Chapter 246-865 WAC

PHARMACEUTICAL SERVICES—EXTENDED CARE FACILITY

WAC

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WAC 246-865-010 Definitions. (1) "Board" means the Washington state board of pharmacy.

(2) "Department" means the state department of social and health services.

(3) "Dose" means the amount of drug to be administered at one time.

(4) "Drug facility" means a room or area designed and equipped for drug storage and the preparation of drugs for administration.

(5) "Legend drug" means a drug bearing the legend, "Caution, federal law prohibits dispensing without a prescription."

(6) "Licensed nurse" means either a registered nurse or a licensed practical nurse.

(7) "Licensed practical nurse" means a person duly licensed under the provisions of the licensed practical nurse act of the state of Washington, chapter 18.78 RCW.

(8) "Nursing home" means any home, place or institution licensed as a nursing home under chapter 18.51 RCW.

(9) "Pharmaceutical services committee" means a committee which develops and maintains written policies and procedures for safe and effective drug therapy, distribution, control, and use which are current and followed in practice. The pharmaceutical services committee shall consist of a staff or consultant pharmacist, a physician, the director of nursing or his/her designee and the administrator or his/her designee.

(10) "Pharmacist" means a person duly licensed by the Washington state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(11) "Pharmacy" means a place where the practice of pharmacy is conducted, properly licensed under the provisions of chapter 18.64 RCW by the Washington state board of pharmacy.

(12) "Practitioner" means a physician under chapter 18.71 RCW; and osteopathic physician or an osteopathic physician and surgeon under chapter 18.57 RCW; a dentist under chapter 18.32 RCW; a podiatrist under chapter 18.22 RCW; an osteopathic physician's assistant under chapter 18.57A RCW when authorized by the committee of osteopathic commissioners; a physician's assistant under chapter 18.71A RCW when authorized by the board of medical examiners; a registered nurse when authorized by the board of nursing under chapter 18.88 RCW, or a pharmacist under chapter 18.64 RCW.

(13) "Registered nurse" means a person duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW.

(14) "Unit-dose" means the ordered amount of a drug in an individually sealed package and in a dosage form ready for administration to a particular person by the prescribed route at the prescribed time.

(15) "Unit-dose drug distribution system" means a system of drug dispensing and control that is characterized by the dispensing of the majority of drugs in unit doses, ready to administer form, and for most drugs, not more than a 48-hour supply of doses is available at the residential care unit at any time.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-865-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 87-18-666 (Order 207), § 360-13-045, filed 9/2/87. Statutory Authority: RCW 18.64.005(11), 81-06-077 (Order 158), § 360-13-045, filed 3/4/81, Order 121, § 360-13-045, filed 8/8/74.]

WAC 246-865-020 Promulgation. In the interests of protecting public health the Washington state board of pharmacy shall hereby allow the use of an emergency drug kit in any nursing home holding a valid Washington state nursing home license. The emergency drug kit shall be considered to be a physical extension of the pharmacy supplying the emergency drug kit and shall at all times remain under the ownership of the supplying pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-865-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-10-027 (Order 159), § 360-13-010, filed 4/28/81; Order 104, § 360-13-010, filed 12/5/69; Order 50 (part), filed 3/28/67.]

WAC 246-865-030 Emergency kit. (1) The contents and quantity of drugs and supplies in the emergency kit shall be determined by the pharmaceutical services committee as defined in WAC 246-865-010(9) which shall consider the number of residents to be served and their potential need for emergency medications.

(2) A copy of the approved list of contents shall be conspicuously posted on or near the kit.

(3) The emergency kit shall be used only for bona fide emergencies and only when medications cannot be obtained from a pharmacy in a timely manner.
(4) Records documenting the receipt and removal of drugs in the emergency kit shall be maintained by the nursing home and the supplying pharmacy.

(5) The pharmaceutical services committee shall be responsible for ensuring proper storage, security and accountability of the emergency kit.

(a) The emergency kit shall be stored in a locked area or be locked itself;

(b) Emergency kit drugs shall be accessible only to licensed nurses as defined in WAC 246-865-010(6).

(6) The contents of the emergency kit, the approved list of contents, and all related records shall be made freely available and open for inspection to representatives of the board of pharmacy and the department.

[Statutory Authority: RCW 18.64.005, 92-12-015 (Order 277B), § 246-865-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-865-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 246-13-020, filed 3/4/81; Order 104, § 246-13-020, filed 5/25/69; Order 50, subsection 1-12, filed 3/28/87.]

WAC 246-865-040 Supplemental dose kits. (1) In addition to an emergency kit, each facility holding a valid Washington state nursing home license, and which employs a unit dose drug distribution system, may maintain a supplemental dose kit for supplemental nonemergency drug therapy if the necessary drug is not available from the pharmacy in a timely manner.

(2) The pharmaceutical services committee shall determine the quantities of drugs in the supplemental dose kit in light of the number of residents in the facility and their potential needs for supplemental doses.

(3) The supplemental dose kit shall remain the property of the supplying pharmacy.

(4) The supplying pharmacy and the facility’s pharmaceutical services committee shall be responsible for proper storage, security and accountability of the kit.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-865-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 246-13-030, filed 3/4/81; Order 114, § 246-13-030, filed 6/28/73.]

WAC 246-865-050 Drug facilities. (1) There shall be facilities for drug preparation and storage near the nurses' station on each unit.

(2) The drug facilities shall be well illuminated, ventilated and equipped with a work counter, sink with hot and cold running water and drug storage units.

(3) The drug storage units shall provide:

(a) Locked storage for all drugs,

(b) Separately keyed storage for Schedule II and III controlled substances,

(c) Segregated storage of different resident's drugs.

(4) There shall be a refrigerator for storage of thermolabile drugs in the drug facility.

(5) Locks and keys, for drug facilities shall be different from other locks and keys within the nursing home.

(6) Poisons and other nonmedicinal chemical agents in containers bearing a warning label shall be stored in separate locked storage apart from drugs used for medicinal purposes.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 246-13-030, filed 3/4/81; Order 121, § 246-13-055, filed 8/30/74.]

WAC 246-865-060 Pharmaceutical services.

(1) Administration of pharmaceutical services.

(a) There shall be provision for timely delivery of drugs and biologicals from a pharmacy so a practitioner's orders for drug therapy can be implemented without undue delay.

(b) Unless the nursing home operates a licensed pharmacy and employs a director of pharmaceutical services, the nursing home shall have a written agreement with one or more licensed pharmacists who provide for pharmaceutical consultant services. The staff pharmacist or consultant pharmacist supervises the entire spectrum of pharmaceutical services in the nursing home.

(c) There shall be a pharmaceutical services committee whose membership includes at least a staff or consultant pharmacist, a physician, the director of nursing or his/her designee, and the administrator or his/her designee. The pharmaceutical committee develops and maintains written policies and procedures for safe and effective drug therapy, distribution, control, and use which are current and followed in practice.

(d) Reference material regarding the use of medication, adverse reactions, toxicology, and poison control center information shall be available to facility staff.

(e) There shall be procedures established for the reporting and recording of medication errors and adverse drug reactions.

(2) A staff pharmacist or consultant pharmacist shall be responsible for coordinating pharmaceutical services which include:

(a) Provision of pharmaceutical services evaluations and recommendations to the administrative staff.

(b) On-site reviews to ensure that drug handling and utilization procedures are carried out in accordance with recognized standards of practice.

(c) Regularly reviewing each resident's therapy to screen for potential or existing drug therapy problems and documenting recommendations.

(d) Provision of drug information to the nursing home staff and physicians as needed.

(e) Planning and participating in the nursing home staff development program.

(f) Consultation regarding resident care services with other departments.

(3) Security and storage of drugs.
(a) The nursing home shall store drugs under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security as defined by regulation and accepted standards of practice.

(b) All drugs shall be stored in locked cabinets, rooms, or carts, and shall be accessible only to personnel licensed to administer or dispense drugs.

(c) Schedule III controlled substances shall be stored apart from other drugs on a separate shelf or in a separate compartment or cabinet, provided, however, Schedule III controlled substances may be stored with Schedule II controlled substances. Schedule III controlled substances can be stored with other drugs when distributed in a unit dose drug distribution system.

(d) Drugs for external use shall be stored apart from drugs for internal use, on a separate shelf or in a separate compartment or cabinet. Any shelf, compartment, or separate cabinet used for storage of external drugs shall be clearly labeled to indicate it is to be used for external drugs only.

(e) At all times, all keys to drug boxes, cabinets, and rooms shall be carried by persons legally authorized to administer drugs and on duty at the premises.

(f) If a supplemental dose kit within a unit dose drug distribution system is provided it must comply with WAC 246-865-040.

(g) If an emergency kit is provided, it shall comply with Washington state board of pharmacy regulations WAC 246-865-020 and 246-865-030.

(4) Labeling of drugs.

(a) The label for each legend drug which is not dispensed in a unit dose shall have the name and address of the pharmacy from which the drug was dispensed; the prescription number; the physician's name; the resident's full name; the date of issue; the initials of the dispensing pharmacist; the name and strength of the drug; a controlled substances schedule, if any; the amount (e.g., number of tablets or cc's) of the drug dispensed, and the expiration date. In the case of a compounded drug which contains Schedule II or III controlled substances, the quantity of each controlled substance per cc or teaspoonful shall be shown on the label.

(b) In a unit dose drug distribution system, a clear, legible label shall be printed or affixed securely to each unit dose package. Each unit dose drug label shall include: the name, strength and, for each unit dose package, the dosage amount of the drug; the expiration date for any time-dated drug; the lot or control number; and controlled substances schedule number, if any. Each individual drug compartment shall be labeled with the full name of the resident whose drug the compartment contains and the name of the resident's physician.

(c) Nonlegend drugs shall be clearly labeled with at least the patient's name, date of receipt by the facility, as well as display a manufacturer's original label or a pharmacy label if repackaged by the pharmacist. Nonlegend drugs supplied by the extended care facility pursuant to WAC 388-88-050 need not be labeled with the patient's name.

(d) A label on a container of drugs shall not be altered or replaced except by the pharmacist. Drug containers having soiled, damaged, incomplete, or makeshift labels shall be returned to the pharmacy for relabeling or disposal. Drugs in containers having no labels or illegible labels shall be destroyed.

(5) Control and accountability.

(a) The nursing home shall maintain and follow written procedures which provide for the accurate control and accountability of all drugs in the nursing home.

(b) No drugs may be returned from the nursing home to a pharmacy except as provided in paragraph (4)(d) or if the drug is returned in unopened unit dose packages.

(c) Drugs shall be released to a resident upon discharge only on specific written authorization of the attending physician. A receipt containing information sufficient to document the drug's destination, the person who received the drug, and the name and quantity of drugs released shall be entered in the resident's health record.

(d) All of an individual resident's drugs including Schedule III, IV and V controlled substances, that are discontinued by the physician and remain unused, shall be destroyed by a licensed nurse employee of the nursing home in the presence of a witness within 90 days after having been discontinued, and accurate records of destruction maintained except from drugs which are sealed in unit dose packages.

(e) Outdated, unapproved, contaminated, deteriorated, adulterated, or recalled drugs shall not be available for use in the nursing home.

(f) Except in the case of Schedule II controlled substances and drugs which are sealed in unit dose packages, drugs which remain in the nursing home after the patient has died or been discharged, and drugs in containers with illegible or missing labels, shall be immediately and irretrievably disposed of by a licensed nurse employee in the presence of a witness and proper records maintained of such disposal. Destruction of Schedule II drugs shall be handled in accordance with (6)(g). Unit dose packages may be returned to the pharmacy.

(6) Special requirements for controlled substances.

(a) All Schedule II controlled substances shall be stored in separately keyed and locked secure storage within a drug facility.

(b) Schedule III controlled substances shall be stored apart from other drugs and may be stored on a separate shelf, drawer, or compartment with Schedule II controlled substances.

(c) There shall be a record book for Schedule II and Schedule III controlled substances which shall be a bound book with consecutively numbered pages in which complete records of receipt and withdrawal of Schedule II and III controlled substances are maintained.

(d) At least once each 24 hours, the amount of all Schedule II controlled substances stored in the facility shall
be counted by at least two persons who are legally authorized to administer drugs. A similar count shall be made of all Schedule III controlled substances at least weekly. Records of counts shall be entered in the Schedule II and III controlled substances book(s).

(e) When a resident is discharged, a record of release for any Schedule II or III controlled substances released shall be entered on the appropriate page for the given drug in the controlled substances record book.

(f) Any discrepancy in actual count of Schedule II or III controlled substances and the record shall be documented in the Schedule II or III controlled substances books and reported immediately to the responsible supervisor who shall investigate the discrepancy. Any discrepancy which has not been corrected within seven calendar days shall be reported to the consultant pharmacist and the Washington state board of pharmacy.

(g) Discontinued Schedule II controlled substances and all Schedule II controlled substances which remain after the discharge or death of residents shall:

(i) Be destroyed at the nursing home within 30 days by two of the following individuals: A licensed pharmacist, the director of nursing or a registered nurse designated, and a registered nurse employed by the nursing home with appropriate documentation maintained, or

(ii) Be destroyed at the nursing home by a representative of the Washington state board of pharmacy if so requested by the board or the nursing home.

(h) A nursing home may establish procedures which vary from those paragraphs (e)(a)(g) if they are using a unit dose drug distribution system and that system provides for the accurate accounting, by the nursing home and the supplying pharmacy, of the receipt and disposition of all Schedule II and III controlled substances.

(7) Drug administration.

(a) Staff shall follow written procedures which provide for the safe handling and administration of drugs to residents.

(i) Drugs shall be administered only by persons licensed to administer drugs.

(ii) The resident shall be identified prior to administration.

(b) All drugs shall be identified up to the point of administration.

(c) Drugs shall be prepared immediately prior to administration and administered by the same person who prepares them except under a unit dose system.

(d) Drug administration shall be documented as soon as possible after the act of administration, and shall include:

(i) Verification of administration

(ii) Reasons for ordered doses not taken

(iii) Reasons for administration of, and response to drugs given on and as needed basis (PRN).

(e) Drug orders shall be received only by a licensed nurse and administered only on the written or verbal order of a practitioner. Verbal orders shall be signed by the prescribing practitioner in a timely manner.

(f) The self-administration of medication program shall provide evidence of:

(i) Assessment of the resident's capabilities

(ii) Instructions for administration

(iii) Monitoring of progress and compliance with orders

(iv) Safe storage of drugs.

[WAC 246-865-070 Provision for continuity of drug therapy for residents. When a resident of a long term care facility has the opportunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by an authorized practitioner, a registered nurse designated by the facility and its consultant or staff pharmacist and who agrees to such designation, may provide the resident or a responsible person with up to a 72-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs. The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee and the protocols shall be available for inspection. These protocols shall include the following:

(1) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse;

(2) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(3) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock.

(4) A record-keeping mechanism that will provide for the maintenance of a permanent log that includes the following information:

(a) The name of the person to whom the drug was provided;

(b) The drug and quantity provided;

(c) The date and time that the request for the drug was made;

(d) The date and time that the drug was provided;

(e) The name of the registered nurse that provided the drug;

(f) The conditions or circumstances that precluded a pharmacist from providing the drug.

Refer to WAC 246-839-810 for related regulations on this practice.
previously established and approved for his or her practice by a practitioner authorized to prescribe drugs must have on file at his/her place of practice a properly prepared written guideline or protocol indicating approval has been granted by a practitioner authorized to prescribe. A copy of the written guideline or protocol must also be on file with the board of pharmacy.

(2) For purposes of pharmacist prescriptive authority under RCW 18.64.011(11), a written guideline or protocol is defined as an agreement in which any practitioner authorized to prescribe legend drugs delegates to a pharmacist or group of pharmacists authority to conduct specified prescribing functions. Any modification of the written guideline or protocol shall be treated as a new protocol. It shall include:

(a) A statement identifying the practitioner authorized to prescribe and the pharmacist(s) who are party to the agreement. The practitioner authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' current practice.

(b) A time period not to exceed 2 years during which the written guideline or protocol will be in effect.

(c) A statement of the type of prescriptive authority decisions which the pharmacist(s) is (are) authorized to make, which includes:

(i) A statement of the types of diseases, drugs, or drug categories involved, and the type of prescriptive authority activity (e.g., modification or initiation of drug therapy) authorized in each case.

(ii) A general statement of the procedures, decision criteria, or plan the pharmacist(s) is (are) to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved.

(d) A statement of the activities pharmacist(s) is (are) to follow in the course of exercising prescriptive authority, including documentation of decisions made, and a plan for communication or feedback to the authorizing practitioner concerning specific decisions made. Documentation may occur on the prescription record, patient drug profile, patient medical chart, or in a separate log book.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-19-086 (Order 163, Resolution No. 8/81), § 360-12-140, filed 9/17/81. Statutory Authority: RCW 18.64.005(4) and (11). 80-08-035 (Order 155, Resolution No. 6/80), § 360-12-140, filed 6/26/80, effective 9/30/80.]

WAC 246-863-110 Monitoring of drug therapy by pharmacists. The term "monitoring drug therapy" used in RCW 18.64.011(11) shall mean a review of the drug therapy regimen of patients by a pharmacist for the purpose of evaluating and rendering advice to the prescribing practitioner regarding adjustment of the regimen. Monitoring of drug therapy shall include, but not be limited to:

(1) Collecting and reviewing patient drug use histories;

(2) Measuring and reviewing routine patient vital signs including, but not limited to, pulse, temperature, blood pressure and respiration; and

(3) Ordering and evaluating the results of laboratory tests relating to drug therapy including, but not limited to, blood chemistries and cell counts, drug levels in blood, urine, tissue or other body fluids, and culture and sensitivity tests when performed in accordance with policies and procedures or protocols applicable to the practice setting, which have been developed by the pharmacist and prescribing practitioners and which include appropriate mechanisms for reporting to the prescriber monitoring activities and results.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-12-150, filed 9/2/87. Statutory Authority: RCW 18.64.005 and 69.41.075. 83-20-053 (Order 176), § 360-12-150, filed 9/29/83. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-12-150, filed 4/26/83.]

WAC 246-863-120 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-863-120, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-23-058 (Order 221), § 360-12-160, filed 11/15/88.]
be unlawful for any person other than a registered pharmacist to sell at retail or furnish to any person any strychnine; PROVIDED, That nothing herein shall prohibit county, state or federal agents, in the course of their duties, from furnishing strychnine to any person. Every such registered pharmacist selling or furnishing such strychnine shall, before delivering the same, record the transaction as provided in RCW 69.38.030. If any such registered pharmacist shall suspect that any person desiring to purchase strychnine intends to use the same for the purpose of poisoning unlawfully any domestic animal or domestic bird, he may refuse to sell to such person, but whether or not he makes such sale, he shall if he so suspects an intention to use the strychnine unlawfully, immediately notify the nearest peace officer, giving such officer a complete description of the person purchasing, or attempting to purchase, such strychnine. [1987 c 34 § 7; 1941 c 105 § 2; Rem. Supp. 1941 § 3207-2. Formerly RCW 18.67.110.]

Savings—Effective date—1985 c 213: See notes following RCW 43.20.050.

RCW 18.20.160 Persons requiring medical or nursing care. No person operating a boarding home licensed under this chapter shall admit to or retain in the boarding home any aged person requiring nursing or medical care of a type provided by institutions licensed under chapters 18.51, 70.41 or 71.12 RCW, except that when registered nurses are available, and upon a doctor's order that a supervised medication service is needed, it may be provided. Supervised medication services, as defined by the department, may include an approved program of self-medication or self-directed medication. Such medication service shall be provided only to boarders who otherwise meet all requirements for residency in a boarding home. [1985 c 297 § 2; 1975 1st ex.s. c 43 § 1; 1957 c 253 § 16.]

WAC 388-78A-055 Policies and procedures. (1) The licensee shall establish and observe the following written policies and procedures, consistent with this chapter and services provided:
   (a) Accepting and retaining residents, including specific policies, if any, for accepting or retaining residents needing state income assistance;
   (b) Anti-discrimination;
   (c) Limited nursing services consistent with WAC 388-78A-265;
   (d) Health care services arranged by a resident under the provisions of WAC 388-78A-268, specifying the types of services allowed in the boarding home, and who has the responsibility for each aspect of the resident's care;
   (e) Infection control, including:
      (i) Cleaning and disinfecting toilets, bathing fixtures, floors, furniture, and common areas;
      (ii) Cleaning resident rooms and furnishings;
      (iii) Handwashing;
      (iv) Managing staff and residents with communicable disease;
   (v) Reporting communicable diseases in accordance with the requirements in chapter 246-100 WAC;
   (vi) Handling and storing supplies and equipment used for resident services;
   (vii) Infectious waste disposal;
   (viii) Bloodborne pathogens in accordance with chapter 296-62 WAC; and
   (ix) Laundry and handling of soiled and clean linens;
   (f) Supervising and monitoring residents;
   (g) Managing aggressive, assaultive residents, including but not limited to:
      (i) Controlling violent residents; and
      (ii) When and how to seek outside intervention;
   (h) Food services, including but not limited to:
      (i) Food service sanitation;
      (ii) Procuring and storing food;
      (iii) Meal times;
      (iv) Modified diets;

Boarding Homes

RCW 18.20.020 Definitions. As used in this chapter:
(1) "Aged person" means a person of the age sixty-five years or more, or a person of less than sixty-five years who by reason of infirmity requires domiciliary care.
(2) "Boarding home" means any home or other institution, however named, which is advertised, announced, or maintained for the express or implied purpose of providing board and domiciliary care to seven or more aged persons not related by blood or marriage to the operator. However, a boarding home that is licensed to provide board and domiciliary care to three to six persons on July 1, 2000, may maintain its boarding home license as long as it is continually licensed as a boarding home. "Boarding home" shall not include facilities certified as group training homes pursuant to RCW 71A.22.040, nor any home, institution or section thereof which is otherwise licensed and regulated under the provisions of state law providing specifically for the licensing and regulation of such home, institution or section thereof. Nor shall it include any independent senior housing, independent living units in continuing care retirement communities, or other similar living situations including those subsidized by the department of housing and urban development.
(3) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.
(4) "Secretary" means the secretary of social and health services.
(5) "Department" means the state department of social and health services. [2000 c 47 § 1; 1998 c 272 § 14; 1991 c 3 § 34; 1989 c 329 § 1; 1985 c 213 § 4; 1979 c 141 § 25; 1957 c 253 § 2.]

Effective date—2000 c 47: "This act takes effect July 1, 2000." [2000 c 47 § 11.]
(v) Food preparation; 
(vi) Nutrient supplements; and 
(vii) Food and meal substitution; 
(i) Maintaining resident records and register; 
(j) Medication services for each service category offered in the boarding home; 
(k) Boarding home safety; 
(l) Adult day care; 
(m) Care of residents with dementia, delineating special services required; 
(n) Emergency medical care and first-aid, including: 
(i) Major emergencies; 
(ii) Minor emergencies; and 
(iii) Staff actions upon finding a resident not responsive to appropriate stimuli; 
(o) Death of a resident; 
(p) Suspected abuse, neglect, or exploitation including but not limited to: 
(i) Reporting requirements according to chapters 26.44 and 74.34 RCW; 
(ii) Responsibility of staff to immediately contact the department directly regarding suspected or alleged abuse or other improprieties, without retaliation from the licensee or administrator; 
(iii) Protocol to protect residents according to WAC 388-78A-050(7); and 
(iv) Additional steps to take in the event of suspected rape or sexual abuse, including: 
(A) Immediate medical examination of the alleged victim, with prior notice to the examining physician that the patient may have been raped or sexually abused; 
(B) Arranging for a counselor or other professional knowledgeable in the field of rape and sexual assault to question or interview the resident, and provide counseling or intervention, when appropriate; and 
(C) Allowing only staff with special training in the field of rape and sexual assault to question the victim or the suspected perpetrator regarding the alleged incident, unless the department, police or prosecutor's office instructs otherwise; 
(q) Protecting residents and maintaining living accommodations during internal and external disasters, such as fires, explosions, earthquakes, flooding, hazardous environmental contamination, and other events that jeopardize the safety of residents, describing: 
(i) On-duty staff responsibilities; 
(ii) Provisions for summoning emergency assistance; 
(iii) Plans for evacuating residents from area or building; 
(iv) Alternative resident accommodations; 
(v) Provisions for essential resident needs, supplies and equipment; and 
(vi) Emergency communication plan; 
(r) Advance directives as described in chapter 70.122 RCW, Natural Death Act; 
(s) Resident's temporary absence from the boarding home; 
(t) Confidentiality of resident information; 
(u) Criminal history background checks in accordance with WAC 388-78A-045; 
(v) Resident trust funds; and 
(w) Smoking, including means to protect nonsmokers. 
(2) The licensee shall make the policies and procedures specified in subsection (1) of this section available to staff at all times and residents and residents' representatives upon request. 

[WAC 388-78A-300 Medication services. (1) The licensee shall:  
(a) Determine the medication service category or categories, specified in this section, best suited to the needs of each resident by: 
(i) Consulting with the physician, family, and care-givers; and 
(ii) Considering the resident's abilities, preferences, health and safety; 
(b) Document the medication service category assigned to each resident in the resident's health record; and 
(c) Reevaluate the resident's medication service category upon any change in the resident's condition, and if necessary: 
(i) Reassign the resident a new medication service category; or 
(ii) When the appropriate medication service category is unavailable in the boarding home, transfer the resident to a setting where the appropriate medication service can be provided.  
(2) The licensee shall assign a resident to medication service category A when the licensee determines the resident can safely and securely store medications, and: 
(a) Can fully understand the appropriate use of the medication and can self-administer the medication according to the prescribed dosage, time and any special instructions; or 
(b) Cannot physically self-administer the medication, but can accurately direct others to assist with: 
(i) Opening the container; and 
(ii) Applying or instilling oral, skin, nose, eye, and ear preparations.  
(3) The licensee shall assign a resident to category B when the licensee determines that the resident needs reminding, guiding or coaching limited to: 
(a) Opening a container; 
(b) Reading the label or prescriber's order, and explaining it in a manner to assure proper self-administration; and 
(c) Assistance with applying or instilling skin, nose, eye, and ear preparations consistent with Washington state law.  
(4) The licensee providing medication service category B shall: 
(a) Store medications in a manner prohibiting access by other residents; and]
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(b) Document the medication name, time and dosage taken by the resident; and
(c) Document a resident's refusal or inability to take medication according to the prescription.

(5) A licensee shall assign a resident to category C when:
(a) The licensee determines a resident cannot safely self-administer medication or accurately self-perform a glucometer test; and
(b) A physician orders medication to be administered by a nurse or other individual authorized to administer medications by Washington state law.

(6) A licensee providing medication service category C shall:
(a) Assure the service is planned, directed and supervised by a RN or physician who:
   (i) Documents a review of each resident's condition and medication regimen quarterly, or more often as needed;
   (ii) Provides training for all medication administration staff and documents training in staff records; and
   (iii) Observes, evaluates and documents each staff person administering medication annually, or more often as necessary, to assure medications are administered according to the resident's needs;
(b) Document the medication name, time and dosage administered to the resident;
(c) Document a resident's refusal or inability to take medication according to the prescription;
(d) Assure medications and glucometer tests are administered by nurses or other individuals authorized to administer medications and glucometer tests by Washington state law; and
(e) Provide an area for storing, handling, and preparing medications consistent with board of pharmacy requirements, including a sink, table or counter space, and secure storage.

(7) The licensee shall assure staff follow the written policies and procedures for each medication service category provided in the boarding home including:
(a) Limitations of staff assistance;
(b) Requirements for staff providing assistance with medications;
(c) Storing resident medications:
   (i) In original containers with pharmacist-prepared or manufacturer's label;
   (ii) Together for each resident and physically separated from other residents' medications;
   (iii) Separate from food or toxic chemicals;
   (iv) Accessible only to designated responsible staff or appropriate resident; and
   (v) In environments recommended on the medication label;
(d) Assuring the resident obtains medication as prescribed;
(e) Documenting and recording current prescriber's order for any medications managed and controlled by the licensee under categories B and C;
(f) Managing medications administered in medication service category B and C in accordance with the pharmacist's recommendations including:

(i) Disposing of outdated, contaminated, damaged, or discontinued medications, and medications left behind when a resident leaves or dies;
(ii) Documenting date, method, signature of person who disposed of medication and person who witnessed the disposal;
(iii) Maintaining prescribers' orders to continue medications; and
(iv) Sending the resident's medication with the resident when moving out or leaving temporarily; and
(g) Retaining completed medication records for five years after the resident moves from the boarding home.

[Statutory Authority: RCW 18.20.240. 98-20-021, reenacted as § 388 78A 300, filed 9/25/98, effective 9/25/98. Statutory Authority: RCW 18.20.090. 94-13-180, § 246-316-300, filed 6/21/94, effective 7/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), reenacted as § 246-316-300, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-229, filed 4/14/89.]

Podiatric Medicine and Surgery

RCW 18.22.035 Practice of podiatric medicine and surgery—Quality—Definition—Prescriptions—Limitations. (1) A podiatric physician and surgeon is responsible for the quality of podiatric care.

(2) The practice of podiatric medicine and surgery is the diagnosis and the medical, surgical, mechanical, manipulative, and electrical treatments of ailments of the human foot.

(3) Podiatric physicians and surgeons may issue prescriptions valid at any pharmacy for any drug, including narcotics, necessary in the practice of podiatry.

(4) Podiatrists shall not:
(a) Amputate the foot;
(b) Administer spinal anesthetic or any anesthetic that renders the patient unconscious; or
(c) Treat systemic conditions. [1990 c 147 § 6.]

WAC 246-922-001 Scope of practice. (1) An "ailment of the human foot" as set forth in RCW 18.22.010 is defined as any condition, symptom, disease, complaint, or disability involving the functional foot. The functional foot includes the anatomical foot and any muscle, tendon, ligament, or other soft tissue structure directly attached to the anatomical foot and which impacts upon or affects the foot or foot function and osseous structure up to and including the articulating surfaces of the ankle joint.

(2) In diagnosing or treating the ailments of the functional foot, a podiatric physician and surgeon is entitled to utilize medical, surgical, mechanical, manipulative, radiological, and electrical treatment methods and the diagnostic procedure or treatment method may be utilized upon an anatomical location other than the functional foot. The diagnosis and treatment of the foot includes diagnosis and treatment necessary for preventive care of the well foot.