

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

PHARMACY SERVICES IN NURSING HOMES FACT SHEET

Pharmacists play a crucial role in nursing homes, impacting the health, safety, and quality of life of residents. Pharmacists ensure proper dosage and administration of medications and prevent medications errors, among other things. Preventing harmful drug interactions and reducing the risk of side effects is especially important for elderly populations.

Pharmacists collaborate with facility staff to establish, evaluate, and coordinate pharmaceutical services for all residents. They help develop documentation procedures, guide the selection and use of medications per prescribers' orders, and ensure compliance with state and federal requirements, drug manufacturers' specifications, and individual resident needs.

Note: Information below is directly quoted or paraphrased from the Code of Federal Regulations (CFR), federal guidance, or other resources (see footnotes). Federal standards are applicable to all residents in licensed U.S. nursing homes, including short-term, long-term, private pay, Medicaid, Medicare, or privately insured.

Pharmacy Services [42 C.F.R. § 483.45; F755 and F756]

Nursing homes are required to “provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.”¹ This includes employing or obtaining the services of a licensed pharmacist who—

1. Provides consultation on all aspects of the provision of pharmacy services in the facility;
2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and
3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.²

Nursing homes are required to have a licensed pharmacist conduct a substantive review of the drug regimen for each resident at least once a month and identify and report any irregularities (such as unnecessary use of psychotropics, inadequate monitoring, and duplicative drug therapy) in a written report to the attending physician and the facility's medical director and director of nursing. In turn, the facility is required to “develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.”³

¹ 42 CFR 483.45(a).

² 42 CFR 483.45(b).

³ 42 CFR 483.45(c).

Resident-Centered Advocacy Tips

- **Educate yourself and stay informed.** Familiarize yourself with the residents' rights regarding medication, including informed consent, the right to refuse medication, and the right to be free from unnecessary drugs. See LTCCC's fact sheets on [informed consent](#) and [medication errors](#).
- **Know your medications.** Ask for the list of medications you or your loved one are taking and ask about them, including their purposes, potential side effects, any possible interactions, and alternate treatments.
- **Participate in care planning meetings.** Advocate for personalized medication plans and request regular reviews of the medication regimen. Use [LTCCC's fact sheet on resident assessment and care planning](#) to inform your advocacy.
- **Ask to see the pharmacist's written review of your medications (if there is one).** As noted in this fact sheet, a pharmacist must review every resident's drug regimen at least once a month and report any irregularities (such as unnecessary use of psychotropics, inadequate monitoring, and duplicative drug therapy) in a written report to the attending physician and the facility's medical director and director of nursing.
- **Questions to ask about a resident's drug regimen:**
 - Are the drugs appropriate for the resident's needs?
 - Are any of the drugs antipsychotics? These have a high risk of serious – even deadly – side effects. They are not appropriate for the treatment of so-called “dementia behaviors.”
 - **Check out LTCCCs list of antipsychotic drugs:** <https://nursinghome411.org/ap-list/>
 - **Visit the Dementia Care Advocacy Toolkit** for helpful resources and information. <https://nursinghome411.org/learn/dementia-care-advocacy-toolkit/>
 - **Encourage non-pharmacological approaches.** Check out [LTCCC's fact sheet on non-pharmacological approaches to dementia care](#) in the Dementia Care Advocacy Toolkit.
- **Involve external experts.** Don't hesitate to seek second opinions and involve specialists, such as geriatric pharmacists.
- **Be aware of the pharmacist's time in your facility.** As described in this fact sheet, the federal rules mandate that a pharmacist provides consultation on all aspects of the provision of pharmacy services in the facility and review every resident's medication regimen every month. Does your facility have a sufficient presence of a pharmacist to carry out these important duties?
 - Visit www.nursinghome411.org/data/staffing/ for the latest staffing information for your facility, including pharmacy staff time.
 - In addition to the individual advocacy described above, join with your resident or family council to address more systemic issues, such as low (or no) reported pharmacy staffing, high antipsychotic drugging rates, and other medication management issues.

Visit www.nursinghome411.org for the latest staffing data. Our [Nursing Home Staffing Data](#) page includes information on nurse staffing and non-nurse staffing, including pharmacy staff.