

## **87915 Storage of Medications**

### **(a)**

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

(1) Medications 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. (A) Keys used to secure the medications shall not be accessible to residents. (B) Medications which require refrigeration shall be stored in a locked container. (2) All medications shall be labeled and maintained in compliance with label instructions and state and federal laws. (3) No person other than the dispensing pharmacist shall alter a prescription label. (4) Each resident's medication shall be stored in its originally received container. (5) The licensee shall ensure that each medication container includes the following information and shall maintain for each resident a record of centrally stored prescription medications which are to be retained for at least three years: (A) Name and address of pharmacy. (B) Prescribing physician's name. (C) Prescription number. (D) Resident's name. (E) Date prescription was dispensed. (F) Drug name (generic and manufacturer). (G) Strength and number of pills dispensed. (H) Directions for taking. (I) Refill number. (J) Expiration date. (K) Dietary warnings or special instructions.

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**(B)**

Medications which require refrigeration shall be stored in a locked container.

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All medications shall be labeled and maintained in compliance with label instructions and state and federal laws.

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

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The licensee shall ensure that each medication container includes the following information and shall maintain for each resident a record of centrally stored prescription medications which are to be retained for at least three years: (A) Name and address of pharmacy. (B) Prescribing physician's name. (C) Prescription number. (D) Resident's name. (E) Date prescription was dispensed. (F) Drug name (generic and manufacturer). (G) Strength and number of pills dispensed. (H) Directions for taking. (I) Refill number. (J) Expiration date. (K) Dietary warnings or special instructions.

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Prescribing physician's name.

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Directions for taking.

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Expiration date.

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Dietary warnings or special instructions.

**(b)**

Sample medications, if given by the prescribing physician, may be used, providing there is a label which contains the information as required in (6) above, excluding items (A), (C), (I), and (J).

**(c)**

A new label shall be prepared by the dispensing pharmacist when there is a change in the originally prescribed medication.

**(d)**

Stock bottles of over-the-counter medications shall be used under the following conditions:(1) There is a written physician's order for the medication indicating:(A) The name of the resident. (B) The dose to be given. (C) The number of dosages allowed in a 24-hour period. (D) The reason for the medication. (E) The manufacturer's label is included on the stock bottle. (2) This documentation shall be made available to facility personnel who assist with the medications. (3) The physician's order shall be maintained in the resident's file.

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**(A)**

The name of the resident.

**(B)**

The dose to be given.

**(C)**

The number of dosages allowed in a 24-hour period.

**(D)**

The reason for the medication.

**(E)**

The manufacturer's label is included on the stock bottle.

**(2)**

This documentation shall be made available to facility personnel who assist with the medications.

**(3)**

The physician's order shall be maintained in the resident's file.

**(e)**

Medications discontinued by the physician for a period of time not to exceed three months, may be held by the facility and shall be centrally stored under the following conditions: (1) There is a written order from the physician to HOLD the medications. (2) The written order is noted in the Resident's Individual Services Plan. (3) A piece of adhesive tape is placed around and over the top of the medication container and is marked with the word "HOLD" and the date of the "HOLD" order.

**(1)**

There is a written order from the physician to HOLD the medications.

**(2)**

The written order is noted in the Resident's Individual Services Plan.

**(3)**

A piece of adhesive tape is placed around and over the top of the medication container and is marked with the word "HOLD" and the date of the "HOLD" order.