

Trouves Health Care

TITLE: MEDICATION FAMILY ASSISTANCE POLICY 16.06

Authority:

WAC 388-78A-2290

PURPOSE:

Provide guidelines in resident family members assisting with medications.

SCOPE:

All nursing staff.

POLICY:

It is the policy of the facility to provide flexible medication services in order to maximize a resident's continued independence. Resident family members are included in medication services in order to allow for this flexibility.

PROCEDURE:

- 1. If, for whatever reason, a resident would prefer a family member to assist or administer his or her medications, the family member will develop and submit in writing, a primary and secondary plan to the facility describing in detail the following:
 - a. A plan for medication assistance and/or administration including the family member(s) names and contact numbers.
 - b. A description of the medication or treatment assistance or administration that will be provided
 - c. The back-up plan in the event the primary family does not provide the medication services and who the emergency contact will be and how to contact if the primary cannot provide the support
 - d. Other information necessary for the boarding home
 - e. Clear delineation of each party's respective responsibilities.
- 2. The resident, resident representative, person responsible for implementing the plan and the administrator or designee will sign and date the plan as an addendum to the negotiated service agreement.
- 3. The person who is responsible for the medication assistance must immediately notify the facility of any changes in medications or treatment plans for the resident.



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- 4. Whenever a resident's family member provides medication services for the resident, the medications must remain on the boarding home premises whenever the resident is on the boarding home premises.
- 5. Staff will observe for changes in overall functioning and notify appropriate individuals if the primary and alternate plan are not implemented.

EXCEPTIONS:

No exceptions to this policy may be granted without the prior written approval of the Director.

SUPERCEDES:

None