

# LONG TERM CARE COMMUNITY COALITION

*Advancing Quality, Dignity & Justice*

## LTCCC FACTSHEET DEMENTIA CARE & DRUGGING STANDARDS

There are many standards which nursing homes are required to follow in order to ensure that residents receive appropriate care, have a good quality of life and are treated with dignity. **YOU** can use these standards to support better care in your nursing home.

Below are standards important to dementia care and the use of psychotropic drugs with information that can be used to support resident-centered advocacy. [Notes: The brackets provide the relevant federal regulation (CFR) and F-tag (category of deficiency). Emphases added.]

### THE LAW

#### **I. Drug Regimen Review [42 CFR 483.45(c) F-756]**

*The drug regimen of each resident **must** be reviewed at least once a month by a licensed pharmacist.*

*This review must include a review of the resident's medical chart.*

*The pharmacist **must** report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.*

- *Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d)... [see "Free from Unnecessary Drugs" below] for an unnecessary drug.*
- ***Any irregularities noted by the pharmacist during this review must be documented on a separate, written report** that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. The attending physician **must** document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.*

#### **II. Free from Unnecessary Drugs [42 CFR 483.45(d) F-757]**

*Each resident's drug regimen **must** be free from unnecessary drugs. An unnecessary drug is any drug when used-*

- In excessive dose (including duplicate drug therapy); or
- For excessive duration; or
- Without adequate monitoring; or
- Without adequate indications for its use; or
- In the presence of adverse consequences which indicate the dose should be reduced or discontinued....

### III. Psychotropic Drugs [42 CFR 483.45(e) F-758]

Based on a comprehensive assessment of a resident, the facility **must** ensure that-

- Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;
- Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;
- Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and
- PRN orders for psychotropic drugs are limited to 14 days.<sup>1</sup>

#### **BASIC DEMENTIA CARE REQUIREMENTS & EXPECTATIONS**

1. **Obtain details about the person's behaviors** (nature, frequency, severity, and duration) and risks of those behaviors, and discuss potential underlying causes with the care team and (to the extent possible) resident, family or representative;
2. **Exclude potentially remediable causes of behaviors** (such as medical, medication-related, psychiatric, physical, functional, psychosocial, emotional, environmental) and determined if symptoms were severe, distressing or risky enough to adversely affect the safety of residents;
3. **Implement non-pharmacological approaches to care** to understand and address behavior as a form of communication and modify the environment and daily routines to meet the person's needs;
4. **Implement the care plan consistently** and communicated across shifts and among caregivers and with the resident or family/representative (to the extent possible); and
5. **Assess the effects of the approaches**, identify benefits and complications in a timely fashion, involve the attending physician and medical director (as appropriate for the resident's well-being) **and adjust treatment accordingly**.

#### **RESOURCES**

- [WWW.NURSINGHOME411.ORG](http://WWW.NURSINGHOME411.ORG). LTCCC's website includes materials on the relevant standards for nursing home care, including our Tool-Kit for a listing of antipsychotic drug names and other resources.
- [WWW.THECONSUMERVOICE.ORG](http://WWW.THECONSUMERVOICE.ORG). The Consumer Voice has numerous materials and resources for residents, family members and LTC Ombudsmen.

---

<sup>1</sup> There is a limited exception "if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order." PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.