

Self-Administration

General Discussion:

The philosophy of assisted living is one of individualizing and maximizing consumer independence, choice, privacy and dignity. Facilities often consider medication administration their responsibility and are hesitant to relinquish control. However, it is expected that assisted living residents be encouraged and allowed to maintain as much independence as possible, including the right to retain control of their medications. A resident with the mental and physical capacity to develop increased independence in medication administration should be supported with self-administration instruction.

Self-administration of medication suggests that individuals are functionally and cognitively competent to take and manage their own medications independently. Residents who wish to self-administer medications must be assessed to determine if they have the ability to do so safely. A thorough assessment may include such factors as dexterity, comprehension, recall and visual acuity. Residents should be re-assessed at least annually, and whenever there is a change in their physical, cognitive, functional status or desire to self-administer medications.

Relevant regulations:

ADC:

Standard I.F.(1) The adult day care program shall have a written policy for medication management and shall designate which staff are authorized and trained to administer medications in accordance with (3). The policy shall indicate the program's role in the supervision of self-administered medications and/or staff administered medications.

Standard I.F.(2) Self-administered medications may be supervised by a staff member who may prompt the participant and observe him/her taking the medication. When medications are self-administered (whether supervised or not), the medication list must be reviewed and updated annually by the prescribing practitioner, i.e., physician, physician's assistant, or nurse practitioner.

FAMILY ADC:

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AFH:

DHS 88.06((3)(c)) The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.

DHS 88.07(3)(c) If the licensee or service provider assists a resident with a prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.

RCAC:

DHS 89.26(2) The comprehensive assessment shall identify and evaluate the following factors relating to the person's need and preference for services:

(c) Medications and ability to self-administer medications.

DHS 89.26(3)(b) Persons performing the comprehensive assessment shall have expertise in areas related to the tenant's health and service needs. Portions of the comprehensive assessment relating to physical health, medications and ability to self-administer medications shall be performed by a physician or a registered nurse.

DHS 89.34 A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following:

(16) Except as provided for in the service agreement or risk agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse a medication unless there is a court order.

CBRF:

DHS 83.35(1)(c) The assessment, at a minimum, shall include all of the following areas applicable to the resident:

DHS 83.35(1)(c)2. Medications the resident takes and the resident's ability to control and self-administer medications.

DHS 83.37(1)(c) The CBRF shall develop and implement a policy that identifies the medication packaging system used by the CBRF. Any pharmacy selected by the resident whose medications are administered by CBRF employees shall meet the medication packaging system chosen by the CBRF. This does not apply to residents who self administer medications.

DHS 83.37(1)(f)2. When a resident self administers medications, the CBRF shall provide a list of the resident's current medications for the resident to provide to all practitioners.

DHS 83.37(2)(a)1. The resident shall self-administer prescribed and over-the-counter medications and dietary supplements, unless the resident has been found incompetent under [ch. 54, Stats.](#), or does not have the physical or mental capacity to self-administer as determined by the resident's physician, or the resident requests in writing that CBRF employees manage and administer medication.

DHS 83.37(2)(a)2. Except as specified under [sub. \(4\)](#), when a resident self-administers medications, prescribed and over-the-counter medications and dietary supplements shall remain under the control of the resident. The CBRF shall provide a secure place for the storage of medications in the resident's room.

DHS 83.37(2)(a)3. A resident with the mental and physical capacity to develop increased independence in medication administration shall receive self-administration instruction.

Relevant DQA Memos:

[BQA Memo 04-006 Medication Set-Up in Assisted Living and Adult Day Care](#)

Other Resources:

Best Practice, Tools & Forms:

Self-Administration of Medications – Evaluation of Resident’s Ability (sample form – Med-Pass, Inc.):

<http://www.med-pass.com/Docs/Products/samples/al1008.pdf>

Medication Self-Administration Form (sample form – Briggs Corporation):

<http://shop.briggscorp.com/pdf/3358HH.pdf>

[OASIS ANSWERS 2005, “Best Practices for Improvement in Management of Oral Medications”](#)

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