



The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, Boston, MA 02108


DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

ANN L. HARTSTEIN
Secretary

Tel: (617) 727-7750
Fax: (617) 727-9368
TTY/TTD 1-800-872-0166

Circular Letter EOE A 13-3

TO: Assisted Living Residences
FROM: Ann L. Hartstein 
DATE: March 14, 2013
RE: Limited Medication Administration (“LMA”)

Purpose: The purpose of this letter is to clarify the requirements that must be adhered to by Assisted Living Residences (“ALRs”) when an ALR intends to have one of its residents receive administered medication through the Limited Medication Administration (“LMA”) process. This Circular Letter (CL) supersedes CL 12-3 and prior FAQ’s that address the issue of Limited Medication Administration (“LMA”).

Definition

LMA is the administration of medication to a resident that is not otherwise prohibited by MGL c. 19D or 651 CMR 12.00 et seq. LMA may only be provided in an ALR by a family member, a practitioner as defined in MGL c. 94C, or a nurse registered or licensed under the provisions of MGL c. 112 § 74 or 74A, to the extent allowed by laws, regulations and standards governing nursing practice in Massachusetts.

Disclosure

LMA is an optional service listed in 651 CMR 12.04(6). ALRs must disclose the availability of this service and the cost in the Residency Agreement and Disclosure of Rights and Services.

Notification

LMA, if offered, must be included in the ALRs operating plan and conducted in accordance with 651 CMR 12.04(13)(b)(1). An ALR must inform the Executive Office of Elder Affairs (“EOEA”) in writing at least 30 days before it changes any part of its operating plan. Therefore, if an ALR decides to provide LMA, it must submit a detailed and timely policy statement to EOE A prior to implementation of LMA.

The policy statement must include the following information:

- The role or job title of the person(s) who will be responsible for providing LMA;
- A copy of the form that will be used to document LMA (e.g., Medication Administration Record Sheet (MARS)); and,
- An explanation of the manner in which medication shall be secured.

If the individual performing LMA is a licensed nurse, the policy statement must also include the following information:

- Copies of job descriptions indicating that a licensed nurse will be responsible for performing LMA; and,
- A description of the record-keeping system that will be used which will reliably and consistently document the information and authorizations that a licensed nurse must have to perform LMA.

Nurse responsibilities

Nurses with a valid Massachusetts nursing license working for an ALR who are administering LMA may administer non-injectable medications prescribed or ordered by an authorized prescriber to residents by oral or other routes (e.g. topical, inhalers, eye and ear drops, medicated patches, as necessary oxygen, suppositories). EOEA regulations do not prohibit a licensed nurse from altering a medication's form (e.g. crushing or cutting pills) or from administering the medication in its altered form (e.g. crushing a medication, putting it into applesauce and then feeding it to a Resident).

A nurse's performance of all aspects of LMA must comply with the laws, regulations and standards governing nursing practice.

Medication Storage and Access

All ALRs are required to create a policy and procedure for LMA medication storage. LMA medication must be kept in the resident's unit and stored in such a manner that the nurse providing LMA can adequately verify the integrity of the medication. A residence may employ additional safeguards necessary to enable a nurse to be reasonably sure that he or she is administering medication as it was filled by the pharmacy¹. One safeguard is to lock up all medication that will be administered and to provide only the nurses who would be responsible for performing LMA with the key(s) to the boxes. Residents, personal care workers, or family members should not be able to access any medication for residents on LMA under this arrangement.

Record-keeping/documentation

The ALR must have a record-keeping system, which permits the licensed nurse to reliably and consistently document and verify the information and authorizations that a nurse must have to perform LMA.

All documentation shall be complete, accurate, and legible. All documentation relative to LMA must be kept in the Resident record as required by 651 CMR 12.05(1).

¹ 651 CMR §12.06 sets forth LMA practices, is available at http://www.massalfa.org/images/public-policy/2reg_651cmr012.pdf

Nurses are required to obtain, create and maintain the following documentation relative to the performance of LMA:

- A recent and accurate assessment of the need for LMA;
- A notation in the Resident's service plan of such need;
- A written medication order from an authorized prescriber;
- A medication administration sheet showing the name, dose, route and time the medication is administered;
- Documentation of any adverse reaction a Resident has in response to the medication(s);
- A notation of what, if any, action the nurse took in response to the resident's adverse reaction; and
- The signature and initial of the nurse who administered the medication on the medication administration record (one of the ways to achieve this requirement would be the use of a signature log as a supplement to an initialed Medication Administration Record).

Medication Orders

As the Massachusetts Board of Registration in Nursing has made clear in its Advisory Ruling Number 9324 on Nursing Practice, (a copy of which is attached for reference) nurses in ALRs who administer LMA are subject to specific requirements as delineated by that Advisory Ruling.

Required Actions

ALRs should update existing Disclosure Statements to reflect the requirements set forth in this Circular Letter. Updated Disclosure Statements should be sent to EOEAE.

Implementation

ALRs must provide revised Disclosure Statements to all new residents admitted to the ALR following receipt of this Circular Letter. ALRs have up to 90 days from the effective date of this Circular Letter to provide current residents with a copy of those provisions of the Disclosure Statement that have been modified in response to the requirements set forth in this Circular Letter. ALRs shall offer residents the option of receiving a copy of the full Disclosure Statement with the amended provisions. All other requirements set forth in this Circular Letter are effective immediately.

Effective Date

March 14, 2013

If you have any questions regarding this letter, please contact EOEAE's Director of Housing and Assisted Living.