

# THE QUARTERLY CONNECTION

Quarterly from Pharma-Care, Inc. / Creative Care Consulting / The Rasa Group

## Second Quarter 2024

P: 732-574-9015 (PCI) / 732-574-9434 (CCC) / 973-728-5800 (RASA)

F: (732) 499-6778

Corporate Office: 500 Craig Rd, Ste 104, Manalapan, NJ 07726

Operations: 136 Central Ave., Ste 202, Clark, NJ 07066

# SURVEY READINESS

The annual survey can be a stressful experience, but the process is much smoother if the facility and staff are prepared to provide the survey team with requested materials. There has been an increase in the requests for past consultant reports, facility policies, staff education. Your Pharma-Care consultants are available to help with sample policies and in-servicing your staff in these areas.

Some of the recent requests include:

### 1) A policy for Opioid overdose

Sample of Pharma-Care's  
InService I352 →

## 2) Fentanyl destruction policy

*Sample policy: Failure to properly dispose of fentanyl patches has resulted in accidental exposures and deaths.*

The manufacturer and FDA recommend consumers dispose of used fentanyl patches by folding the patch in half with the sticky sides together and flushing the patch down the toilet.

The Environmental Protection Agency bans flushing of medications if they are considered hazardous – fentanyl products are not in this category.

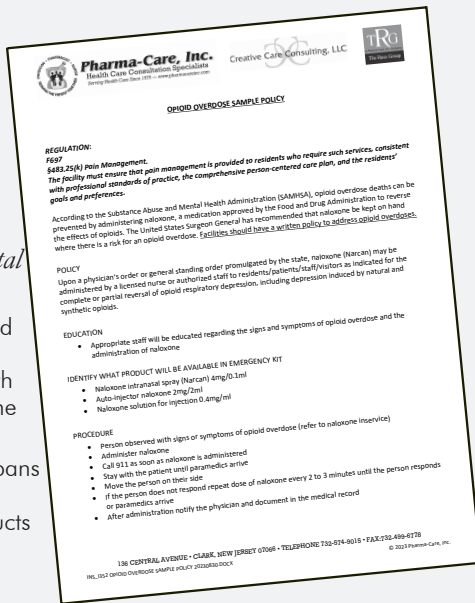
Nursing homes may use drug disposal products or systems for fentanyl patches and other controlled medications as long as the facility can show that the product or system minimizes accidental exposure or diversion.

Example: RX Destroyer or Drug Buster in locked med room or med cart

Disposal in common areas or resident room trashcans or Sharps containers would NOT prevent accidental exposure or diversion.

Two nurses must witness the destruction of each fentanyl patch and document according to facility policy. For a more comprehensive inservice on Fentanyl use and destruction, contact your Pharma-Care consultant

3) **Pharma-Care consultant reports**, both monthly reports and EPIC reviews. The facility must have a policy that outlines their procedure for addressing and maintaining these reports. The Pharma-Care office staff is happy to help with past reports when necessary, but there is always the possibility that these reports will take time to generate, and the survey team may want the information quicker than we can access it. The initial reports are emailed to multiple staff members at the facility and once completed, should be maintained in an easily accessible location. Consider a binder for completed reports, or scanning of MD responses into your computerized medical charts. Request inservice 1102 for an overview of how to handle the report and as a starting point for creating a policy and procedure that works for your facility.



## News from the recent NJDOH conference on injection safety

Key points for glucometer use and maintenance:

1. If the manufacturer does not provide instructions for cleaning and disinfection, the device should be dedicated to one patient/resident.
2. Must develop a policy for cleaning and disinfecting the glucometer after each use that is based on the manufacturer's instructions for use. \*\*\* Different glucometers have different instructions for cleaning and disinfection.\*\*\*
3. Ensure the disinfecting wipes you are using are approved for use with your machine. If you are not sure email the manufacturer and get confirmation in writing that can be kept with the policy.
4. If is recommended to have two glucometers on the med carts.
5. They recommended storing the glucometers in soap holders like the ones from the dollar store. They also recommended having a policy to clean the soap container. They said the instructions could be laminated and taped to the bottom of the container. Such as 11-7 will disinfect the soap containers every night and they will also be disinfected if visibly dirty.
6. Make sure all nursing staff are educated on these policies.

[Link to CDC Infection Control](#)

<https://www.cdc.gov/infectioncontrol/pdf/projectfirstline/PFL-T6-JobAid-508.pdf>

[Link to NJ Dept Health](#)

<https://www.nj.gov/health/cd/topics/hai.shtml>  
there are videos for safe glucometer use on this website

The Project First line team offer on site inservices.  
CDS.PFL@doh.nj.gov

# Survey FOCUS

In response to an increased focus on loose pills in the med carts, Pharma-Care is recommending that facilities proactively put a plan into place where by a time is set aside for the carts to be checked for loose pills and general cleanliness. Nurses can do a quick check at change of shift, or facility can dedicate a specific time for a general cart check. A once-a-month unit inspection by the consultant pharmacist cannot ensure that the carts will always be in order.



Does the nursing staff know all the correct steps for cleaning, disinfecting, and using the glucometers? Check the cleansing and disinfecting wipes that are being used to make sure that they are effective against blood-borne pathogens, HIV, HBV, and HCV. Directions and contact time differ between products. Nurses must read and follow instructions on the currently available wipes. Request the inservice on Key points for Blood Glucose Monitoring along with the sample competency form that Pharma-Care's Education Committee has created to help evaluate the staff's knowledge in this area. This would make a great addition to the educational projects of your infection preventionist.



When storing vaccines, the CDC recommends continuous digital monitoring of refrigerator temperatures with at minimum a once daily visual check. If continuous monitoring is not available, temperature should be checked and documented twice daily. Please update the facility's vaccine policy if necessary.

## STATE SURVEY TRENDS



- F555** - Resident Rights. Facility inappropriately provided a resident with plastic eating utensils.
- F658** - Services did not meet Professional standards.
  - Medications signed for but not administered.
  - Medications left at bed side.
- F756** - Drug Regimen Review
  - Charting blanks
  - Medications unavailable.
  - Hold parameters not followed.
  - Order in PCC did not match hospital discharge order. The transfer medication list was not available at the time EPIC was completed. (On-site MRR not yet performed for the month. Initial reconciliation is the responsibility of the Nurse and the prescriber.)
  - Prescriber not signing charts every other month (NP signing monthly)
  - Facility could not produce the signed MD recommendations from the Pharma-Care report
  - Records of MRR not provided in a timely manner (completed reports should be kept in a binder)
  - Assisted Living—delegation form not completed per policy.
  - EPIC reviews not completed with recommendations carried out, yet form signed by nurse. (Flonase was ordered every 6 hours; EPIC gave the recommendation to correct, checked off by the nurse but changes were not carried out.
- F760** - (Medication Pass)
  - Residents are free of significant Med Errors
  - Inappropriate cleaning and disinfection of Glucometer (infection control focus noted during med pass in recent surveys)
  - Nurse forgot to give 3 medications
  - Blood pressure medication administered with a SBP of 90. Surveyor felt MD should be notified.
  - Nurse administered medication that did not have a dose included in PCC (i.e. Colace)
  - Lidocaine patch was ordered for 5% but 4% was applied.
  - Nurse did not wait one full minute between puffs of inhalers.
  - Medication left at resident bedside.
  - State selected specific medications – to observe during med pass( eye drops, nebulizer, g-tube.)
  - Nurse did not check placement of g-tube per facility policy (check and update facility policy)
  - Incorrect dose of insulin administered (surveyor allowed administration)
  - Medication given without food/meal when indicated
  - Lidocaine patch signed for, but not applied.
- F761** - Storage of Drugs and Biologicals
  - Undated Xalatan, Nebulizer treatments, multi-dose vial
  - Expired medications, medications prescribed for discharged residents ,and discontinued medications found in Med cart
  - Loose pills in med cart
  - Expired medications in back up supply
  - Medication left unattended-pharmacy delivered meds at 5:30 am, nurse left package at the nurse station . DOH team arrived at 6am and found the unattended medication.
  - E-kit not found on the unit.
  - Overfilled Bottles of Roxanol questioned by an out of state team, It did not end up being a deficiency but if the issues arises, your Pharma-Care Consultant has supportive literature.
  - Defibrillator Pads expired
- S560** - Staffing Ratios: - Continues to be cited.



A recent study published in the New England Journal of Medicine comparing Cefepime-taniborbactam and Meropenem concluded that the new agent was superior to meropenem for the treatment of complicated UTIs that included acute pyelonephritis. In a phase 3, double-blind, randomized trial Cefepime-taniborbactam was 22% more effective than meropenem, the current accepted treatment for complicated UTIs and acute pyelonephritis with a similar safety profile

## Did you Know?

Per The CDC :

*Up to 70% of residents in LTC receive one or more courses of antibiotics each year.*

*40-75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriately prescribed.*

## CONTROLLED SUBSTANCES

Theft of controlled substances is an issue that surgery centers and nursing homes often face. When an event like this first occurs, figuring out the next steps can be daunting. In addition to other standard protocols, the DEA 106 form must be utilized upon discovery of theft or loss of controlled substances. Many questions arise about this form and when exactly it should be used. The loss must be reported in writing to the area Drug Enforcement Administration (DEA) field office either electronically or manually within one business day. In the event that there is a witnessed breakage or spillage of controlled substances, this would not need to be reported via the DEA 106 form because the controlled substance can be accounted for.

The DEA 106 form requires the designee to provide background information in regards to the loss and pertinent details such as the place, the date, and the value of the controlled substances stolen. In addition, the NDC of the controlled substance stolen must be provided to the DEA to better track the medication.

It is important to analyze the situation and consider some important factors when a situation like this occurs, such as if the cause of the theft was in relation to access or connected to daily activities at the center, the amount of controlled substance lost, and the pattern of losses over a specific time period. Proper reporting, frequent audits, limiting access, and camera surveillance can greatly reduce the likelihood of theft of controlled substances and should be implemented.

*For additional information on Pharma-Care's and Creative Care Consulting's services to both the Ambulatory Surgery Centers and Dialysis Centers contact Cheryl Bruno, Director. Call 732-574-9015, extension 253*



Jenn Balog, Education Director and Doug Wessel, Directory of Operations for Pharma-Care, Inc. Supporting our booth at the Career Fair.

"It was very exciting to meet the future pharmacists and educate them on the possibilities of working in our rewarding industry. Many students were unaware of the opportunities as consultant pharmacists in our setting.

Today's pharmacy students continue to receive immense clinical pharmacology knowledge and they are excited to exercise what they learned to improve patient care.

Pharma-Care is continuing to grow and looking forward to mentoring our future work force."

- Doug Wessel



May 6 - 12, 2024

**NATIONAL  
NURSES  
WEEK**

Artwork from veteran.com



## E.P.I.C. Corner

ELECTRONIC PHARMACIST INFORMATION CONSULTANT  
(MEDICATION REVIEWS WITHIN 48 BUSINESS HOURS)

**Phone: 732-943-3573**

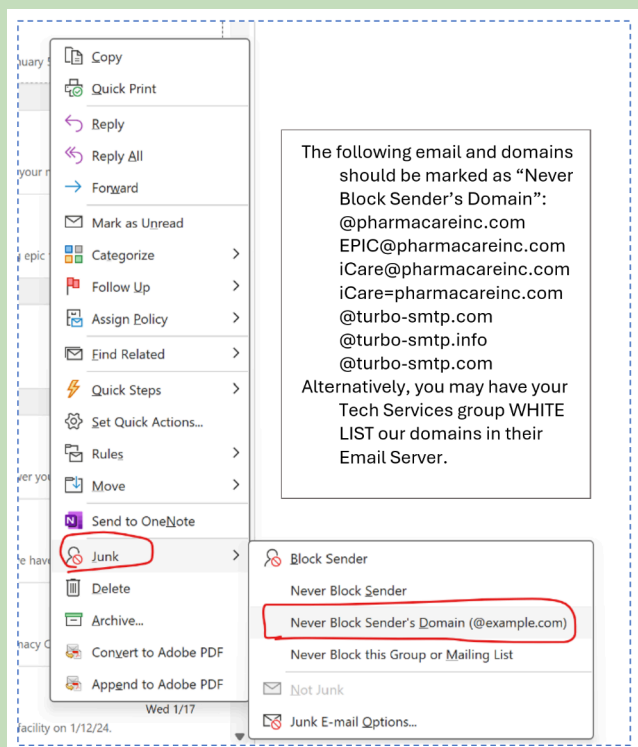
**Email: epic@pharmacareinc.com**

### Not Receiving EPIC / IMMR Reviews?

Please note that our EMAIL SYSTEMS have reported issues with attempting to deliver Consultant Pharmacist Reviews to facilities provided email addresses.

Microsoft has updated their Security as of January 5th and in many cases our email addresses are blocked because our domain has the word pharma, such as "@pharmacareinc.com", and our bulk-mail server "@turbo-smtp.info" and "@turbo-smtp.com".

Please look in the Junk and/or Spam Folder and when you find the EPIC review...Right Click your mouse button. From the pop-up menu select JUNK -> then from the fly-out menu select "Never Block Sender's Domain". Alternatively, you may have your Tech Services group WHITELIST our domains in the Email Server.



**REMINDER:** Please do not send completed EPIC reviews back to us. The completed EPIC review is ideally placed in the resident's chart or if facility is chart-less scanned into their EMAR system.

Please make sure your fax machine is sending over legible information. Many times, EPIC receives requests with blank lines going through the pages which makes it difficult to read. If your not sure, send a fax from one device to another device at your facility and review.

**EPIC/IMRR has 4 fax numbers:**

**732-574-3469 - 732-574-3926 - 732-943-3571 - 732-943-3572**

## BACK-UP CONTROLLED SUBSTANCE CHECKLIST

Use this as a quick inspection on your Controlled Substance

- ☐ Medical director CDS license (state) up-to-date (expires every year October 31st)
- ☐ Medical director DEA license (federal) up-to-date (expires after 3 years)
- ☐ Licenses should contain facility address
- ☐ DEA Form 222: The "last line completed" is filled out (part I)
- ☐ DEA Form 222: When medications arrive from pharmacy, the date received and number of packages received is filled out (part 5)
- ☐ DEA Form 222: The package-size received by the purchaser (in part 5) must match the package-size ordered (in part I)
- ☐ Process in place to keep track of unused DEA 222 forms (examples: sets of 3 in clear sheet protectors, spreadsheet, etc)
- ☐ Completed Form 222 should be filed in sequential order by order form number, separate from other controlled drug records
- ☐ Do not have any pre-signed 222 forms by medical director (use immediately or void & file in order)
- ☐ DEA 222 forms with facility address must be stored at that location
- ☐ Biennial inventory of controlled substances in back-up every 2 years
- ☐ Controlled substance back-up accountability check performed by 2 licensed nurses & documented at least once daily
- ☐ Inventory is checked periodically for expired medications
- ☐ DEA Form 222 are required to be kept available for inspection for a period of 2 years
- ☐ A Destruction Request Form must be completed prior to destroying controlled substances from back-up
- ☐ D.D.C. Form 51 (state) - obtain authorization number prior to destruction
- ☐ DEA Form 41 (federal) - authorization not required
- ☐ Medications awaiting authorization for destruction are stored in a secured, double-locked, designated area

## How many copies of your Consultant Pharmacist's Monthly Report, EPIC Service and IMRR reviews do you receive?



At the end of a visit from your Pharma-Care, Creative Care or Rasa Group consultant pharmacist generate a Summary Report. The Report contains important suggestions, information, comments, summaries and recommendations for your nurses and physicians in regards to resident care. Many facilities receive between 5 and 10+ copies of each report, is the distribution listing correct for your facility?

### How many staff members actually review the reports in a timely manner?

In a recent three month study conducted by our technical services department on the emailing of reports the results indicated the following average for the period of January 2024-February 2024.

49,112 Emails SENT	48,123 99% DELIVERED	10,620 22% OPENED	986 2% DROPPED
--------------------------	----------------------------	-------------------------	----------------------

The results of this study shows a 48% increase in emails from the previous three months. The 2% dropped were mainly due to email addresses of non-existing personnel at facilities. Check with the EPIC department if your listings are up to date



**Pharma-Care, Inc.**

Health Care Consultation Specialists  
Serving Health Care Since 1976 -:- www.pharmacareinc.com



**Creative Care Consulting, LLC**

© 2024 Pharma-Care, Inc.



# Nursing Notables Medication Carts



## **Date Products In Cart Properly (once opened if short dating or removed from refrigeration)**

- Prostat, Prosource
  - Glucose test strips or control solution
  - Some inhalers and nebulizer treatments; examples include: Advair (fluticasone/salmeterol), Breo (fluticasone/vilanterol), Symbicort (budesonide/formoterol), Pulmicort
  - Xalatan (latanoprost)
  - Insulin pens or other injectables stored under refrigeration until opened
- ## **Remove Products From Cart When Necessary (should be checked each shift)**
- Expired medications
  - Medications that should always remain refrigerated (PPD, unopened insulin pens and latanoprost as examples)
  - Medications that have been discontinued
  - Medications that are not labeled correctly or loose in the cart (fallen out of blister pack)

## **Maintain The Cart for Medication Administration**

- Date water pitchers, applesauce, puddings and discard per facility policy
- Stock carts with supplies: crackers, stethoscope, alcohol wipes, straws, sanitizer for glucometer
- Do not keep OTC drugs or personal items on top of the medication cart
- Lock cart, maintain keys and cover patient information for privacy when unattended

# **...check them daily, do your part!**



**Pharma-Care, Inc.**  
Health Care Consultation Specialists  
Serving Health Care Since 1976 -- [www.pharmacareinc.com](http://www.pharmacareinc.com)

 Creative Care Consulting, LLC



Corporate Office: 500 Craig Rd, Ste 104, Manalapan, NJ 07726 :- Operations: 136 Central Ave, Ste 202, Clark, NJ 07066 :- 732-574-9015