

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANUVIA PREVENTION AND RECOVERY CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>429 BILLINGSLEY ROAD CHARLOTTE, NC 28211</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 7-23-24. The complaint was unsubstantiated (intake #NC00217304). A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3200 Social Setting Detoxification For Substance Abuse, 10A NCAC 27G .3400 Residential Treatment /Rehabilitation For Individuals With Substance Abuse Disorders, and 10A NCAC 27G .5600E Supervised Living For Adults with Substance Abuse Dependency.</p> <p>This facility has a current census of 39. The .3200 (Social Setting Detoxification) has a current census of 7. The .3400 (Residential Treatment /Rehabilitation For Individuals With Substance Abuse Disorders) has a current census of 11. The .5600E (Supervised Living For Adults With Substance Abuse Dependency) has a current census of 21. The survey sample consisted of audits of 1 current Social Setting Detoxification for Substance Abuse client, 1 current and 1 former Residential Treatment /Rehabilitation For Individuals With Substance Abuse Disorders clients and 1 current Supervised Living For Adults With Substance Abuse Dependency client.</p>	V 000	<p>10A NCAC 27G .0209. C.1 / C.2: Anuvia will utilize the Prescriber Order electronic document (see Attachment), which will be completed by a licensed nurse and include all home medications of each client presented on arrival. The documentation will include medication name, dose/schedule, and route of administration. Contents of each prescription and/or non-prescription medication will be verified by the receiving nurse utilizing an approved medication identification source. The provider will review those listed medications and indicate if the medication should be started, continued, discontinued, or held during treatment. This fully executed document will be located in the client's permanent EHR and eMAR. Ongoing monitoring of this process will be completed monthly by nursing and/or quality to ensure compliance with plan of correction. Education for nursing and providers will be provided regarding this updated process, as noted by update to the Medical Services; Client Medication Procedure (see attached). This education will be provided to current staff prior to the "Complete Date" listed in Plan of Correction as well as upon onboarding of new nursing staff and/or providers. All updated applicable policies/procedures attached.</p>	9.18.24
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p>	V 118	<p style="text-align: center;"><b>RECEIVED</b> AUG 19 2024 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Valerie Kopetsky* TITLE **CEO**

(X6) DATE **8/16/24**

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V 118	<p>Continued From page 1</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician, affecting 1 of 4 audited clients (client #1). The findings are:</p> <p>Review on 7-1-24 of client #1's record revealed: -Date of admission: 6-28-24. -Date of discharge: 7-2-24. -Diagnosis: Alcohol Dependency with Intoxication unspecified.</p>	V 118	<p>10A NCAC 27G .0209. C.3: All medications will continue be provided by licensed persons or unlicensed persons appropriately trained to prepare and assist with self-administration of medications. Monitoring will be completed monthly by nursing to ensure compliance.</p> <p>10A NCAC 27G .0209. C.4: Anuvia will continue to immediately update the MAR with client's self-administered medications and the update will include: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. Monitoring will continue to be performed monthly. by nursing to ensure compliance.</p> <p>10A NCAC 27G .0209. C.5: Anuvia's will continue to follow the procedure, as indicated in 10A NCAC 27G.0209.C.5, that a client request for self-administered medication changes or checks are recorded and followed up by appointment or consultation with a physician or mid-level provider (NP). Monitoring will be conducted monthly by nursing to ensure compliance.</p>	<p>8.16.24</p> <p>8.16.24</p> <p>9.18.24</p>

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Review of MAR for 6-28-24 to 7-1-24 revealed:               <ul style="list-style-type: none"> <li>-Mirtazapine (anti-depressant) 15 mg (milligrams) one daily at bedtime.</li> <li>-Sertraline (anti-depressant) 100 mg take by mouth in the morning.</li> </ul> </li> <li>-No signed physicians orders for the above medications.</li> </ul> <p>Interview on 7-2-24 with the Registered Nurse (RN) revealed:</p> <ul style="list-style-type: none"> <li>-Worked at the facility since 11-27-2023.</li> <li>-The medication protocol was in place when she started working at the facility. "That's the way it (medication protocol) was being done before I came."</li> <li>-The facility uses the prescription label on the prescription bottle as a physicians order.</li> <li>-"If I or one of the nurses have a question (for direction or clarification) about a medication (med) we call [Nurse Practitioner/NP]."</li> <li>-"During the admission process if they (clients) have medications we (nurse completing the admission process) take it from them."</li> <li>- "It (the medication) has to be in the original bottle with the pharmacy label attached. The nurse takes the medication, checks to make sure the pills (in the prescription bottle) are what is suppose to be in bottle."</li> <li>-The nurse completing the admission process (for the clients) will check the description listed on the prescription bottle to make sure the pills in the bottle match the description on the prescription bottle.</li> <li>-"Nurses (the nurse completing the admission) take the medication (from the client) puts the medications (transcribes the medications) into the [electron record] and into [chart notes medical record]."</li> <li>-Only the nurses administer medications.</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>Interview on 7-2-24 and 7-22-24 with the NP revealed:                      -"This process (using the prescription label on the bottle as the physicians order) has been used since I've been here. I've been here 5 years."                      -"That label (prescription label on the bottle) has all the information from the doctor on it. It has the prescriber's name, the medication, the dose and how to take the medication. That is the order (physicians' order)."                      -"We (nurse completing the admission process) look at the bottle. The bottle gives a description of the pill that's suppose to be in the bottle. We look at the pill (in the bottle ) to make sure it matches the description on the label.. We do have an app (application/internet application) if there is a discrepancy (if the pills can't be identified using the description on the prescription bottle) we use the [internet app]."</p> <p>Interview on 7-1-24 and 7-22-24 with the Nurse Supervisor (NS) revealed:                      -The facility has been using the prescription bottle label as a physicians order since at least 2017. "That protocol proceeded me (her employment), it's been in existence since 2017. "                      -"No, we have never had any issues (with the medication protocol), never had a wrong med administered."</p> <p>Interview on 7-1-24, 7-22-24 with the Clinical Director revealed:                      -"We (facility) are a short term social detox (detoxification) program. We are not a medical program. Our protocol is more for medication management. We basically help them (clients) manage their meds while they are in the program.</p>	V 118		

Client Name:

Client ID#

Medicaid #



# Prescriber Order

Date/Time	Medication Order Key: Verbal order, read back (VORB)* Telephone order, read back (TORB)*	Instructions	Rationale	Medication Education: (circle) Key: Given – Handout (H) or Verbal (V), By – Prescriber (P) or Nurse (N*) * By Nurse for verbal and telephone orders received.
		<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold <input type="checkbox"/> Start	<input type="checkbox"/> Home med <input type="checkbox"/> Other:	<b>V    H    P    N</b> Signature/Credentials:
		<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold <input type="checkbox"/> Start	<input type="checkbox"/> Home med <input type="checkbox"/> Other:	<b>V    H    P    N</b> Signature/Credentials:
		<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold <input type="checkbox"/> Start	<input type="checkbox"/> Home med <input type="checkbox"/> Other:	<b>V    H    P    N</b> Signature/Credentials:
		<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold <input type="checkbox"/> Start	<input type="checkbox"/> Home med <input type="checkbox"/> Other:	<b>V    H    P    N</b> Signature/Credentials:
		<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold <input type="checkbox"/> Start	<input type="checkbox"/> Home med <input type="checkbox"/> Other:	<b>V    H    P    N</b> Signature/Credentials:
		<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold <input type="checkbox"/> Start	<input type="checkbox"/> Home med <input type="checkbox"/> Other:	<b>V    H    P    N</b> Signature/Credentials:
		<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold <input type="checkbox"/> Start	<input type="checkbox"/> Home med <input type="checkbox"/> Other:	<b>V    H    P    N</b> Signature/Credentials:

**I acknowledge that I have received the opportunity to have education about each of my medication(s). I consent and agree (assent) to the use of each medication(s) prescribed by an external and/or internal provider at Anuvia, unless otherwise discontinued. For each medication(s) that I don't consent or agree to while in services, I understand that I have the opportunity to discuss these medication(s) with an Anuvia provider and they will be reviewed for discontinuation.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prescriber Signature/Credentials

\_\_\_\_\_  
Date

Revised: TL10/16, Revised BA01/20, AC08/23, MM8/24

**Section:**  
Medical Services

**Subsection:**  
Client Medication

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**Procedure:**

- Admission Inventory of Medications
  - RN/LPN will
    - Collect the client's external medications, including OTC medications, supplements or herbs.
    - Document current medications into EHR, using the Prescriber Order form (in XML) ensuring that the directions on the label match what is documented.
    - External medications will be recorded if the information on the prescription bottle includes:
      - Prescriber's name, address and phone number
      - Medication Name
      - Dose, Frequency
      - Expiration date
    - Medications that are unidentifiable, expired, or unlabeled will not be recorded or administered.
    - Notify the medical provider a Prescriber Order form has been initiated and is ready for review (medication will not be provided to clients until order is signed by provider).
    - Provider will indicate on Prescriber Order form whether the medication should be continued, discontinued, held, or (for new medications only) started.
    - Provider will electronically sign the Prescriber Order form once review is complete, and submit via EHR.
    - In the residential program,
      - Provide instructions to the client regarding external medication use and the scheduled medication passes.
        - Medication(s) will be placed in a locked box when entering through the main door for safe storage and inventoried at the nursing station.
        - Medications that are unidentifiable, expired, unlabeled or mind altering will not be recorded.
        - Controlled medications are destroyed, if an order is not received from an Anuvia prescriber. (See Medication Exclusion List).
      - The approved medications will be administered during the scheduled medication passes.
      - If applicable, client medications may be stored until discharge or pick-up by family members.
  - Review Medication education and consent with client
    - Obtain the client's signature for verification of medications.
    - Enter all medications into the client's electronic health record.
- Medications – Continued Stay
  - For the continued stay in an Anuvia program, prescribers will:
    - Review current medications for a regiment change, a new medication or use of a sample medication.

**Section:**  
Medical Services

**Subsection:**  
Client Medication

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- Participate in the transition or discharge planning of the client by,
  - Providing referrals to the client for medications.
  - Recommending that the client visit with established external primary care provider or established behavioral health provider for medications.
  - In the residential program, MD/NP may request that staff:
    - Escort client to specialized programs for medication needs.
    - Assist in the pick-up of the client's medication (with the consent) through Anuvia transportation.
- Using internal established forms, prescribers will document for each medication the:
  - Start and/or end date
  - Expected course of use
  - Rational for use or discontinuation
  - Medication education of medication
  - Preference for each medication prescribed or discontinued.
- Medication Changes
  - Prescribers will "e-prescribe" new medications with instructions and select the client preferred pharmacy through the electronic health record (EHR).
    - In outpatient setting, medications are picked up by the client.
    - In the residential setting, medications are delivered through an authorized pharmacy directly to nursing station.
    - If a handwritten prescription is provided to client, a copy is given to RN/LPN.
  - Ensure that the "medication tab" in EHR system (for each medication change) is updated in the client's profile.
  - In the residential program,
    - Ensure that all medications are entered in the medication tab have an end-date of 45 days.
    - Update the e-MAR for each medication change prior to administration of medication.
    - Administer the medication(s) from the:
      - The SBC Standing Order\_ Protocol for (PRN) medications.
      - Authorized medication bottles.
    - The client's medication refusal or noncompliance with be discussed with the NP/MD and follow-up with SA supervisor, and/or nursing manager.
    - Review the medications to ensure that client has a minimum of 5 days of each medication as needed per dosing instructions.
      - Detox stay is normally 3-4 days.
      - Send medication request refill to MD/NP if client has transition care needs, and the client has less than 5 days of medication.
- Discharge Inventory of Medications
  - RN/LPN will:

**Section:**  
Medical Services

**Subsection:**  
Client Medication

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- Print the “MEDREVIEW SHEET” form from electronic MAR (E-MAR).
  - For an outpatient site, use the electronic health record-medication tab and print.
  - And verify all medications listed.
- Discuss the medications as listed on the appropriate electronic form with the client.
- Once client acknowledges the medication list is accurate from admission to discharge,
  - Have the client sign the MEDREVIEW SHEET.
  - Discharging nurse with sign the MEDREVIEW SHEET.
  - Give client a copy of appropriate medication list(s).
- Upload the document signed by the client and any attachments into the documentation tab of the electronic health record.

**Related Forms:**

- Prescriber Order Form (EHR)
- CaraSolva Manual
- Omnicell

**Timing:**

- Upon staffing

**Performed By:**

- Nurse
- NP/MD

**Updated By:**

- 10-17 E. Moore
- 02-18 E. Moore
- 5/20/2019 BA
- 10/25/2019 BA EM
- 01/28/2020 BA EM
- 4/5/2021 BA
- 8/15/2024 AB CS



# SECTION SIXTEEN: MEDICATION MANAGEMENT

<b>I.</b>	<b>SUBSECTION 1: PROGRAM DESCRIPTION .....</b>	<b>2</b>
a.	General .....	2
b.	Services .....	2
c.	Overall Program Goals .....	3
<b>II.</b>	<b>SECTION 2: MEDICATION USE.....</b>	<b>3</b>
a.	General .....	3
b.	Prescribed Medications .....	4
c.	Medication Administration Record .....	4
d.	Controlled Substances .....	5
e.	Controlled Substances Discrepancy .....	5
f.	Non-Controlled Substances .....	5
g.	Medication Errors and Adverse Reactions .....	6
<b>III.</b>	<b>SUBSECTION 3: MEDICATION INVENTORY .....</b>	<b>6</b>
a.	Medication Inventory .....	6
b.	Medication Storage .....	6
c.	Disposal of Medication .....	7
d.	Poison Control.....	7
<b>IV.</b>	<b>SUBSECTION 4: DOCUMENTATION AND EDUCATION .....</b>	<b>7</b>
a.	General Documentation.....	7
b.	Coordination of Care .....	9
c.	Medication Education.....	9
<b>V.</b>	<b>SUBSECTION 5: PERFORMANCE AND TRAINING.....</b>	<b>10</b>
a.	Drug Utilization Peer Review .....	10
b.	Training and Education Regarding Medications .....	11

## I. SUBSECTION 1: PROGRAM DESCRIPTION

### a. General

- i. Anuvia Prevention and Recovery Center will endeavor to provide access to medications that promote the desired outcomes of recovery from addictions and mental illness while helping to alleviate problematic physical and mental health symptoms that are obstacles to recovery or are required for previously diagnosed medical conditions.
- ii. Utilizing a person-centered philosophy, the established mission and service delivery continuum, Anuvia will incorporate the virtues of the Medical Director(s) and medical staff into its programs and services.
  1. The use of medications will be consistent with US federal laws, NC state laws, regulations, and licensure requirements. Prescribers of controlled substances will be authorized to prescribe controlled substances within the jurisdiction licensed to practice and must be registered with the Drug Enforcement Administration (DEA).
    - b. Prescribers will maintain a valid DEA number, be compliant with the Federal Controlled Substances Act, the NC Board of Medical Examiner, and the NC Board of Pharmacy guidelines.
    - c. Anuvia utilizes medication services in outpatient and residential programs and follows the below control, administration, and prescribing protocols.
  2. The program has a qualified medical director who:
    - a. Is a physician.
    - b. Demonstrates appropriate training and experience in inpatient treatment.
    - c. Has a written agreement with the organization that outlines the medical director's responsibilities.
    - d. Leads the medical staff.
    - e. Actively participates in:
      - i. Ensuring the adequacy of individual treatment prescriptions and programs, including notations of contraindications and precautions, developed with the participation of professional personnel.
      - ii. The development of ongoing relationships with the medical community.
      - iii. Educational activities with the program personnel.
      - iv. Performance improvement activities.
      - v. Program development and modification.
      - vi. Establishing the program's policies and procedures.

### b. Services

- i. Medication Management will provide a continuum of care that will be:

1. Designed and implemented in such a way as to support the recovery, health and well-being of the patients and families served; to enhance the quality of life and resiliency of the patients served and to reduce symptoms and needs while restoring or improving functioning.
  2. With the full knowledge of the progressive nature of the disease of addiction, striving to blend the patient's perception of their involvement in that progression with the professional responsibility to accurately prescribe and administer medications.
  3. Within the bounds of best practices, and working as a team, creative and cooperative recommendations, providing placements or interventions within the least restrictive environment.
- ii. The recommendation will take into consideration the patient's personal history, strengths, needs, abilities, preferences, DSM diagnosis and criteria, State Law, ASAM Patient Placement Guidelines, location, schedules, culture, transportation and finances.
  - iii. Programs and services are based on accepted and evidence-based practices, research, peer-reviewed scientific and health-related publications, clinical practice guidelines and expert professional consensus within the substance use field.
- c. Overall Program Goals
- i. To offer treatment of clinically proven medications in conjunction with talk therapy for the treatment of substance use disorders.
  - ii. To provide evidence-based approaches for the treatment of opioid use disorder and or other use disorders collectively referred to as medication-assisted therapy (MAT).
  - iii. To thoroughly educate each patient on medications and involve the patient in the treatment planning process. When applicable and permitted, families and those individuals with legal rights are included in this education process.
  - iv. To make and facilitate referrals to other community resources when patient needs and/or preferences are best served elsewhere.
  - v. To be accessible, affordable, and support the integration of the patient served into the community.
  - vi. To provide a means to respond to community members in crisis, a physician or appropriately credentialed designee will be on call for consultation, prescribing, and or program supervision twenty-four (24) hours a day, seven (7) days a week, when applicable.

## **II. SECTION 2: MEDICATION USE**

### **a. General**

- ii. All staff involved in prescribing and administration of medications will follow the "6 Rights" of medication administration, which include:
  1. Right patient,
  2. Right time and frequency of administration,

3. Right dose,
  4. Right route,
  5. Right drug,
  6. Right documentation.
- iii. Medication and Refills
    1. If a patient has missed appointments, it is the prescribing provider's clinical decision whether to continue to prescribe medications.
    2. Changes in a patient's prescription are upon face-to-face visits.
    3. Early refills are not provided.
    4. Refill requests will only be processed during standard hours of operation.
  - iv. It is the patient's responsibility to immediately report any adverse reactions to medication.
- b. Prescribed Medications
    - i. There are written procedures for prescribed medications that address:
      1. Screening for common medical comorbidities.
      2. Evaluation of coexisting medical conditions for potential medication impact.
      3. Identification of potential medication interactions.
      4. Documentation of:
        - a. Informed consent for each medication prescribed.
        - b. Assent for each medication prescribed, when possible.
        - c. The expected course of use for each medication, including discontinuation.
        - d. Ongoing reassessment of the current medication profile.
      5. Use of a Prescription Drug Monitoring Program (PDMP). Prescribed medications are documented in the electronic health record and include:
        1. The name of the medication.
        2. The dosage
        3. The frequency
        4. Instruction for use including the route and method of administration.
        5. The prescribing professional and contact information including
          - a. Name
          - b. Telephone number shall be indicated on the prescription bottle.
          - c. Observed and reported medication reactions.
          - d. Medication errors
  - c. Medication Administration Record
    - i. Medication administration will be recorded on the electronic Medication Administration Record (MAR), include prescribed medication (as listed above) and:

1. The time the medication was administered.
  2. Identification of the person administering.
  3. Confirmation of dose accepted or refused. PRN medications given will include the reason given. Prescription or non-prescription drugs shall only be administered to a patient on the written order of a physician or physician extender authorized by law to prescribe drugs.
- iii. Staff shall use any precautions recommended by manufactures related to environmental barriers for staff and patient protection.
- d. Controlled Substances
- i. Controlled substances will be prescribed at the discretion of the prescribing professional and will take into consideration the patient's history of addiction and the addictive potential of controlled substances.
    1. It is expected that when controlled substances are prescribed in limited quantities.
    2. A telephone/verbal order for a Controlled Substance shall be prescribed for an emergency period only.
    3. For taper (dose decreasing) or titrate (dose increasing) controlled substance, orders must be processed as separate orders, the start date and stop date shall change to accommodate all days of the taper/titrate.
  - ii. In the Samuel Billings Center program,
    1. Medications listed on DEA's Controlled Substance Schedule in any category will processed as a controlled substance.
    2. Controlled substances that are not used for withdrawal management or continuum of care will be deposited in the drug safe.
    3. The nurse will consult with prescriber if there is concern that abruptly discontinuing the medication will precipitate a medical emergency, such as acute withdrawal or uncontrolled seizures.
- e. Controlled Substances Discrepancy
- i. A controlled substance discrepancy is any loss or gain of a dose or doses which the facility cannot account for with a reasonable explanation.
  - ii. Upon discovery of a suspected controlled substance discrepancy, staff shall immediately notify the Executive leadership of the site where discrepancy is found. An investigation shall be initiated and an incident report shall be completed.
- f. Non-Controlled Substances
- i. Outpatient
    1. patients are provided adequate medication to cover between outpatient appointments.
    2. It is the patient's responsibility to notify medical staff when they are out of medication(s).
  - ii. In the Samuel Billings Center program,

3. Medication is administered as prescribed and as set forth in internal procedures, interventions and methods.
  4. Non-prescription medications brought in by patient are not utilized.
- g. Medication Errors and Adverse Reactions
- i. An entry of the drug administered and the drug reaction shall be properly recorded in the medication administration record and or the electronic health record of the patient. All medication errors and severe adverse drug reactions shall be immediately reported to medical staff including the Medical Director of appropriate facility. Medication errors will also be reported to the Managed Care Organization, when appropriate. Medication errors are listed in the DMH/DD/SAS-Community Policy Management – Incident Manual and actions are documented as outlined in internal Incident Reporting Policy.

### III. SUBSECTION 3: MEDICATION INVENTORY

- a. Medication Inventory
- i. There are written procedures that address:
    1. Inventory.
    2. Safe storage.
    3. Safe handling.
    4. Safe disposal.
    5. Obtaining medications.
    6. Transportation and delivery.
    7. Packaging and labeling.
    8. A verification process for each medication brought into each program includes:
      - a. Accurate identification.
      - b. The amount/quantity of the medication brought to the program, when applicable.
      - c. Proper dosing instructions.
      - d. Instructions for use, including the method/route of administration.
  - ii. Off site medications are not utilized.
  - iii. Anuvia provides samples and administers injections.
  - iv. Anuvia does not dispense medications.
  - v. Sample medications may only be delivered to the organization by mail or common carrier via an authorized pharmaceutical representative. Nonprescription medications, OTC, and emergency medications are approved for use in the residential program at least annually.
  - vii. Upon discharge, authorized surplus medications are returned to the patient in the residential program.
- c. Medication Storage

- i. Anuvia Prevention and Recovery Center will use all State and Federal guidelines for the safe handling, inventory, storage, labeling and disposal of medications.
  - 1. All prescription medications are to be stored in their original containers and have a legible label.
  - 2. Over-the-counter medications and medications used for withdrawal support are to be stored in the designated medication area and labeled with expiration as established by internal protocol.
  - 3. Controlled substances are to be stored in the designated controlled substance storage cabinet. This cabinet will be located and secured to follow all local, state and federal applicable regulations.
  - 4. Refrigerated medications will be stored at 35-48 degrees Fahrenheit. No food items will be stored in the same refrigerator as medications.
  - 5. Non-refrigerated medications will be stored in a securely locked cabinet, well-lighted, ventilated room between at 59-86 degrees Fahrenheit.
- ii. Medical staff members, MD, PA, NP and designee in the 24-hour program, will always retain the keys to the medication storage areas. Any missing keys will be immediately reported to the Chief Clinical Services.
- d. Disposal of Medication
  - i. Medications will be disposed in a manner which guards against diversion or accidental ingestion.
  - ii. Non-controlled substances shall be disposed by incineration or transfer to a local pharmacy for destruction.
  - iii. A record of all disposed medication shall be maintained and include the following:
    - 1. Patient's name
    - 2. Medication name, strength and quantity
    - 3. Disposal date and method
    - 4. Signature of disposing staff and witness
- e. Poison Control
  - i. The telephone number of the local poison control center will be posted throughout the organization for all staff and patients served.

#### **IV. SUBSECTION 4: DOCUMENTATION AND EDUCATION**

- a. General Documentation
  - i. It is the policy of Anuvia Prevention and Recovery Center to document medication administration accurately and complete the necessary documentation to ensure that all the requirements for the management of patients are fully met.
  - ii. Staff will utilize medication treatment guidelines and protocols consistent with current standards of care and best practices in medication use.
  - iii. There are written procedures for medication administrating and or prescribing that address:

1. Treatment planning that reflects specific goals and objectives related to medications prescribed to support maximum functioning and minimize symptoms.
2. Identifying potential drug interactions with prescription and non-prescription medications.
3. Active involvement of the persons served, as applicable, member of family as appropriate, in making decisions related to use of medications.
5. Review of past medications use includes:
  - a. Efficacy
  - b. Side Effects
  - c. Adverse Reactions
6. Identification of alcohol, tobacco, and other drug use.
7. Use of over-the-counter medications
8. Evaluating a history of any allergies or past adverse reactions to medications.
9. The use of medications in women of child-bearing age or presently pregnant.
10. Any special dietary needs or with medication restrictions.
11. Ordering of any required or necessary Laboratory Studies and Tests for patients in compliance with best practices.
12. Documented assessment of abnormal involuntary movements in persons served receiving antipsychotic medications, if applicable:
  - a. At the initiation of treatment.
  - b. At a frequency that meets the needs of the patient.
13. Coordination with the physician(s) providing primary care or similar medical practitioner.
14. A review of medication activities as part of the performance measurement and management system.
16. An evaluation of the risk for diversion.
17. Behaviors related to stockpiling of medications.
18. Actions to be taken in case of emergencies related to the use of medications.
20. The availability of financial supports and resources to obtain needed medications.
22. See the Health and Safety policy for management of biohazards associated with administration of medications.
- iv. In the Samuel Billings Center program, there are additional written detoxification withdrawal procedures that address:
  23. Alcohol and other drugs.
  24. Co-occurring conditions.
  25. Include:
    - a. Expectations regarding variances from the protocol.



- b. Under what circumstances medical consultation is required.
  - c. Expected timeframe for medical personnel response.
  - d. Monitoring of vital signs.
  - e. Face-to-face contact with the patient served.
- b. Coordination of Care
  - i. Staff will follow established internal policies and procedures regarding the use of medications during the admission, transition and discharge of the patient within each program.
  - ii. Physician or physician extender shall direct staff and or establish coordination of care activities that may include but not limited to:
    - 1. Follow-up outpatient appointments prior to leaving facility
    - 2. Encourage patient to discuss any side effects or adverse reactions.
    - 3. Each medication prescribed includes documentation or confirmation of informed consent, when possible.
    - 4. Coordination with the patient's physician for primary care needs is desired.
    - 5. If a transition plan identifies the need for a continued use of a medication, steps will be taken to ensure enough medication is prescribed or support the patient until the medication can be reasonably obtained in their community.
  - iii. The purchase of medication will be based on Medical Director and Chief Clinical Services approval and availability of funds for programs and services.
- d. Medication Education
  - i. Using informed consent, medical staff will provide the patient and appropriate others with education in the following areas:
    - 1. Staff will also receive training at orientation with annual refreshers on the following:
      - a. The purpose of the medication.
      - b. The rationale for the medications.
      - c. The risks and side effects of each medication.
      - d. The intended benefits.
      - e. Contraindication
      - f. Side effects.
      - g. Potential adverse reactions of medications
      - h. Potential implications with diet and exercise.
      - i. Risks associated with pregnancy.
      - j. The importance of taking the medications as they are prescribed, as well as obstacles to medication adherence.
      - k. Laboratory monitoring, if appropriate.
      - l. Early signs of medication efficacy diminishing.
      - m. Signs of nonadherence to medications.

- n. Potential drug reactions when combining prescription and non-prescription medications.
  - o. Instruction on self-administration, when applicable.
  - p. Expected course of medications, including discontinuation.
  - q. The availability of financial supports and resources to assist the patients served with handling the costs of medications.
  - r. What to do in the event there is a question or concern about a medication being prescribed or taken by a client.
  - s. Alternatives to the use of medications.
  - t. Alternative medications
  - u. Symptoms of relapse of their disorder
2. Medication education, informed consent, and refusal of medication are documented in the electronic health record of the patient.

**V. SUBSECTION 5: PERFORMANCE AND TRAINING**

a. Drug Utilization Peer Review

- i. As a part of Anuvia Prevention and Recovery Center performance improvement system, Anuvia Prevention and Recovery Center will maintain a program of drug utilization review to monitor drug usage and prescribing practices and assist providers with information to improve prescribing and dispensing practices.
- ii. A peer review is conducted annually by a qualified professional with legal prescribing authority on a representative sample on the following:
  - 1. A documented peer review is conducted:
    - a. At least annually.
    - b. By a qualified professional licensed to prescribe.
  - 2. To assess the appropriateness of each medication, as determined by:
    - a. The needs and preferences of the patient served.
    - b. The condition for which the medication is prescribed.
    - c. Dosage.
    - d. Periodic reevaluation of continued use related to the primary condition being treated.
    - e. The efficacy of the medication.
  - 3. To determine whether:
    - a. The following were identified and, if needed, addressed:
      - i. Contraindications.
      - ii. Side effects.
      - iii. Adverse reactions.
    - b. Necessary monitoring protocols were implemented.
    - c. There was simultaneous use of multiple medications, including:
      - i. Polypharmacy.
      - ii. Co-pharmacy, if applicable.
    - d. Addresses:

- i. Consistency of detoxification/withdrawal protocol including:
          - 1. Medication errors.
          - 2. Timeliness of laboratory services including:
            - a. Orders.
            - b. Specimen collection.
            - c. Review of results.
            - d. Actions taken.
          - 3. Vital signs taken at appropriate intervals.
          - 4. Timeliness of physician response.
        - ii. Negative outcomes.
        - iii. The information in the Peer Review Process will be reported to the applicable staff, used to improve the quality of the medication use services, and incorporated into Anuvia's Quality Assurance Plan.
- b. Training and Education Regarding Medications
  - i. It is the policy of Anuvia Prevention and Recovery Center to ensure that appropriate education and ongoing training is provided to direct care staff involved in medications management (including the consulting physician, physician extender, nursing staff, and other medical team members involved in the patient's care) regarding the practice and administering of medications, the conditions for which medication use is indicated and the impact the medication may have on the patient.
    - 1. It is provided to direct service staff:
      - a. At orientation.
      - b. And annual refresher.
    - 2. It is provided in accordance with identified needs to:
      - a. The patient.
      - b. When applicable, family members or others identified by the patient.
    - 3. Training includes:
      - a. The purpose of the medication.
      - b. The benefits and risks associated with medication use.
      - c. Contraindications.
      - d. Side effects.
      - e. Missed doses.
      - f. Potential implications of diet and exercise when using medications.
      - g. Risks associated with medication use during pregnancy.
      - h. The importance of taking medications as prescribed, including, when applicable, the identification of potential obstacles to adherence.
      - i. The need for laboratory studies, tests, or other monitoring procedures.

- j. Early signs that medication efficacy is diminishing.
  - k. Signs of no adherence to medication prescriptions.
  - l. Potential drug reactions when combining prescription and nonprescription medications.
  - m. Instructions on self-administration, when applicable.
  - n. The expected course of use of medication, including discontinuation.
  - o. What to do in the event there is a question or concern about a medication the patient served is taking or has been prescribed.
- ii. Medications will be administered and monitored by certified, trained and/or licensed personnel only, depending on the level of administration and program specific protocol.

Revised 02.20

Revised 09.21

Revised 03-22

Revised 04-23

Revised 01-24

Revised 04-24

Revised 08-24

