LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Issue Brief

Animal Care Standards vs. Nursing Home Resident Experiences: Appropriate Medications

The quality and safety of nursing homes are longstanding public concerns. Numerous studies over the years have identified widespread and significant deficiencies in care, including serious abuse and neglect. It is such cases of degrading and inhumane conditions that led us to question the extent to which the experiences of residents in nursing homes actually fall below the standards and expectations for treatment of animals in zoos and other settings.

This is one issue in a series of briefs that provide the results of our assessment of the extent to which conditions in nursing homes fail to meet the standards of care for animals. Each brief focuses on an issue which we have identified as important. These briefs, and the <u>full report</u> on our assessment, are available at https://nursinghome411.org/ltccc-report-animal-care-vs-nursing-home-care.

The point of this work is not to trivialize the experiences of either nursing home residents or animals but, rather, to illustrate how systemic failures to hold nursing homes accountable for abuse and neglect too often subject residents to conditions that not only fall below the federal nursing home standards of care, but also below accepted standards for the humane treatment of animals.

EXAMPLE OF ANIMAL CARE STANDARD VS. NURSING HOME RESIDENT EXPERIENCE



Outdated drugs must be marked as such and stored separately from all other drugs. All controlled substances must be stored in a securely locked container of substantial construction appropriate for the types of drugs in the inventory.

-Accreditation Standards, AZA



A certified nursing aide at an Indiana nursing home was accused of administering her own prescription narcotic to three patients who were acting 'disruptively,' reportedly putting her personal Clonazepam (Klonopin) into their food.

-Evansville Courier & Press

STANDARDS FOR NURSING HOME CARE

There are numerous strong standards to ensure that residents receive appropriate medications, free from medication errors, and are not administered antipsychotics (or any drugs) for the convenience of staff. Unfortunately, these requirements are poorly enforced by the state and federal oversight agencies. LTCCC's <u>Primer: Essential Nursing Home Quality Standards</u> and other materials in our Learning Center provide information and tools to help overcome these challenges.

RELEVANT NURSING HOME STATISTICS

- **Medication errors.** A <u>systematic review published in the *Journal of the American Geriatrics Society* found that 16 to 27 percent of residents in studies were victims of medication errors.</u>
- Underreporting. A 2018 study found that nursing homes underreport antipsychotic prescribing. Nursing homes did not identify up to 6,000 residents per calendar quarter as having received antipsychotics despite these prescriptions being paid by Medicare and dispensed by a pharmacy.
- Pneumonia risk. A 2019 study found that nursing home residents with Parkinson's disease
 who were taking inappropriate atypical antipsychotics had an increased risk of pneumonia
 compared to residents taking appropriate atypical antipsychotics.

NEWS AND REPORTS

Abundance of errors

<u>Lutheran Retirement Home</u> (NY) <u>did not ensure that all medications were administered to residents properly</u>, resulting in a medication error rate greater than five percent. The surveyor detailed several of the facility's medication errors, including one in which staff recurringly administered insulin to a diabetic resident after breakfast rather than before.

<u>Galion Pointe, Inc</u> (OH) also <u>recorded a medication error rate greater than five percent</u>. One error occurred when a licensed practical nurse failed to properly prime a FlexPen (a fast-acting insulin) before administering 15 units of insulin. Another error occurred when a resident did not receive artificial tears solution because the medication was not available.

Aide drugs residents with own meds

A certified nursing aide at an Indiana nursing home (<u>Golden Living Center-Woodbridge</u>) was <u>accused of administering her own prescription narcotic to three patients</u> who were acting 'disruptively,' reportedly putting her personal Clonazepam (Klonopin) into their food.

Unaccounted for medication

The Grove at North Huntingdon, a <u>Special Focus Facility in Pennsylvania</u>, <u>failed to account for all medication administered to its residents</u>. The nursing home uses an automated dispensing unit (ADU) which provided packaged medication for residents. A few of these medications were dispensed from the machine but not accounted for in the nursing home's records and were thus susceptible to being abused. Still, the violation was cited as no harm.