

THE QUARTERLY CONNECTION

Quarterly from Pharma-Care, Inc. / Creative Care Consulting / The Rasa Group

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New CMS Guidance for LTC and Appendix PP updates

Effective 2/24/2025

Please review guideline changes and consider updating policies and expanding staff education as necessary. Your Pharma-Care consultant will be happy to assist with in servicing, implementing and follow up in any medication related areas. Below you will find links to the CMS Memo, Guidance pathways and proposed new and expanded guidelines.

Some examples of changes include:

F605 Right to be Free from Chemical Restraints. This will now incorporate Chemical restraints, Unnecessary medications and Psychotropic medication use. The verbiage outlines increased involvement of all professional staff including attending physician, medical director, Nursing staff and pharmacist in the appropriate use and monitoring of all drug therapy.

F697 Pain Management. Updates to pain management guidance will include special attention to opioid use in response to the current opioid crisis, balanced against ensuring that resident pain is effectively managed. Updated definitions of acute, subacute and chronic pain, from the CDC have been integrated. When initiating opioid therapy, clinicians are advised to start with immediate acting agents. Verbiage also addresses the resident's right to be informed of potential risk/benefit of opioid therapy.

F841 Responsibilities of Medical Director. This tag has been revised to address the role of the medical director in the implementation of policies on diagnosing and prescribing medications, stating that the medical director is responsible for intervening when medical care is inconsistent with current accepted standards of care.

Specifically, ensuring physicians and other practitioners adhere to facility policies on diagnosing and prescribing medications and issues related to the coordination of medical care and implementation of resident care policies identified through the facility's quality assessment and assurance committee and other activities.

[SEE THE NEW LTCSP GUIDANCE AND APPENDIX PP UPDATES ON PAGE 2](#)



OTC COVID-19 Tests Extended Expiration Dates

Many COVID-19 tests have extended expiration dates, so you may be able to use your COVID-19 tests after the expiration date that is printed on the box. To find out if your test has an extended expiration date, check the list of extended expiration dates.

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#list>

With most at-home OTC COVID-19 diagnostic tests, you should repeat testing following a negative result, whether you have symptoms or not, to reduce your risk of a false negative test result.

The special link above to a table is updated regularly and lists FDA-authorized at-home OTC COVID-19 diagnostic tests, including information on expiration dates, who can use the test, links to home use instructions for each test, and other details that may help you decide what test is right for you.

The "Expiration Date" column lists where to find the expiration date for that test, and the "Other Details" column lists the shelf-life for the test. The shelf-life is how long the test should work as expected and is measured from the date the test was manufactured. The expiration date is set at the end of the shelf-life and is the date through which the test is expected to perform as accurately as when manufactured. In some cases, the expiration date for a test may be extended.

An extended expiration date means the manufacturer provided data showing that the shelf-life is longer than was known when the test was first authorized.

FULL ARTICLE:

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#list>

New LTCSP Guidance and Appendix PP Updates Effective in 2025

November 25, 2024 -- On Monday, November 18, 2024, CMS posted memo [QSO-25-07-NH, Revised Long-Term Care \(LTC\) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process](#). Surveyors will begin using this guidance on **February 24, 2025**, to determine compliance with requirements.

The guidance provides the rationale for the following areas that have been revised:

- Admission, Transfer, and Discharge
- Chemical Restraints/Unnecessary Psychotropic Medication
- Professional Standards and Medical Director
- Accuracy/Coordination/Certification (MDS)
- Comprehensive Assessment after Significant Change
- QAPI/QAA Improvement Activities
- Cardiopulmonary Resuscitation (CPR)
- Pain management
- Physical Environment
- Infection Prevention & Control (revision to incorporate MDRO guidance previously released in QSO-24-08-NH on March 20, 2024, into Appendix PP)
- COVID-19 Immunization (revision to incorporate guidance previously released in, CMS Memo QSO-21-19-NH on May 11, 2021, into Appendix PP)
- Clarifications and technical corrections including removal of erroneous references and typographical errors.

The guidance also includes:

- An advanced copy of the Critical Element Pathways
- An advanced copy of Appendix PP
- Notification that training for nursing home surveyors and providers will be publicly posted following the release of the memo in the Quality, Safety, and Education Portal (QSEP) (<https://qsep.cms.gov/welcome.aspx>) to explain the revisions made to the guidance.



Participating at the annual Health Care Association of New Jersey's conference. Tinu Mathews, Belinda Cella, Harry Thidodeau, Patricia Cafone and Scott Blumberg.



Participating at the annual "The Healthcare Show" conference. Letitia Winnegrad and Belinda Cella .



Annual Year-End Collection of toiletries benefiting the Social Concerns of Union County, sponsored by St. Theresa's Parish in Kenilworth, NJ. Shampoo, soap, toothpaste and brushes, deodorants, lotions, tissues, paper towels, toilet paper, razors, and much more.



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

STATE SURVEY TRENDS



- F550** Resident Rights- Resident complaints regarding late medications followed up with review of PCC stamped actual administration times. IJ for not obtaining resident consent for investigations by outside agency in the facility.
- F578** Advanced directives not completed.
- F622** Universal transfer forms not completed as required.
- F641** MDS not completed in a timely manner or inaccurate.
- F657** Care plans not completed or appropriately updated.
- F658** Professional standard: EMAR blanks. EMAR Documentation not matching Narcotic declining sheet for administration of CDS. Failure to check g-tube placement immediately prior to medication administration. (please check and update policy). Borrowing of medications. Declining sheet not signed when CDS removed from bingo card.
- F698** Dialysis resident did not receive medication due to late transport pick up and MD was not notified. Zofran sent to dialysis with resident without an order. Medication not plotted according to dialysis times upon readmission.
- F756** Drug Regimen Review: Facility (nursing and prescribers) not responding to Pharmacy Consultant reports in a timely manner. Facility must have a policy and procedure for addressing consultant's report. Completed reports should be maintained in a binder (nursing recommendations) or scanned in to PCC (MD recommendations).
- F760** Medication error: incorrect oxygen concentration (MD order not followed), Medication administered late. (ex Carafate, Glucotrol). Insulin Pens not primed before use. Pen not held in place for adequate time. Medication discarded inappropriately during medication pass. Lidocaine patch strength of applied patch did not match EMAR. Medications not separated appropriately (iron and sodium bicarb administered together). Application of lidocaine patch without an order (order for Lidocaine gel).
- F761** Medication storage: Undated insulin pens. Loose pills.
- F806** Incorrect information on diet slips.
- F808** Incorrect fluid consistency.
- F812** Increase in kitchen related deficiencies noted over the last quarter.
- F880** Infection control: nurse did not disinfect glucometer after using. Meds carts are not clean. Nurse did not wash hands between glove changes. Using disinfecting wipes for inappropriate time. Always check the "Kill Time", time required for wipe to be in contact with glucometer, or surface to kill listed organisms, on the container, which is different for each product. Inservice nursing staff to read the containers.



Dear Valued Customers

Recently Pharma-Care, Creative Care Consulting and The Rasa Group, have changed the return address for sending payments with an invoice. If paying invoices by mail, please send the payments to our Manalapan Office.

Pharma-Care, Inc. -or-
Creative Care Consulting -or-
The Rasa Group, Inc.
500 Craig Road, Suite 104
Manalapan, NJ 07726



Celebration to our three retirees at our year-end meeting:
Patricia Cafone-
Executive Director-
Consultant Pharmacist,
Lynn Barbone-
Billing Department,
Irene Vaeth-
Bookkeeping.



Congratulations to our two First Time dad's David Bosch and David Ellner, both are Consultants in our State/Public Facilities.



E.P.I.C. Corner

ELECTRONIC PHARMACIST INFORMATION CONSULTANT
(MEDICATION REVIEWS WITHIN 48 BUSINESS HOURS)

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

Most Common EPIC Cautionary

1. DO NOT CRUSH TABLETS:

Any "ER" or "XL" (extended-release) tablet	Any "EC" (enteric-coated) tablet
Any "SR" (sustained-release) tablet	Any "DR" (delayed-release) tablet
Abilify (aripiprazole)	Mucinex (guaifenesin ER)
Aspirin EC	Myrbetriq (mirabegron)
Crestor (rosuvastatin tablet)	Oxycontin (oxycodone ER)
Depakote tablets or Depakote ER (divalproex)	Potassium chloride ER tablets
Ditropan XL (oxybutynin ER)	Procardia XL (nifedipine ER)
Dulcolax (bisacodyl)	Protonix (pantoprazole)
Glipizide XL	Trazodone
Glucophage ER (metformin ER)	Toprol XL (metoprolol succinate ER)
Keppra (levetiracetam)	Vimpat (lacosamide)
Klonopin (clonazepam)	Wellbutrin SR or XL (bupropion ER)

2. DO NOT OPEN CAPSULES:

Cardizem CD (diltiazem)	Flomax (tamsulosin)
Cymbalta (duloxetine)	Gabapentin

3. GIVE WITH FOOD OR MEALS:

Augmentin (amoxicillin/clavulanate)	Ibuprofen
Coreg (carvedilol)	Prednisone

4. GIVE WITH MEAL:

Amaryl (glimepiride)	Metoprolol Tartrate
Glipizide XL	Metoprolol Succinate ER
Glucophage (metformin)	PhosLo (calcium acetate)
Glucophage ER (metformin ER)	Potassium Chloride
	Renvela (sevelamer)

5. BEFORE MEALS:

Carafate (sucralfate)	Prilosec (omeprazole)
Glipizide	Reglan (metoclopramide)
Nexium (esomeprazole)	Synthroid (levothyroxine)

6. RINSE MOUTH AFTER USE:

Advair (fluticasone/salmeterol)	Budesonide
Breo Ellipta (fluticasone/vilanterol)	Trelegy Ellipta (fluticasone/vilanterol/umeclidinium)

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



Pharma-Care, Inc.
Health Care Consultation Specialists
Serving Health Care Since 1976 -> www.pharmacareinc.com



Creative Care Consulting
a Pharma-Care, Inc. Company



The Rasa Group
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Entering A Complete Medication Order



ROUTINE ORDER

- 1) Name of medication, dosage form & strength (amlodipine 5 MG tablet)
- 2) Quantity to administer (for example: how many tablets)
- 3) Total dosage (such as 2 tablets = 10 MG)
- 4) Route of administration (by mouth)
- 5) Time of administration (0900)
- 6) Frequency (once daily)
- 7) Diagnosis (hypertension)
- 8) Cautionary information (give with food)
- 9) Duration (depending on medication)

PRN "AS NEEDED" ORDER

- 1) Same basic elements as routine order
- 2) Include specific number of hours between each dose (such as every 12 hours instead of BID)
- 3) Include specific indication that is differentiated from all other orders (mild moderate or severe pain)
- 4) Separate orders based on indication (pain vs. air hunger)
- 5) Psychoactive PRN meds must include a duration

THE ORDER MUST MATCH THE MEDICATION ADMINISTERED EXACTLY!!

NAME + DOSAGE FORM + STRENGTH

IF MEDICATION SENT BY PHARMACY DIFFERS FROM ORDER,

UPDATE THE MEDICATION ENTRY ON THE MAR.

PAY CLOSE ATTENTION TO OTC/STOCK MEDS.

EXAMPLES:

Metoprolol tartrate 25 mg tablet

Give 0.5 tablet by mouth once daily for hypertension. (0.5 tablet = 12.5 mg) Give with or immediately following a meal.

LORAZEPAM 2MG/ML SOLUTION

Give 0.5 ML by mouth every 12 hours as needed for anxiety for 14 days. (0.5 ML = 1 MG)



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