

**BEHAVIORAL HEALTH RESIDENTIAL FACILITIES
WORKGROUP MEETING NOTES**

August 7, 2012

Regular text = paraphrased discussion

Italics=Department's response

Bold, italics and indented=rule change

R9-10-701(6)

Can a behavioral health paraprofessional (BHPP) provide peer support?

Yes. Peer support is not a licensed service and does not require supervision by a behavioral health professional.

What services do BHPPs provide that do not require oversight?

BHPPs providing unlicensed services do not need oversight, such as life management, coping skills, etc. If providing counseling services, a BHPP requires supervision and a BHT requires oversight.

Could this be more clearly defined? Training is an issue, prefer the old definition.

6. ***“Behavioral health paraprofessional” means an individual who is qualified according to a facility’s policies and procedures to provide at or for the facility:***
 - a. ***Behavioral health services, that would require an individual to be licensed under A.R.S. Title 32 if the behavioral health services were provided in a setting other than a licensed health care institution, under the supervision of a behavioral health professional; or***
 - b. ***Ancillary services.***
10. ***“Behavioral health technician” means an individual who is qualified according to a facility’s policies and procedures to provide at or for the facility:***
 - a. ***Behavioral health services, that would require an individual to be licensed under A.R.S. Title 32 if the behavioral health services were provided in a setting other than a licensed health care institution, under clinical oversight by a behavioral health professional; or***
 - b. ***Ancillary services.***

Is a job description different from job qualifications?

A job function is the facility’s responsibility to draft. Providers need to be mindful when drafting to keep in mind the specific population being served.

What will prevent an individual from being a BHT in one facility and then not qualified to be one at a different facility? How will BHPPs get experience?

The old definitions did not work and licensure cannot hold facilities accountable.

The Department plans to amend the rules as follows:

R9-10-706. Personnel and Staffing

B. An administrator shall ensure that:

1. ***The qualifications, education, experience, skills, and knowledge required for each type of personnel member:***
 - a. ***Are based on:***
 - i. ***The type of behavioral health services expected to be provided by the personnel member according to the established job description; and***
 - ii. ***The acuity of residents receiving behavioral health services from the personnel member according to the established job description;***
 - c. ***Include:***
 - i. ***The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services listed in the established job description;***
 - ii. ***The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide***

- the expected behavioral health services listed in the established job description;*
and
- iii. *The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected behavioral health services listed in the established job description;*
and
2. *A personnel member's skills and knowledge are verified by a behavioral health professional according to the facility's policies and procedures; and*
3. *The facility has personnel members with the qualifications, education, experience, skills, and knowledge necessary to:*
- a. *Provide the behavioral health services, physical health services, and ancillary services in the facility's scope of services;*
 - b. *Meet the needs of a resident; and*
 - c. *Ensure the health and safety of a resident.*

R9-10-701 Definitions

Is there a definition for personal care?

The definition for personal care is in A.R.S. § 36-401(35). "Personal care services" means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments by a nurse who is licensed pursuant to Title 32, Chapter 15 or as otherwise provided by law.

What is the difference between personal care and personal assistance?

If a facility provides personal care services as defined in A.R.S. § 36-401, the facility is considered a health care institution. The term personal assistance is used for reimbursement.

R9-10-702. Supplemental Application Requirements

Will residents who are under 18 years of age and who turns 18 while in care be allowed to stay in care?

Yes, they will. The Department plans to amend the rule by adding the following subsection.

R9-10-717. Behavioral Health Services

E. An administrator of a facility that provides behavioral health residential services to individuals under 18 years of age:

1. **May continue to provide behavioral health services to a resident who is 18 years of age or older:**
 - a. **If the resident:**
 - i. **Was admitted to the facility before the resident's 18th birthday,**
 - ii. **Is not 21 years of age or older; and**
 - iii. **Is :**
 - (1) **Completing high school or a high school equivalency diploma, or**
 - (2) **Participating in a job training program; or**
 - b. **Through the last day of the month of the resident's 18th birthday; and**
2. **Shall ensure that:**
 - a. **A resident does not receive the following from other residents at the facility:**
 - i. **Threats,**
 - ii. **Ridicule,**
 - iii. **Verbal harassment,**
 - iv. **Punishment, or**
 - v. **Abuse;**
 - b. **The interior of the facility has furnishings and decorations appropriate to the ages of the residents receiving services at the facility;**
 - c. **A resident older than three years of age does not sleep in a crib;**
 - d. **Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each**

resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and

- e. A resident's educational needs are met, including providing or arranging for transportation,
 - i. By establishing and providing an educational component, approved in writing by the Arizona Department of Education; or
 - ii. As arranged and documented by the administrator through the local school district.

Are behavioral health medical practitioners (BHMP) included? They are required by Behavioral Health Services. *BHMP are a subset of BHP and are included under A.R.S. Title 32.*

R9-10-703(H)(4)

Are incident reports a part of the clinical record?

If information concerning a resident is required to be documented in the resident's medical record, that information is documented in the resident's medical record. The incident reports are separate. They may be a quality management matter or involve a resident. The incident report should be kept in the appropriate location.

R9-10-706(A)(3)

Peer support services are increasing and if a personnel member is required, can the age requirement be changed to 18?

Peer support is not a behavioral health service according to the definition of "behavioral health services."

R9-10-706(D)

TB will be included in Article 1. Article 1 will include exceptions for an individual starting employment or being admitted to a facility that has had TB testing within 6 or 12 months of starting employment or admission. Department TB personnel are reviewing the issue to determine the appropriate time frame.

Can you drop the TB requirements?

The Department plans to include TB testing requirements in 9 A.A.C. 10, Article 1 that will be applicable to all health care institutions and will allow a TB test done within the last 6 to 12 months to meet the requirement depending on the Department's TB program's input.

R9-10-707(5)

Is 48 hours locked in? It is 7 days now?

Concerned about the decision to make medical history and physical examination (H&P) assessment in 7 days when treatment is completed in 48 hours?

Part of the assessment includes minimum H&P and if services are need immediately, they can be provided. The Department will change days to calendar days.

The Department plans to amend the rule as follows:

A medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 days before admission or within ~~48 hours~~ 7 calendar days after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within ~~48 hours~~ 7 calendar days after admission;

R9-10-708(A)(5)

What about upon admission? Transfer order does not qualify as assessment.

You can address behavioral health issues immediately and medical issue within 48 hours/7 calendar days.

What if a resident is transferred on a Friday night and arrives at 6:00 p.m.? Residential facilities do not have BHPs on staff at that time. Can the 24 hours for a BHP to review and sign be changed?

Assessment must be done within 48 hours of admissions. The BPT can complete assessment and start treatment, then 24 hours after assessment and treatment plan is completed the BHP is required to approve. The Department will clarify "24 hours after" for BHP to approve.

Can we expand the timeline for weekend coverage? Possible 48 hours for BHP review?

If this is changed to 48 hours, the BHT would be deciding treatment without the BHP approval.

Can this be changed to 72 hours from intake?

The Department will look at changing language for continuum of assessment. These are treatment parameters and not deadlines.

The Department plans to amend the rule as follows:

R9-10-707

E. *An administrator shall ensure that a resident's assessment information is completed and documented in the medical record within 48 hours after completing the assessment.*

R9-10-708. Treatment Plan

A. *An administrator shall ensure that a treatment plan is developed and implemented for each resident that is:*

- 1.** *Based on the assessment and on-going changes to the assessment of the resident;*
- 2.** *Completed:*
 - a.** *By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and*
 - b.** *Before the resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;*
- 3.** *Documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;*
- 4.** *Includes:*
 - a.** *The resident's presenting issue;*
 - b.** *The signature of the resident or the resident's representative and dated signed, or documentation of the refusal to sign;*
 - c.** *The date when the resident's treatment plan will be reviewed;*
 - d.** *If a discharge date has been determined, the treatment needed after discharge; and*
 - e.** *The signature of the personnel member who developed the treatment plan and the date signed;*
- 5.** *If the treatment plan was completed by a behavioral health technician, reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and*

R9-10-709(A)

What is the difference between a discharge plan and a discharge summary? When do they begin? When a person is existing?

Yes, this goes back to the scope of services. Your discharge plan is provided to the resident as part of the resident's treatment. The discharge summary is entered into the medical record after a resident's discharge.

R9-10-709(D)

Is the discharge order issued by medical practitioner or BHP?

The Department will change this to BHP.

R9-10-709(G)(2)(iv)

Does list of medications for the resident's order include external meds?

Yes, the Department will change this by add language specific to external medications.

R9-10-709(E)

What verification do you need if at the time of discharge, if a resident receives a referral for ancillary services?

This information needs to be documented in the discharge summary.

R9-10-709(G)(2)(a)

Can a BHT complete/provide the information required in (a) rather than a medical practitioner?

A medical practitioner or a behavioral health professional can complete the discharge summary. the Department believes that it is necessary to have a medical practitioner or behavioral health professional provide the listed information.

R9-10-710

Do these rules apply to every time a resident leaves? What about a PCI (private care institutions)?

No, these rules for transport and transfer apply when a facility is sending a resident to another licensed health care institution. A PCI may not be a licensed health care institution.

What about a day program that we provide to resident at another licensed facility?

Facilities policies and procedures should provide guidance for scope of services. Services and activities are not the same. . We will look at who signs off and documents for applicability. We have more transports occurring than ever before and do not want a resident lost/misplaced because somehow someone failed to monitor the resident.

What about discharge to a parent?

The resident is in the control of the parent. A parent is not a health care institution. Facilities need to include consent in facility policies and procedures.

Small residential facilities often contract with RBHAs for transport and sometimes with TRBHAs? And sometimes not, we mix.

A facilities policies and procedures should say what you provide. If a facility contracts with another business, the facility is still considered to have full responsible for their residents.

Can we separate transport from transfer?

The Department will consider. The Department ensure minimum health and safety standards and someone must be responsible at all time for a resident when a resident is traveling from one health care institution to another health care institution.

What about the resident's treatment plan?

The facility is responsible for a resident's treatment plan and a facility must take care and control of resident to ensure health and safety.

What do we do if a resident is sent out for clinical services that would normal take 2 hours, but then the individual providing the service has a scheduling issue? How do we still ensure the resident's care when they are not in our sight?

Communication between the licensed health care institutions is critical to ensuring the resident's health and safety.

These rules make it more complicated. If another health care institution receives a resident for services, who has control (responsibility) for the resident?

That depends on the scope of services of the sending facility and the receiving facility. A facility that provides continuous supervision for residents cannot drop off a resident who needs continuous supervision at an outpatient treatment center that only provides outpatient services. If the resident is being transported to a facility that provides continuous supervision then responsibility would transfer. The time in between one facility to another facility is what is in question, as well as coordination of care including assurance that the resident safely receives needed services and is not lost along the way. Facilities have to draft policies and procedures that identify the process to ensure that a resident is safely moved from their location to the location of the other health care institution.

What is appropriate? This sounds like a chain of custody issue?

R9-10-710 may be included in Article 1. If we scale resident back, resident will not be in Article 1.

Will be responsible for sending and receiving? What about coordination of care?

Yes, whoever provides services will ensure quality of services. If you provide transport, you must have policies and procedures that provide minimum standard of care to protect residents.

The Department apologizes for using the term "chain of custody." It is never the Departments intent to infer that these individuals are criminals and in fact, the Department holds these individual in high regard, we understand their needs, and we work diligently to ensure their health and safety.

We cannot control everything?

Basically if a resident is sent to another health care institution, you provide the policies and procedures to ensure the resident's care and health and safety. Transfer means to send with the intent that the resident will be

admitted to the other health care institution. Transport means to send with the intent that the resident will return to sending facility after receiving services at the receiving facility.

Transfer and transport is very board, can the title of this rule section be changed?

This is for transportation provided between health care institutions only. Outing will be discussed in the next rule, R9-10-711.

The Department plans to change the rule as follows:

- A. **For a transport of a resident, the administrator of the sending facility shall ensure that:**
1. **Facility policies and procedures:**
 - a. **Specify the process by which the sending facility personnel members coordinate the transport and the services provided to a resident to protect the health and safety of the resident;**
 - b. **Establish the criteria for determining what a resident evaluation includes based on the resident's psychological condition, medical condition, and the type of services the resident is expected to receive at the receiving facility;**
 - c. **Require an evaluation of the resident according to the criteria established in subsection (A)(1)(b) by a ~~medical practitioner~~, registered nurse, behavioral health professional, behavioral health technician qualified as delineated in the facility's policies and procedures, before transporting the resident and after the resident's return;**
 - d. **Specify the sending facility's resident medical records that are required to accompany the resident, including the medical records related to the services to be provided to the resident at the receiving health care institution or other facility;**
 - e. **Specify how the sending facility communicates resident medical record information that the sending facility does not provide at the time of transport but is requested by the receiving health care institution or other facility; and**
 - f. **Specify how a ~~medical practitioner~~ or registered nurse ~~practitioner~~, behavioral health professional, or a behavioral health technician qualified as delineated in the facility's policies and procedures, explains the risks and benefits of the transport to the resident or the resident's representative based on the:**
 - i. **Resident's condition, and**
 - ii. **Mode of transport; and**
 2. **Documentation in the resident's medical record includes:**
 - a. **Consent for transport by the resident or the resident's representative or why consent could not be obtained;**
 - b. **~~The acceptance of the resident by and~~ Communication with an individual at the receiving health care institution or other facility;**
 - c. **The date and the time of the transport to the receiving health care institution or other facility;**
 - d. **The date and time of the resident's return to the sending facility, if applicable;**
 - e. **The mode of transportation; and**
 - f. **The type of personnel member assisting in the transport if an order or recommendation for transport requires that a resident be assisted during transport.**
- B. **For a transport of a resident, an administrator of the receiving facility shall ensure that:**
1. **Facility policies and procedures:**
 - a. **Specify the process by which the receiving facility personnel members coordinate the transport and the services provided to a resident to protect the health and safety of the resident;**
 - b. **Establish the criteria for determining what a resident evaluation includes based on the resident's psychological condition, medical condition, and the type of services the resident is expected to receive at the receiving facility;**
 - c. **Require an evaluation of the resident according to the criteria established in subsection (A)(1)(b) by a ~~medical practitioner~~, registered nurse, behavioral health professional, behavioral health technician qualified as delineated in the facility's policies and**

- procedures, upon the arrival of the resident and before the resident is returned to the sending facility;*
- c. *Specify the receiving facility's resident medical records required to accompany the resident when the resident is returned to the sending facility, if applicable;*
- d. *Specify how the receiving facility's personnel members communicate resident medical record information to the sending facility that is not provided at the time of the resident's return; and*
- 2. *Documentation in the resident's medical record includes:*
 - a. *The date and the time the resident arrives at the receiving facility;*
 - b. *The services provided to the resident at the receiving facility;*
 - c. *Any adverse reaction or negative outcome the resident experiences at the receiving facility;*
 - d. *The date and time of the receiving facility returns the resident to the sending facility, if applicable;*
 - e. *The mode of transportation to return the resident to the sending facility, if applicable; and*
 - f. *The type of personnel member assisting in the transport if an order or recommendation for transport requires that a resident be assisted during transport.*
- C. *For a transfer of a resident to a receiving health care institution, the administrator of the sending facility shall ensure that:*
 - 1. *Facility policies and procedures:*
 - a. *Specify the process by which the sending facility personnel members coordinate the transfer and the services provided to a resident to protect the health and safety of the resident during the transfer;*
 - b. *Require an evaluation of the resident by a medical practitioner, registered nurse, or behavioral health professional of the sending facility before the resident is transferred;*
 - c. *Specify how the sending facility communicates resident medical record information that the sending facility does not provide at the time of transport but is requested by the receiving health care institution or other facility; and*
 - d. *Specify how a medical practitioner, registered nurse ~~practitioner~~ or behavioral health professional explains the risks and benefits of the transfer to the resident or the resident's representative based on the:*
 - i. *Resident's condition, and*
 - ii. *Mode of transport; and*
 - 2. *One of the following accompanies the resident during the transfer:*
 - a. *A copy of the resident's medical record for the current admission; or*
 - b. *All of the following for the current admission:*
 - i. *A medical practitioner's or behavioral health professional's summary of behavioral health and physical health services provided to the resident;*
 - ii. *A treatment plan containing current information;*
 - iii. *A record of medications administered to the resident for seven days before the date of the transfer;*
 - iv. *Medical practitioner's orders in effect at the time of transfer; and*
 - v. *Any known allergy; and*
 - 3. *Documentation in the resident's medical record includes:*
 - a. *Consent for transfer by the resident or the resident's representative, except in an emergency;*
 - b. *The acceptance of the resident by and communication with an individual at the receiving health care institution;*
 - c. *The date and the time of the transfer to the receiving health care;*
 - d. *The mode of transportation; and*
 - e. *The type of personnel member assisting in the transfer if an order or recommendation for transfer requires that a resident be assisted during transfer.*

R9-10-711(A)(1)

The Department will be changing (A)(1) to read “A vehicle owned, leased or used by a facility to provide transportation to a resident.”

What if a facility uses a cab? What does using mean?

Cabs are not covered under these rules. The word “using” is being added to include an employee’s vehicle.

Is a first aid kit defined?

No.

Do you have to have drinking water in the vehicle even when it is not in use? We have been cited in the past for not.

No. Drinking water does not have to be in the vehicle when it is not in use. Drinking water has to be in the vehicle when residents are being transported in that vehicle. This matter will be discussed with staff.

R9-10-711(B)(2)

What about the requirement to have “at least two personnel members present on an outing.”? Can we define our own number of residents, staff-to-resident ratio?

The rules states, “at least two” not two is all you need.

What about residents’ acuity? The old rule is clearer.

The Department plans to amend the rule as follows:

22. “Outing” means a planned activity that:

- a. Occurs away from the facility premises,**
- b. Is not part of a facility’s daily routine, and**
- c. Lasts longer than four hours.**

R9-10-713(C)

What documentation is needed to remove/restrict a resident’s rights? And is documentation required when the rights are restored?

This could be mutually exclusive; if a court-order, you must follow their process. As a provider, you decide and develop policies and procedures.

What if a resident’s parent or guardian leave orders to remove/restrict the resident? Should they be included?

The Department plans to amend the rule to allow for a parent of a minor child who is a resident to restrict their child. A guardian can restrict an adult’s activities only with a court order.

R9-10-714(A)(3)

We don’t issue medical orders?

The rule is applicable only to orders.

R9-10-714(A)(10)

Can the 24 hour requirement for providing medical records to the Department be changed? Twenty-four hours will be hard to meet and costs significantly more.

What if we were able to provide a receipt from the storage facility demonstrating when the records were retrieved?

We will all fail to meet this standard.

The Department plans to amend the rule as follows:

10. A resident’s medical record is provided to the Department:

- b. ~~Within 24 hours~~ 3 calendar days from the time of the Department’s request if the resident was discharged 12 or more months before the date of the Department’s request; and**

R9-10-714(A)(2)(b)

What does “authenticated” mean?

Authenticated is defined under R9-10-701.

R9-10-714(C)(2)(c)

We do not administer medications?

The Department plans to amend rules pertaining to medication as follows:

R9-10-701. Definitions

“Assistance in the self-administration of medication” means limiting or restricting a resident’s access to the resident’s medication and providing support to the resident while taking medication to ensure that medication is taken as ordered.

R9-10-714. Resident Records

C. An administrator shall ensure that a resident’s medical record contains:

2. Medication information that includes:

- a. The resident’s weight;**
- b. Each medication or biological ordered for the resident; and**
- c. ~~Each~~ For each medication administered to the resident including:**
 - i. The date and time of administration;**
 - ii. The name, strength, dosage, amount, and route of administration;**
 - iii. The identification and authentication of the individual administering the medication; and**
 - iv. Any adverse reaction the resident has to the medication;**
- d. When the resident is provided assistance in the self-administration of medication:**
 - i. The date and time of assistance;**
 - ii. The name, strength, dosage, amount, and route of self-administration;**
 - iii. The identification and authentication of the individual providing the assistance;**
 - iv. The signature of the resident or reason why there is not a resident signature; and**
 - v. Any adverse reaction the resident has to the medication;**

The following section is revised.

R9-10-717. Medication Services

A. If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:

1. Include:

- a. A process for providing information to a resident about medication prescribed for the resident including:**
 - i. The prescribed medication’s anticipated results,**
 - ii. The prescribed medication’s potential adverse reactions,**
 - iii. The prescribed medication’s potential side effects, and**
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;**
- b. Procedures for preventing, responding to, and reporting a medication error, an adverse response to a medication, or a medication overdose;**
- e. Procedures to ensure that a resident’s medication regimen is reviewed by a medical practitioner and meets the resident’s treatment needs;**
- f. Procedures for documenting medication services and assistance in the self-administration of medication;**
- g. Procedures for assisting a resident in obtaining medication; and**
- h. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and**

2. Specify a process for review through the quality management program of:

- a. A medication administration error, and**
- b. An adverse reaction to a medication;**

B. If a facility provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:

- a. Are reviewed and approved by a medical practitioner;**
- b. Specify the individuals who may:**

- i. *Order medication, and*
 - ii. *Administer medication;*
 - c. *Include procedures to ensure that medication is administered to a resident only as prescribed and that a resident's refusal to take prescribed medication is documented in the resident's medical record;*
 - 2. *Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;*
 - 3. *A medication administered to a resident:*
 - a. *Is administered in compliance with an order, and*
 - b. *Is documented as required in R9-10-714(C)(2); and*
 - 4. *If pain medication is administered to a resident, documentation in the resident's medical record includes:*
 - a. *An identification of the resident's pain before administering the medication; and*
 - b. *The effect of the pain medication administered.*
- C. *If a facility provides assistance in the self-administration of medication, an administrator shall ensure that:***
- 1. *A resident's medication is stored by the facility;*
 - 2. *The following assistance is provided to a resident as stated in the resident's treatment plan:*
 - a. *A reminder when it is time to take the medication;*
 - b. *Opening the medication container for the resident;*
 - c. *Observing the resident while the resident removes the medication from the container;*
 - d. *Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:*
 - i. *The resident taking the medication is the individual stated on the medication container label,*
 - ii. *The dosage of the medication is the same as stated on the medication container label, and*
 - iii. *The medication is being taken by the resident at the time stated on the medication container label; and*
 - e. *Observing the resident while the resident takes the medication.*
 - 3. *Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;*
 - 4. *Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:*
 - a. *Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse;*
 - b. *Includes:*
 - i. *A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,*
 - ii. *Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and*
 - iii. *Process for notifying the appropriate entities when an emergency medical intervention is needed;*
 - 5. *A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (*) (2) before the personnel member provides assistance in the self-administration of medication;*
 - 6. *Assistance with the self-administration of medication provided to a resident:*
 - a. *Is in compliance with an order, and*
 - b. *Is documented as required in R9-10-714(C)(*).*
- D. *When medication is stored at a facility, an administrator shall ensure that:***
- 1. *There is a separate room or closet used for medication storage that includes a lockable door,*
 - 2. *A locked cabinet or container is used for medication storage, and*
 - 3. *Medication is stored according to the manufacturer's recommendations.*

E. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the facility's clinical director.