need for the use of the medication. 2. The exact dosage. 3. The minimum number of hours between doses. 4. The maximum number of doses allowed in each 24-hour period.

**(A)**

Facility staff shall contact the client's physician prior to each dose, describe the client's symptoms, and receive direction to assist the client in self-administration of that dose of medication.

**(B)**

The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the client's facility record.

**(C)**

The date and time the PRN medication was taken, the dosage taken, and the client's response, shall be documented and maintained in the client's facility record.

**(D)**

For every prescription and nonprescription PRN medication for which the licensee provides assistance, there shall be a signed, dated written order from a physician on a prescription blank, maintained in the client's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information: 1. The specific symptoms which indicate the need for the use of the medication. 2. The exact dosage. 3. The minimum number of hours between doses. 4. The maximum number of doses allowed in each 24-hour period.

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**2.**

The exact dosage.

**3.**

The minimum number of hours between doses.

**4.**

The maximum number of doses allowed in each 24-hour period.

**(c)**

The isolation room or area specified in Section 81087(i) shall be used where separation from others is required.

**(d)**

There shall be privacy for first aid treatment of minor injuries and for examination or treatment by a physician if required.

**(e)**

When a client requires oxygen the licensee is responsible for the following: (1) Monitoring the client's ongoing ability to operate and care for the equipment in accordance with the physician's instructions, or if the client is unable to do so: (A) Ensuring that an adequate number of facility staff persons are designated to operate and care for the equipment and that those staff persons receive. 1. The licensee shall comply with all of the requirements for training in Sections 81075(b)(1)(A) through (B). (2) Ensuring that the following conditions are met if oxygen equipment is in use: (A) The licensee makes a written report to the local fire jurisdiction that oxygen is in use at the facility. (B) "No Smoking - Oxygen in Use" signs shall be posted in appropriate areas. (C) Smoking is prohibited where oxygen is in use. (D) All electrical equipment is checked for defects that may

cause sparks. (E) Oxygen tanks that are not portable are secured either in a stand or to the wall. (F) Plastic tubing from the nasal cannula (mask) to the oxygen source is long enough to allow the client movement within his/her room but does not constitute a hazard to the client or others. (G) Clients use oxygen from a portable source when they are outside of their rooms or when walking in a day care setting. (H) Equipment is operable. (I) Facility staff have knowledge and ability to operate and care for the oxygen equipment. (J) Equipment is removed from the facility when no longer in use by the client.

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for defects that may cause sparks. (E) Oxygen tanks that are not portable are secured either in a stand or to the wall. (F) Plastic tubing from the nasal cannula (mask) to the oxygen source is long enough to allow the client movement within his/her room but does not constitute a hazard to the client or others. (G) Clients use oxygen from a portable source when they are outside of their rooms or when walking in a day care setting. (H) Equipment is operable. (I) Facility staff have knowledge and ability to operate and care for the oxygen equipment. (J) Equipment is removed from the facility when no longer in use by the client.

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**(E)**

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**(F)**

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**(G)**

Clients use oxygen from a portable source when they are outside of their rooms or when walking in a day care setting.

**(H)**

Equipment is operable.

**(I)**

Facility staff have knowledge and ability to operate and care for the oxygen equipment.

**(J)**

Equipment is removed from the facility when no longer in use by the client.

**(f)**

Staff responsible for providing direct care and supervision shall receive training in first aid from persons qualified by agencies including but not limited to the American Red Cross.

**(g)**

If the facility has no medical unit on the grounds, first aid supplies shall be maintained and be readily available in a central location in the facility.(1) The supplies shall include at least the following: (A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency. (B) Sterile first aid dressings. (C) Bandages or roller bandages. (D) Adhesive tape. (E) Scissors. (F) Tweezers. (G) Thermometers. (H) Antiseptic solution.

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**(B)**

Sterile first aid dressings.

**(C)**

Bandages or roller bandages.

**(D)**

Adhesive tape.

**(E)**

Scissors.

**(F)**

Tweezers.

**(G)**

Thermometers.

**(H)**

Antiseptic solution.

**(h)**

There shall be at least one person capable of and responsible for communicating with emergency personnel in the facility at all times. The following information shall be readily available: (1) The name, address and telephone number of each client's physician and dentist, and other medical and mental health providers, if any. (2) The name, address and telephone number of each emergency agency, including but not limited to the fire department, crisis center or paramedical unit. There shall be at least one medical resource available to be called at all times. (3) The name and telephone number of an ambulance service.

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**(3)**

The name and telephone number of an ambulance service.

**(i)**

When a client requires prosthetic devices, or vision or hearing aids, the staff shall be familiar with the use of these devices and aids and shall assist the client with their utilization as needed.

**(j)**

Medications shall be centrally stored under the following circumstances: (1) Preservation of the medication requires refrigeration. (2) Any medication determined by the physician to be hazardous if kept in the personal possession of the client for whom it was prescribed. (3) Because of physical arrangements and the condition or the habits of persons in the facility, the medications are determined by either the administrator or by the licensing agency to be a safety hazard.

**(1)**

Preservation of the medication requires refrigeration.

**(2)**

Any medication determined by the physician to be hazardous if kept in the personal possession of the client for whom it was prescribed.

**(3)**

Because of physical arrangements and the condition or the habits of persons in the facility, the medications are determined by either the administrator or by the licensing

agency to be a safety hazard.

**(k)**

The following requirements shall apply to medications which are centrally stored:

(1) Medication shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication. (2) Each container shall identify the items specified in Section 81075(k)(7)(A) through (G) below. (3) All medications shall be labeled and maintained in compliance with label instructions and state and federal laws. (4) No person other than the dispensing pharmacist shall alter a prescription label. (5) Each client's medication shall be stored in its originally received container. (6) No medications shall be transferred between containers. (7) The licensee shall ensure the maintenance, for each client, of a record of centrally stored prescription medications which is retained for at least one year and includes the following: (A) The name of the client for whom prescribed. (B) The name of the prescribing physician. (C) The drug name, strength and quantity. (D) The date filled. (E) The prescription number and the name of the issuing pharmacy. (F) Expiration date. (G) Number of refills. (H) Instructions, if any, regarding control and custody of the medication.

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Medication shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

**(2)**

Each container shall identify the items specified in Section 81075(k)(7)(A) through (G) below.

**(3)**

All medications shall be labeled and maintained in compliance with label instructions

and state and federal laws.

**(4)**

No person other than the dispensing pharmacist shall alter a prescription label.

**(5)**

Each client's medication shall be stored in its originally received container.

**(6)**

No medications shall be transferred between containers.

**(7)**

The licensee shall ensure the maintenance, for each client, of a record of centrally stored prescription medications which is retained for at least one year and includes the following: (A) The name of the client for whom prescribed. (B) The name of the prescribing physician. (C) The drug name, strength and quantity. (D) The date filled. (E) The prescription number and the name of the issuing pharmacy. (F) Expiration date. (G) Number of refills. (H) Instructions, if any, regarding control and custody of the medication.

**(A)**

The name of the client for whom prescribed.

**(B)**

The name of the prescribing physician.

**(C)**

The drug name, strength and quantity.

**(D)**

The date filled.

**(E)**

The prescription number and the name of the issuing pharmacy.

**(F)**

Expiration date.

**(G)**

Number of refills.

**(H)**

Instructions, if any, regarding control and custody of the medication.

**(I)**

Prescription medications which are not taken with the client upon termination of services, or which are not to be retained shall be destroyed by the facility administrator, or a designated substitute, and one other adult who is not a client.

(1) Both shall sign a record, to be retained for at least one year, which lists the following: (A) Name of the client. (B) The prescription number and the name of the pharmacy. (C) The drug name, strength and quantity destroyed. (D) The date of destruction.

**(1)**

Both shall sign a record, to be retained for at least one year, which lists the following:

(A) Name of the client. (B) The prescription number and the name of the pharmacy. (C) The drug name, strength and quantity destroyed. (D) The date of destruction.

**(A)**

Name of the client.

**(B)**

The prescription number and the name of the pharmacy.

**(C)**

The drug name, strength and quantity destroyed.

**(D)**

The date of destruction.

**(m)**

The facility administrator shall ensure the development and implementation of a plan which insures assistance is provided to the clients in meeting their medical and dental needs.

**(n)**

The facility administrator shall ensure the isolation of a client suspected of having a contagious or infectious disease and shall ensure that a physician is contacted to determine suitability of the client's retention in the facility.

**(o)**

For each client that the licensee determines there is a need, a licensee shall develop an individual medication-management plan provided all of the following conditions are met: (1) The licensee has obtained a signed determination by a licensed medical professional that a client is able to hold, manage, and safeguard his/her own medications pursuant to Section 81069(e). (2) The licensee shall ensure that the client's medications are stored so that they are inaccessible to other clients in the facility. (3) The licensee shall ensure that facility staff responsible for educating and/or assisting the client with regard to storing and managing his/her own medications have received training from a licensed professional sufficient to meet the needs of the client, consistent with the Needs and Services Plan. The licensed professional must be authorized by law to administer medications, including, but not limited to, a registered nurse, licensed vocational nurse or psychiatric technician. (A) This training shall include hands-on instruction in both general and client-specific procedures; and shall consist of, but not necessarily be limited to, the following: 1. General properties of the medication(s) the client is taking; 2. The specific reason(s) the client is taking the medication(s); 3. Proper administration of the medication(s), including dosage information and potential side effects and drug interactions; 4. Packaging/storage

of the medication(s), including how to use pill boxes and medication organizers;

and 5. Any other information necessary to ensure that the needs of the client are met. (B) The licensee shall obtain from the licensed professional documentation outlining the information contained in the training and the names of facility staff who completed the training. (C) The licensee or designee shall review and document staff performance annually. (D) The training shall be completed prior to facility staff providing services to the client as part of the client's individual medication-management plan. (E) All training shall be documented in facility personnel files. (4) The licensee shall ensure that a log is maintained each time medication is taken by the client with the following information: (A) Medication name and dosage (e.g.: Amoxicillin, 250mg) (B) Dosage times and instructions (e.g.: 3 times per day with meals) (C) Time medication was given (D) A current total count of the number of servings contained in the bottle or package shall be documented, in terms of measure or numerical count, for all medication that is within the facility upon bringing the medication into the facility and after each dose taken by the client. (E) Initials of staff verifying information in 81075(o)(4)(A) through (D) above. (5) The licensee shall ensure that the written individual medication-management plan is designed to provide staff support and encourage client independence, assist the client in holding, managing, and safeguarding all of his/her own medications consistent with California Code of Regulations, Title 9, Sections 532.1(c) and (g). (6) The individual medication-management plan shall be included in the client's written treatment/rehabilitation plan, which is part of the client's Needs and Services Plan, as specified in Section 81068.2(b)(3). (7) The client's progress in meeting the goals outlined in his/her individual medication-management plan shall be assessed and documented in the client's file as frequently as necessary, but at least weekly for the first month, and at least

monthly thereafter. (8) The client's individual medication-management plan shall include provisions for terminating the client's participation in the plan if the client demonstrates that he/she is not capable of safely storing and managing his/her own medications. (9) Notwithstanding Sections 81075(k)(5) and (k)(6), a client may transfer to and temporarily store his/her own medication(s) in a pill box or medication organizer for no more than one week at a time, as part of the client's individual medication-management plan.

**(1)**

The licensee has obtained a signed determination by a licensed medical professional that a client is able to hold, manage, and safeguard his/her own medications pursuant to Section 81069(e).

**(2)**

The licensee shall ensure that the client's medications are stored so that they are inaccessible to other clients in the facility.

**(3)**

The licensee shall ensure that facility staff responsible for educating and/or assisting the client with regard to storing and managing his/her own medications have received training from a licensed professional sufficient to meet the needs of the client, consistent with the Needs and Services Plan. The licensed professional must be authorized by law to administer medications, including, but not limited to, a registered nurse, licensed vocational nurse or psychiatric technician. (A) This training shall include hands-on instruction in both general and client-specific procedures; and shall consist of, but not necessarily be limited to, the following: 1. General properties of the medication(s) the client is taking; 2. The specific reason(s) the client is taking the medication(s); 3. Proper administration of the medication(s), including dosage information and potential side effects and drug interactions; 4. Packaging/storage of

the medication(s), including how to use pill boxes and medication organizers; and 5.

Any other information necessary to ensure that the needs of the client are met. (B) The licensee shall obtain from the licensed professional documentation outlining the information contained in the training and the names of facility staff who completed the training. (C) The licensee or designee shall review and document staff performance annually. (D) The training shall be completed prior to facility staff providing services to the client as part of the client's individual medication-management plan. (E) All training shall be documented in facility personnel files.

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This training shall include hands-on instruction in both general and client-specific procedures; and shall consist of, but not necessarily be limited to, the following: 1. General properties of the medication(s) the client is taking; 2. The specific reason(s) the client is taking the medication(s); 3. Proper administration of the medication(s), including dosage information and potential side effects and drug interactions; 4. Packaging/storage of the medication(s), including how to use pill boxes and medication organizers; and 5. Any other information necessary to ensure that the needs of the client are met.

**1.**

General properties of the medication(s) the client is taking;

**2.**

The specific reason(s) the client is taking the medication(s);

**3.**

Proper administration of the medication(s), including dosage information and potential side effects and drug interactions;

**4.**

Packaging/storage of the medication(s), including how to use pill boxes and medication organizers; and

**5.**

Any other information necessary to ensure that the needs of the client are met.

**(B)**

The licensee shall obtain from the licensed professional documentation outlining the information contained in the training and the names of facility staff who completed the training.

**(C)**

The licensee or designee shall review and document staff performance annually.

**(D)**

The training shall be completed prior to facility staff providing services to the client as part of the client's individual medication-management plan.

**(E)**

All training shall be documented in facility personnel files.

**(4)**

The licensee shall ensure that a log is maintained each time medication is taken by the client with the following information: (A) Medication name and dosage (e.g.: Amoxicillin, 250mg) (B) Dosage times and instructions (e.g.: 3 times per day with meals) (C) Time medication was given (D) A current total count of the number of servings contained in the bottle or package shall be documented, in terms of measure or numerical count, for all medication that is within the facility upon bringing the medication into the facility and after each dose taken by the client. (E) Initials of staff verifying information in 81075(o)(4)(A) through (D) above.

**(A)**

Medication name and dosage (e.g.: Amoxicillin, 250mg)

**(B)**

Dosage times and instructions (e.g.: 3 times per day with meals)

**(C)**

Time medication was given

**(D)**

A current total count of the number of servings contained in the bottle or package shall be documented, in terms of measure or numerical count, for all medication that is within the facility upon bringing the medication into the facility and after each dose taken by the client.

**(E)**

Initials of staff verifying information in 81075(o)(4)(A) through (D) above.

**(5)**

The licensee shall ensure that the written individual medication-management plan is designed to provide staff support and encourage client independence, assist the client in holding, managing, and safeguarding all of his/her own medications consistent with California Code of Regulations, Title 9, Sections 532.1(c) and (g).

**(6)**

The individual medication-management plan shall be included in the client's written treatment/rehabilitation plan, which is part of the client's Needs and Services Plan, as specified in Section 81068.2(b)(3).

**(7)**

The client's progress in meeting the goals outlined in his/her individual medication-management plan shall be assessed and documented in the client's file as frequently as necessary, but at least weekly for the first month, and at least monthly thereafter.

**(8)**

The client's individual medication-management plan shall include provisions for terminating the client's participation in the plan if the client demonstrates that he/she is not capable of safely storing and managing his/her own medications.

**(9)**

Notwithstanding Sections 81075(k)(5) and (k)(6), a client may transfer to and temporarily store his/her own medication(s) in a pill box or medication organizer for no more than one week at a time, as part of the client's individual medication-management plan.

**(p)**

Facility staff shall not transfer medication(s) from its originally received container to a pill box or medication organizer for a client, but shall supervise or assist the client as needed with this task.

**(q)**

The licensee shall ensure that the client's pill box is up to date and contains the correct and most current prescribed medication(s).