THE QUARTERLY CONNECTION

Quarterly from Pharma-Care, Inc. / Creative Care Consulting / The Rasa Group — Fourth Quarter 2024

P: 732-574-9015 (PCI) / 732-574-9434 (CCC) / 973-728-5800 (RASA) — F: (732) 499-6778

Corporate Office: 500 Craig Rd, Ste 104, Manalapan, NJ 07726 — Operations: 136 Central Ave., Ste 202, Clark, NJ 07066

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Use of 21-Valent Pneumococcal Conjugate Vaccine Among U.S. Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024 | MMWR (cdc.gov)

September 12, 2024 / 73(36);793–798

Click on CDC LOGO or Headline for Link to CDC Article

TABLE. Clinical guidance for implementing pneumococcal vaccine recommendations for adults aged ≥65 years — United States, 2024

Vaccine received previously	Options for vaccination
None or PCV7 only at any age	A single dose of PCV21, PCV20, or PCV15. If PCV15 is administered, a single dose of PPSV23* should be administered ≥1 year after the PCV15 dose. A minimum interval of 8 weeks can be considered if PCV15 is used in adults with an immunocompromising condition,† cochlear implant, or CSF leak.
PPSV23 only	A single dose of PCV21, PCV20, or PCV15 ≥1 year after the last PPSV23 dose.
PCV13 only	A single dose of PCV21, PCV20, or PPSV23≥1 year after the PCV13 dose. When PPSV23 is used for adults with an immunocompromising condition,† cochlear implant, or CSF leak, administer PPSV23 ≥8 weeks after the PCV13 dose.
PCV13 at any age and PPSV23 at age <65 years	A single dose of PCV21, PCV20, or PPSV23. If PCV21 or PCV20 is used, it should be administered ≥5 years after the last pneumococcal vaccine dose. If PPSV23 is used, it should be administered ≥5 years after the last pneumococcal vaccine dose. If PPSV23 is used, it should be administered ≥1 year after the PCV13 dose (or ≥8 weeks since the PCV13 dose for adults with an immunocompromising condition,† cochlear implant, or CSF leak) and ≥5 years after the previous PPSV23 dose.
PCV13 at any age and PPSV23 at age ≥65 years	Shared clinical decision-making is recommended regarding administration of either a single dose of PCV21 or PCV20 for any adult aged ≥65 years who has completed the recommended vaccination series with both PCV13 and PPSV23 (i.e., PPSV23 administered at age ≥65 years) but PCV21, PCV20 or PCV15 not yet received. If a decision to administer PCV21 or PCV20 is made, a single dose is recommended ≥5 years after the last pneumococcal vaccine dose.

Abbreviations: CSF = cerebrospinal fluid; PCV = pneumococcal conjugate vaccine; PCV7 = 7-valent PCV; PCV13 = 13-valent PCV; PCV15 = 15-valent PCV; PCV20 = 20-valent PCV; PCV21 = 21-valent PCV; PPSV23 = 23-valent pneumococcal polysaccharide vaccine.

* For adults who have received PCV15 but have not completed their recommended pneumococcal vaccine series with PPSV23, 1 dose of PCV21 or PCV20 may be used if PPSV23 is not available.

† Chronic renal failure, nephrotic syndrome, immunodeficiency, iatrogenic immunosuppression, generalized malignancy, HIV infection, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplant, congenital or acquired asplenia, or sickle cell disease or other hemoglobinopathies.

Prescriber Reminders

Help save nursing time and keep facility in compliance!

- CDS license needs to be renewed this October 2024
- every antibiotic requires a duration per CMS guidelines, regardless of diagnosis or if intended to be given indefinitely
- every psychotropic PRN requires duration per CMS guidelines of 14 days for INITIAL order
- every new order should include a diagnosis
- all orders should be signed monthly.
- If copy/pasting progress notes, make sure to make update to any changes. Often notes include medications that were previously discontinued or lacking dose adjustments.

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The Rasa Group
E.P.I.C. Services
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Pharma-Care, Inc.

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BOOTH #407

Visit us at the
76th Annual HCANJ Conference & Expo
October 29 & 30
Harrah's Waterfront Conference Center
Atlantic City, New Jersey

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STATE SURVEY TRENDS

STATE NOTE:

Multiple Sunday initial survey visit noted this quarter.

Survey team requesting from facility:
- consultant pharmacist reports for past 3-6 months
- opiod overdose policy
- refrigerator temperature logs

F658- Services Provided Meet Professional Standards:
- UA/C&S missed on resident
- Provider put order in as “Standard Other” and confirmed by Nurse, did not map to TAR
- Physician treatment order not followed as written (didn’t give metronidazole with Dakin’s solution)
- No neuro-checks after resident fall
- Care plan not accurate regarding residents bowel monitoring
- PRN oxycodone order with instructions to “give with PRN acetaminophen” however they are not always documented together.
- Vitamin D order in PCC did not match exactly house stock item
- BP medication held frequently without nurse notifying prescriber. Per surveyor, after 3 days, prescriber should be notified

F761- Labeling/Storage of Meds:
- loose pills found in bottom of medcart drawers
- nurse left bottle of Colace on top of med cart, cart left unlocked, found Tylenol and albuterol in resident nightstand drawer
- Oxycodone from pyxis incorrectly stored in top drawer of medcart –narcotic box in fridge not permanently affixed to fridge, so it can be removed

F755- Pharmacy Services/Procedures:
- Nurses failed to sign declining inventory sheet
- missing signatures on narcotic shift to shift count

F758- Unnecessary Medication
- Implement dose reductions (NP refused psych recommendation to decrease Seroquel and did not document rationale why she didn’t accept recommendation)
- PRN Requip changed to routine with off-label dx and patient had adverse effect of dizziness

F759- Medication Pass
- insulin pen not primed correctly (pen not held with needle up when priming
- glipizide not given 30 minutes before meal per cautionary message (given 10-15 min before breakfast)
- Lacri-lube eye ointment order read “give 1 application”, but package reads “give small amount (1/4 inch)…”. Surveyor wanted order to read “give ¼ inch.”

F684- Quality of Care
- hypoglycemic protocol not followed after short-acting insulin not scheduled around bolus feeding/pleasure feedings, so not given with or before food

F711- Physician Visits
- missing MD signatures on POS
- didn’t alternate notes with NP every other month

F697- Pain management
- morphine indications weren’t separated, order for SOB and pain

F756- Drug Regimen Review
- medications not scheduled correctly before/after g-tube feeding. Sucralafate, levothyroxine, and omeprazole should be given on empty stomach
- NPO g-tube patient with some orders “by mouth”

F880- Infection control
- Nurse failed to don protective equipment (Gloves, Gown) with Enhanced barrier Precautions
- didn’t clean hands before/after insulin administration
- didn’t lather for full 20 seconds
- CNA didn’t gown for isolation room
- Gloves not changed before/after trach care and treatment

F695- Respirator/Trach Care
- Nasal cannula found to not be on resident correctly
- order for 2-4 LPM oxygen, keep Ox > 90% (order not specific enough)
- Oxygen ordered for 4 L/min only set to 3.5 L/min

F868- QA committee
- Have the quality assessment group have required quarterly meetings (DON and infection preventionist meeting some meetings)

F693- Tube Feeding
- Ensure feeding tubes are not used unless medical reason and resident agrees
- provide appropriate care (feeding dripping on floor)

F580- Immediately tell resident, MD, family member of situation that affected resident

F812- Food storage/safety
- Nursing staff food found in resident's refrigerator
- food not dated

F725- Insufficient nursing staff
- (found residents double-briefed, multiple falls, missing showers, etc)

S560- Staffing ratios not met

Reminder - If the Department of Health enters your facility for survey, please remember to notify the Pharma-Care office at 732-574-9015. Your assigned consultant might be off that day, on vacation, or otherwise be unavailable. By calling the office, you can be assured that your information will be directed to the appropriate person in order to ensure a quick response. When calling, advise who the team leader is, projected exit date, pharmacist surveyor, and who called with the information so your assigned consultant can contact you for more information.

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BACK-UP CONTROLLED SUBSTANCE CHECKLIST

The Department of Health Survey teams routinely ask to review the DEA-222 forms and other documents related to CDS inventory. Although our consultant pharmacist is happy to review this form with the DON periodically, the DON must have these documents completed and in-order at all times. The check off sheet below should be used routinely to avoid any irregularities and deficiencies during Department of Health inspections.

Use this as a quick inspection on your Controlled Substance

- ☐ Medical director CDS license (state) up-to-date (expires every year October 31st)
- ☐ Medical director DEA license (federal) up-to-date (expires after 3 years)
- ☐ Licenses should contain facility address
- ☐ DEA Form 222: The "last line completed" is filled out (part 1)
- ☐ DEA Form 222: When medications arrive from pharmacy, the date received and number of packages received is filled out (part 5)
- ☐ DEA Form 222: The package-size received by the purchaser (in part 5) must match the package-size ordered (in part 1)
- ☐ Process in place to keep track of unused DEA 222 forms (examples: sets of 3 in clear sheet protectors, spreadsheet, etc)
- ☐ Completed Form 222 should be filed in sequential order by order form number, separate from other controlled drug records
- ☐ Do not have any pre-signed 222 forms by medical director (use immediately or void & file in order)
- ☐ DEA 222 forms with facility address must be stored at that location
- ☐ Biennial inventory of controlled substances in back-up every 2 years
- ☐ Controlled substance back-up accountability check performed by 2 licensed nurses & documented at least once daily
- ☐ Inventory is checked periodically for expired medications
- ☐ DEA Form 222 are required to be kept available for inspection for a period of 2 years
- ☐ A Destruction Request Form must be completed prior to destroying controlled substances from back-up
- ☐ D.D.C. Form 51 (state) – obtain authorization number prior to destruction
- ☐ DEA Form 41 (federal) – authorization not required
- ☐ Medications awaiting authorization for destruction are stored in a secured, double-locked, designated area

Announcing the Retirement of Long-Time Employee Patricia Cafone

After 35 years with Pharma-Care, Pat has decided to begin her glide-path into retirement.

Patty's knowledge, expertise and unwavering support for the company and her teams have been inspiring. She has held many executive positions in the company and Pharma-Care is grateful for her years of loyalty and happy that she begins this next chapter of life with the knowledge that she has impacted so many people over the years.

When you see her, over the next several month congratulate her!

Management Positions Announced

Pharma-Care is pleased to congratulate Belinda Cella (left) and Tinu Matthews (right) on their appointments as Assistant Directors' of Operations.

Belinda joined the company in 2006 and has served as a team member of the Education Committee and services our facilities in the Southeast portion of New Jersey.

Tinu joined in 2016 and has serviced our health care facilities in the Southwest portion of New Jersey.

They both bring in-depth knowledge of the healthcare industry and the needs of our clients.

NJAASC Quarterly Membership Meeting - October 15, 2024

Forsgate Country Club
375 Forsgate Dr,
Monroe Township, NJ 08831

Visit their website to become a member: https://njaasc.org/

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Pharma-Care Exhibited at the Home Care Show!

Jonny Chung, Board Member of the New Jersey Adult Medical Day Services Coalition, along with Kim Reustle and Bernie Vitti represented Pharma-Care's commitment to Adult Medical Day Cares at The Home Care Show! in Garfield, New Jersey this September. The consultant pharmacist plays an integral role in Adult Day Health Services and can assist your program in maintaining regulatory compliance while promoting safe medication use.

Long-Time Member of the Pharma-Care Family Passes - Dr. Richard (Rick) Corritore

Richard E. Corritore, Jr., PharmD, Rph, CCP, BS PHA, of Hillside, NJ, passed away on September 22, 2024 after a 3-year battle with Lung Cancer.

Prior to becoming a consultant pharmacist, Richard worked as a pharmacist at Peter Pan Pharmacy in South Plainfield, NJ and co-owned Bell's Pharmacy in Rahway, NJ prior to that. In addition to the healthcare field, Richard also played piano and organ for various churches and organizations, including being the permanent organist at Elmora Presbyterian Church in Elizabeth, NJ for 15 years.

Rick was an integral part of the Pharma-Care family for more than 35 years. Together with the late Harlan Martin, Rick started, developed and grew the E.P.I.C. Services department into what it is today. He served for decades as the HIPAA compliance officer, he mentored pharmacy students and was a credit to his profession. We are deeply saddened by his passing.

E.P.I.C. Corner

Electronic Pharmacist Information Consultant
(Medication reviews within 48 business hours)

Phone: 732-943-3573 - epic@pharmacareinc.com

EPIC/IMRR Procedure and Policy Inservice

1. EPIC Services performs the initial medication review remotely for New Admissions and Re-Admissions within 48 business hours. Our hours are Monday through Friday 9am-5pm.
2. The facility should assign an EPIC Coordinator to track the outgoing/ incoming reviews and to notify the EPIC Services if a review was not received within 48 business hours.
3. Each patient's review is sent out to the facility as it is completed through email, fax, or both, based on facility preference. We ask each facility to limit the number of recipients to four (4).
4. At the bottom of the Encrypted Email Transmission Notice will be a Link to actual review attached as a PDF. Users will also be able to see all recipients of the review at the bottom of the notice sheet.
5. The format of the EPIC review is separated into two (2) sections: One for nursing comments and One for prescriber comments. There is a signature on the bottom of the nursing suggestions to acknowledge recommendations, and space under each prescriber recommendation for response.
6. The EPIC review must be completed in a timely manner, according to facility policy except for Clinically Significant comments.
7. If an EPIC is received by the facility and a Clinically Significant comment is made, it is required to be addressed with the prescriber by midnight of the next calendar day. The response must be documented in the medical record.
8. Completed EPIC/IMRR reviews should be filed according to facility policy.
9. Blank/unsigned Reviews reviews should not be filed in the chart or scanned into medical records.
10. Any questions about the EPIC/IMRR reviews should be directed to the EPIC Services by emailing **epic@pharmacareinc.com**.

REMINDER: Please do not send completed EPIC reviews back to us. The completed EPIC review is ideally placed in the resident's chart or if facility is chart-less scanned into their EMAR system.

Please make sure your fax machine is sending over legible information. Many times, EPIC receives requests with blank lines going through the pages which makes it difficult to read. If your not sure, send a fax from one device to another device at your facility and review.

EPIC/IMRR has 4 fax numbers:
732-574-3469 - 732-574-3926
732-943-3571 - 732-943-3572

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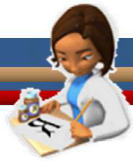
Insulin Pens - Administration Techniques & Storage Guidelines



ADMINISTRATION TECHNIQUES

1. Prepare the Insulin Pen
   a. Wash hands, remove pen cap, use alcohol swab to wipe the rubber stopper
   b. For cloudy insulin (i.e. Humulin N or mixes), gently roll the pen ten times and invert the pen ten times
   c. Place the safety needle straight onto the pen
   d. Remove the outer and inner needle cap
2. Priming the Pen ("airshot")
   a. Dial the specified amount of units
   b. Orient the pen properly (point up - vertically - unless otherwise specified) and tap cartridge holder to collect air at the top
   c. Push the dose knob in until it stops
   d. Priming is complete when a drop of insulin appears at the needle tip.
   e. If a drop of insulin does not appear, repeat priming steps; if no results, change the needle.
3. Injecting the dose
   a. Turn dose knob to the number of units needed
   b. Injection site should be rotated within the same area (thigh, abdomen, upper arm)
   c. Insert needle into skin, place thumb on dose knob and push firmly until stops
   d. To deliver the full dose, hold dose knob in and count the appropriate number of seconds
   e. Remove needle from skin and replace outer cover
   f. Dispose of needle appropriately in Sharps container
   g. Replace pen cap

STORAGE GUIDELINES

1. Original box of pens must be stored under refrigeration (36 to 46 degrees F).
2. The pen in use must be stored at room temperature in the medication cart up to the time specified by the manufacturer. Keep pens separated by resident (for example, in zip-lock bags).
3. Individual pens should be labeled with the resident's name and the date that use starts or the use-by date.
4. The label must be on the body of the pen, not the cap.
5. Safety needles must be used on the insulin pens.
   a. NovoFine Autocover - fits Levemir, NovoLog Mix 70/30 and Novolog FlexPens.
   b. BD AutoShield Safety Pen Needle – fits all insulin pens available in the United States.

Please Arrange for a Full In-Service with your Consultant Pharmacist. INS-B225a
Individual Cards are available from your Consultant Pharmacist

Expiration Dates of Opened Insulin Pens

INSULIN PENS ▶ Indicates Modification from March 2021	(Date when removed from refrigerator and discard after)	Priming amount	Hold needle in site after injection
Admelog SoloStar (insulin lispro)	28 days	2 units	10 seconds
Apidra SoloStar (insulin glulisine)	28 days	2 units	10 seconds
Basaglar KwikPen & TempoPen (insulin glargine)	28 days	2 units	5 seconds
Fiasp FlexPen & FlexTouch (insulin aspart)	28 days	2 units	6 seconds
Humalog KwikPen (insulin lispro) U-100 & U-200	28 days	2 units	5 seconds
Humalog Mix 75/25 KwikPen (insulin lispro & insulin lispro protamine suspension)	10 days	2 units	5 seconds
Humalog Mix 50/50 KwikPen (insulin lispro & insulin lispro protamine suspension)	10 days	2 units	5 seconds
Humulin 70/30 KwikPen (isophane insulin & regular insulin)	10 days	2 units	5 seconds
Humulin N KwikPen (isophane insulin NPH)	14 days	2 units	5 seconds
Humulin R U-500 KwikPen (concentrated regular insulin)	28 days	5 units	5 seconds
Lantus SoloStar (insulin glargine)	28 days	2 units	10 seconds
Levemir FlexTouch (insulin detemir)	42 days	2 units	5 seconds
Lyumjev KwikPen & TempoPen (insulin lispro-aabc)	28 days	2 units	5 seconds
NovoLog FlexPen (insulin aspart)	28 days	2 units	6 seconds
NovoLog Mix 70/30 FlexPen (insulin aspart protamine & insulin aspart)	14 days	2 units	6 seconds
Novolin 70/30 FlexPen	28 days	2 units	6 seconds
Novolin N FlexPen	28 days	2 units	6 seconds
Novolin R FlexPen	28 days	2 units	6 seconds
▶ *Rezvoglar KwikPen* (isulin glargine-agir)	28 days	2 units	5 seconds
Ryzodeg 70/30 FlexTouch (insulin degludec/ insulin aspart)	28 days	2 units	6 seconds
Semglee (insulin glargine)	28 days	2 units	10 seconds
▶ *Soliqua 100/33* (insulin glargine & lixisenatide)	28 days	2 units	10 seconds
Toujeo SoloStar (insulin glargine)	56 days	3 units	5 seconds
Toujeo Max SoloStar (insulin glargine)	56 days	4 units	5 seconds
Tresiba FlexTouch U-100 & U-200 (insulin degludec)	56 days	2 units	6 seconds
Xultophy (100 units insulin degludec & 3.6mg liraglutide/per ml)	21 days	Priming symbol	6 seconds

- Unopened insulin pens should be stored in the refrigerator
- Upon opening, the insulin pen should be documented with the opening date and/or expiration date using the auxiliary labels provided
- Store opened insulin pens in the medication cart, separated by patient
- Do NOT store opened insulin pens in the refrigerator
- Remove the inner needle cap prior to priming the insulin pen
- Hold the needle upright (vertically) when priming insulin pen
- Priming is complete when a drop of insulin is seen at the needle tip

TELEPHONE 732-574-9015 • FAX: 732-499-6778

For Administration Techniques and Storage Guidlines request Inservice B225a from your Consultant Pharmacist

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