



RULE-MAKING ORDER

PERMANENT RULE ONLY

CR-103P (December 2017)
(Implements RCW 34.05.360)

CODE REVISER USE ONLY

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STATE OF WASHINGTON
FILED

DATE: May 30, 2025

TIME: 12:11 PM

WSR 25-12-074

Agency: Department of Health

Effective date of rule:

Permanent Rules

- ☒ 31 days after filing.
☐ Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- ☐ Yes ☒ No If Yes, explain:

Purpose: Amending outdated references to Pharmacy Quality Assurance Commission (PQAC) WAC sections in residential treatment facility, in-home services, ambulatory surgical facilities, and hospital licensing regulations. The Department of Health (department) is adopting housekeeping amendments to the following WAC sections to fix out-of-date references to PQAC rules:

- WAC 246-320-211 Pharmaceutical services for Hospital licensing regulations.
- WAC 246-330-200 Pharmaceutical services for Ambulatory surgical facilities.
- WAC 246-335-310 Definition, WAC 246-335-722 Pharmaceutical services, and WAC 246-335-738 Pharmaceutical services area sections for In-home services agencies.
- WAC 246-337-105 Medication management for Residential treatment facilities.

In 2021 PQAC filed WSR 21-05-054, completing a process of consolidating and reorganizing chapters of rule related to pharmacy under Title 246 WAC. During this process there were a number of WAC chapters relating to pharmacy that were repealed and replaced by chapter 246-945 WAC. The reorganization of the PQAC rules led to facility WAC sections having out-of-date references to pharmacy WAC sections. Since 2021, the department has been working to update PQAC references across professions and facilities through rulemaking, as resources allow.

In October 2024, the department received a petition request for rulemaking that asked the department to update the pharmacy reference in WAC 246-320-211(1). The department accepted this petition and expanded the rulemaking to include five additional facility WACs that still had references to the repealed pharmacy WAC sections. The department has amended the rules to include the appropriate new cross references in Pharmacy chapter 246-945 WAC.

The purpose of the adopted amendments are to remove citations to repealed pharmacy rules and replace them with the up to date PQAC rules in chapter 246-945 WAC. The adopted amendments fix technical citation errors in the impacted facility WAC sections without changing the effect of the rules. These amendments ensure that the impacted facility rules are updated, accurate, and clear.

Citation of rules affected by this order:

New: None
Repealed: None
Amended: WAC 246-320-211, 246-330-200, 246-335-310, 246-335-722, 246-335-738, and 246-337-105
Suspended: None

Statutory authority for adoption: RCW 70.41.030, 70.127.130, 70.230.020, and 71.12.670.

Other authority:

PERMANENT RULE (Including Expedited Rule Making)Adopted under notice filed as WSR 25-07-053 on March 12, 2025 (date).

Describe any changes other than editing from proposed to adopted version: None.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting: N/A

Name:

Address:

Phone:

Fax:

TTY:

Email:

Web site:

Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>

The number of sections adopted at the request of a nongovernmental entity:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted on the agency's own initiative:

New	<u>0</u>	Amended	<u>6</u>	Repealed	<u>0</u>
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>0</u>	Amended	<u>6</u>	Repealed	<u>0</u>
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The number of sections adopted using:

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>0</u>	Amended	<u>6</u>	Repealed	<u>0</u>

Date Adopted: 5/30/2025**Name:** Kristin Peterson, JD for Jessica Todorovich, MS**Title:** Chief of Policy for Acting Secretary of Health**Signature:**

AMENDATORY SECTION (Amending WSR 09-07-050, filed 3/11/09, effective 4/11/09)

WAC 246-320-211 Pharmaceutical services. This section assures patient pharmaceutical needs are met in a planned and organized manner.

Hospitals must:

- (1) Meet the requirements in chapter ((~~246-873~~)) 246-945 WAC; and
- (2) Establish and use a process for selecting medications based on evaluating their relative therapeutic merits, safety, and cost.

WAC 246-330-200 Pharmaceutical services. This section assures patient pharmaceutical needs are met in a planned and organized manner. This section is consistent with the requirements for a health care entity license under RCW 18.64.450 and chapter ((246-904)) 246-945 WAC.

An ambulatory surgical facility must:

(1) Only administer, dispense or deliver legend drugs and controlled substances to patients receiving care in the facility;

(2) Assure drugs dispensed to patients are dispensed and labeled consistent with the requirements of RCW 18.64.246, and chapters 69.41 and 69.50 RCW;

(3) Establish a process for selecting medications based on evaluating their relative therapeutic merits, safety, and cost; and

(4) Designate a pharmacist consultant who is licensed in Washington state. The pharmacist consultant can be either employed or contracted by the facility. The pharmacist consultant is responsible for:

(a) Establishing policy and procedures related to:

(i) Purchasing, ordering, storing, compounding, delivering, dispensing and administering of controlled substances or legend drugs;

(ii) Assuring drugs are stored, compounded, delivered or dispensed according to all applicable state and federal rules and regulations;

(iii) Maintaining accurate inventory records and patient medical records related to the administration of controlled substances and legend drugs;

(iv) Maintaining any other records required by state and federal regulations;

(v) Security of legend drugs and controlled substances; and

(vi) Controlling access to controlled substances and legend drugs.

(b) Establishing a process for completing all forms for the purchase and order of legend drugs and controlled substances; and

(c) Establishing a method for verifying receipt of all legend drugs and controlled substances purchased and ordered by the ambulatory surgical facility.

WAC 246-335-310 Definitions—General. The definitions in this section apply throughout this chapter unless the context clearly indicates otherwise:

(1) "Activities of daily living" or "ADL" means routine activities performed around the home or in the community and includes:

(a) "Ambulation" means how an individual moves between locations in their immediate living environment and how they move to and return from more distant areas. Assistance with ambulation includes supervising or guiding the client or patient when walking alone or with the help of a mechanical device such as a walker, assisting with difficult parts of walking such as climbing stairs, supervising or guiding the client or patient if they are able to propel a wheelchair, pushing of the wheelchair, and providing constant or standby physical assistance to the client or patient if totally unable to walk alone or with a mechanical device.

(b) "Bathing" means how an individual takes a full-body bath or shower, sponge bath, and transfers in and out of the tub or shower. Assistance with bathing includes supervising or guiding the client or patient to bathe, assisting the client or patient with difficult tasks such as getting in or out of the tub or shower, washing their back and other hard to reach areas, and completely bathing the client or patient if they are totally unable to wash themselves.

(c) "Body care" means how an individual performs applications of dressings and ointments or lotions to their body, trims their toenails, and applies lotion to their feet. Assistance with body care includes general skin care and the application of over-the-counter ointments or lotions. Body care excludes foot care for clients or patients who are diabetic or have poor circulation, and changing bandages or dressings when sterile procedures are required.

(d) "Dressing" means how an individual puts on, fastens, and takes off all items of clothing, including donning or removing a prosthesis. Assistance with dressing includes supervising or cueing the client or patient to dress and assisting them with difficult tasks such as putting on socks, pants, shoes, and fastening, zipping, or tying clothing related items.

(e) "Eating" means how an individual eats and drinks, regardless of skill. Assistance with eating includes supervising or guiding the client or patient when they are able to feed themselves, assisting with difficult tasks such as cutting food or buttering bread, and orally feeding the client or patient when they are unable to feed themselves.

(f) "Medication management" means how an individual ingests or applies medications or herbal supplements. Assistance with medication management includes reminding, coaching, and handing medication containers to the client or patient.

(g) "Personal hygiene" means how an individual maintains their personal hygiene. Assistance with personal hygiene includes helping the client or patient with combing hair, brushing teeth, shaving, applying makeup, washing and drying face, trimming finger nails, applying nail polish, and menses care.

(h) "Positioning" means how an individual moves to and from a lying position, turns side to side, and positions their body while in

bed, in a recliner, or other type of furniture. Assistance with positioning includes helping the client or patient to assume a desired position, helping with turning, and setting up for the client or patient to perform exercises or active range of motion. Positioning assistance may also include passive range of motion to maintain joint flexibility or prevent complications, such as contractures and pressure sores.

(i) "Toileting" means how an individual uses the toilet room, commode, bedpan, or urinal. Assistance with toileting includes helping the client or patient to and from the bathroom, assisting with bedpan routines, using incontinent briefs, cleaning after elimination, and assisting the client or patient on and off the toilet.

(j) "Transfer" means how an individual moves between surfaces such as to and from a bed, chair, wheelchair, or standing position. Assistance with transferring includes helping the client or patient with getting in and out of a bed or wheelchair or on and off the toilet or in and out of the bathtub. Transfer includes supervising or guiding the client or patient when they are able to transfer, providing steadying assistance, and helping the client or patient when they are able to assist in their own transfers. This does not include transfers when the client or patient is unable to assist in their own transfer or needs assistive devices unless specific training or skills verification has occurred consistent with agency policies and procedures.

(2) "Administrator" means an individual responsible for managing the operation of an agency.

(3) "Advanced directive" means a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. Advanced directives are not intended to guide the actions of emergency medical personnel.

(4) "Area agencies on aging" or "AAA" means an agency established under 42 U.S.C. chapter 35 and designated by the department of social and health services (DSHS) to contract for home care services on behalf of DSHS.

(5) "Authenticated" means a written signature or unique identifier verifying accuracy of information.

(6) "Back-up care" means substitute care for a client or patient arranged by the agency's administration when caregiving staff, aides, or health services cannot be provided as scheduled.

(7) "Client abandonment" or "patient abandonment" occur when an in-home services agency establishes a care relationship with a client or patient, as evidenced by signed admission forms and plan of care, and the agency ends the care relationship without referring to an appropriate alternative agency or caregiver, or not following applicable discharge requirements in WAC 246-335-420, 246-335-520, and 246-335-620.

(8) "Clinical judgment" means an interpretation or conclusion about a client or patient's needs, concerns, or health problems by a physician licensed under chapter 18.57 or 18.71 RCW, a podiatric physician and podiatric surgeon licensed under chapter 18.22 RCW, an advanced registered nurse practitioner licensed under chapter 18.79 RCW, a registered nurse licensed under chapter 18.79 RCW, a physical therapist licensed under chapter 18.74 RCW, an occupational therapist licensed under chapter 18.59 RCW, or a speech and language therapist licensed under chapter 18.35 RCW. Clinical judgment includes the decision to take action or not, use or modify standard approaches, or im-

provide new ones as deemed appropriate by the client or patient's response.

(9) "Contractor" means a person who is self-employed who enters into agreement with an in-home services agency to provide client or patient care services or equipment.

(10) "Department" means the Washington state department of health.

(11) "Directed plan of correction" means a plan developed by the department, based on a current statement of deficiencies and a licensee's survey history, which specifies the corrective actions the licensee must take and time frames in which those actions are to be completed.

(12) "Document" means the process of recording information relating to client or patient care verified by signature or unique identifier, title, and date.

(13) "DSHS" means the Washington state department of social and health services.

(14) "Family" means individuals who are important to, and designated by, the patient or client and who need not be relatives.

(15) "Health care professional" means an individual who provides health or health-related services within the individual's authorized scope of practice and who is licensed, registered or certified under Title 18 RCW.

(16) "In-home services agency" means a person licensed to administer or provide home health, home care, hospice services, or hospice care center services directly or through a contract arrangement to individuals in a place of temporary or permanent residence.

(17) "In-home services category" means home care, home health, hospice, or hospice care center services.

(18) "Instrumental activities of daily living" or "IADL" means routine activities performed around the home or in the community and includes:

(a) "Meal preparation" means how an individual prepares their meals. Assistance with meal preparation includes planning meals for clients or patients, cooking, assembling ingredients, setting out food, utensils, and cleaning up after meals.

(b) "Ordinary housework" means how an individual performs ordinary work around the house. Assistance with ordinary housework includes washing dishes and cookware, dusting, vacuuming, mopping, making bed, tidying up, laundry, taking out garbage, or other like activities.

(c) "Essential shopping" means how an individual completes shopping tasks to meet their health and nutritional needs. Assistance with essential shopping includes trips in the local area to shop for food, medical necessities and household items required specifically for a client or patient's health, maintenance, or well-being. Shopping assistance can be done with a client or patient or on their behalf. Within the context of IADL services, essential shopping does not include client or patient transfer assistance.

(d) "Wood supply" means how an individual supplies their home with wood when wood is used as the sole source of fuel for heating or cooking. Assistance with wood supply includes splitting, stacking, carrying wood, or other like activities.

(e) "Travel to medical services" means how an individual travels by vehicle, bus, or taxi to a physician's office or clinic in the local area to obtain medical diagnosis or treatment. Assistance with travel to medical services includes driving the client or patient yourself, or traveling as a support person in a personal vehicle, bus,

or taxi. Within the context of IADL services, travel to medical services does not include client or patient transfer assistance.

(f) "Managing finances" means how an individual manages their personal finances. Assistance with managing finances includes helping the client or patient to pay bills, balance checkbook, or other like activities.

(g) "Telephone use" means how an individual makes and receives telephone calls and text messages. Assistance with telephone use includes bringing a phone to the client or patient, helping with dialing numbers, helping with sending and retrieving text messages, helping with general phone operation, or other like activities.

(19) "Licensee" means the person to whom the department issues the in-home services license.

(20) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(21) "Mandatory reporter" means an administrator, authorizing practitioner, director of clinical services, health care professional, home care aide, home health aide, medical director, licensed nurse, social worker, supervisor of direct care services, therapist, therapy assistant, volunteer, or other individuals associated with an in-home services agency.

(22) "Medication self-administration with assistance" means reminding or coaching the client or patient to take their medication, handing the medication container to the client or patient, opening the medication container, using an enabler, or placing the medication in the hand of the client or patient, along with other assistance, as defined by the pharmacy quality assurance commission in chapter ~~((246-888))~~ 246-945 WAC.

(23) "Minimum health care credentialing" or "minimum credentialing" means the minimum credential level necessary to provide safe and quality care to adequately meet the care needs of clients and patients:

(a) For home care agencies, minimum health care credentialing is a certified home care aide or higher credential. Minimum health care credentialing is not required for long-term care workers who meet the exemption criteria in chapter 246-980 WAC;

(b) For home health and hospice agencies, minimum health care credentialing is a certified nursing assistant or higher level health care credential necessary to meet patient care needs.

(24) "Nonmedical services" means ADL and IADL tasks which do not require clinical judgment and are ordinarily performed by the client or patient, which if not for the client or patient's functional, physical, or mental limitation(s), would be completed independently by the client or patient, or family.

(25) "Nursing assistant certified" means an individual certified as a nursing assistant under chapter 18.88A RCW.

(26) "Nursing assistant registered" means an individual registered as a nursing assistant under chapter 18.88A RCW.

(27) "Nurse delegation" means the process, as described in RCW 18.79.260 (3)(e), WAC 246-840-910 through 246-840-970, and 246-980-130, a registered nurse takes to transfer the performance of selected nursing tasks in selected situations to competent nursing assistants or home care aides. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client or patient. Except for the delegation of the administration of insulin by injection for the purpose of caring for individuals with diabetes, nurse delegation does not include delegating the administra-

tion of medications by injection, sterile procedures, and central line maintenance.

(28) "Occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties.

(29) "One-time visit" means a single visit by one individual to provide home care, home health, or hospice services with no predictable need for continuing visits, not to exceed (~~twenty-four~~) 24 hours.

(30) "On-site" means the location where client or patient services are provided.

(31) "Person" means any individual, business, firm, partnership, corporation, company, association, joint stock association, public or private organization, or the legal successor thereof that employs or contracts with two or more individuals.

(32) "Personnel" means individuals employed and compensated by the licensee.

(33) "Plan of care" means a written document based on assessment of individual needs that identifies services to meet these needs.

(34) "Plan of correction" means a licensee authored document based on a statement of deficiencies, and includes specific corrective actions that must be taken to correct identified deficiencies to include, but not be limited to:

(a) How the deficiency will be or was corrected;

(b) What measures or monitors will be put in place to ensure the deficient practice does not recur;

(c) Who is responsible for the correction; and

(d) When each deficiency will be corrected.

(35) "Physician orders for life sustaining treatment" or "POLST" means a set of medical orders intended to guide emergency medical personnel in the initial treatment for persons with advanced life limiting illness based on their current medical condition and goals. The POLST form is not a living will or advanced directive but a physician order that communicates the details of those documents.

(36) "Quality improvement" means reviewing and evaluating appropriateness and effectiveness of services provided under this chapter.

(37) "Range of motion" or "ROM" means the extent or limit to which a part of the body can be moved around a joint or a fixed point; the totality of movement a joint is capable of doing. ROM exercises are active or passive movements to assess, maintain, or restore the motion of joints in the body. Active and passive ROM are defined as:

(a) "Active range of motion" means independent exercises performed by an individual to restore or maintain their joint function to its optimal range (may require cuing or reminders by an agency worker).

(b) "Passive range of motion" means exercises performed by a trained individual to restore or maintain an individual's joint function to its optimal range when they are unable to independently move their joint. Passive ROM involves performing movements to each joint only to the extent the joint is able to move. Passive ROM, for either restoration or maintenance purposes, may be performed by home health agencies, hospice agencies, and hospice care centers following the established program. Passive range of motion, for maintenance purposes only, may be performed by home care agencies.

(38) "Record" means all documented information, regardless of its characteristics, media, physical form, and the manner in which it is recorded or stored.

(39) "Service area" means the geographic area in which the department has given prior approval to a licensee to provide home health, hospice, or home care services.

(40) "Statement of deficiencies" means a survey or investigation report completed by the department identifying one or more violations of chapter 70.127 RCW or this chapter. The report clearly identifies the specific law or rule that has been violated along with a description of the reasons for noncompliance.

(41) "Survey" means an inspection conducted by the department to evaluate and monitor an agency's compliance with this chapter.

(42) "Vital signs" means clinical measurements, specifically pulse rate, temperature, respiration rate, and blood pressure that indicate the state of a client or patient's essential body functions.

(43) "Volunteer" means an individual who provides direct care to a client or patient and who:

(a) Is not compensated by the in-home services licensee;

(b) May be reimbursed for personal mileage incurred to deliver services; and

(c) Is considered a mandatory reporter.

Volunteers providing services to vulnerable persons are considered permissive reporters and are subject to the mandatory reporting laws in chapters 74.34 and 26.44 RCW.

(44) "Vulnerable person" means a person:

(a) (~~((Sixty))~~) 60 years of age or older who has the functional, mental, or physical inability to care for himself or herself;

(b) Found incapacitated under chapter 11.88 RCW;

(c) Who has a developmental disability as defined under RCW 71A.10.020;

(d) Admitted to any facility; or

(e) Receiving services from home care, home health, or hospice agencies licensed or required to be licensed under chapter 70.127 RCW.

AMENDATORY SECTION (Amending WSR 18-06-093, filed 3/6/18, effective 4/6/18)

WAC 246-335-722 Pharmaceutical services. The licensee must ensure that all pharmaceutical services are provided consistent with chapter ((246-865)) 246-945 WAC and the following requirements:

(1) Pharmaceutical services must be available ((~~twenty-four~~)) 24 hours per day to provide medications and supplies through a licensed pharmacy;

(2) A licensed pharmacist must provide sufficient on-site consultation to ensure that medications are ordered, prepared, disposed, secured, stored, accounted for and administered in accordance with the policies of the center and chapter ((246-865)) 246-945 WAC;

(3) Medications must be administered only by individuals authorized to administer medications;

(4) Medications may be self-administered in accordance with ((WAC 246-865-060-(7)-(f))) chapter 246-945 WAC;

(5) Drugs for external use must be stored apart from drugs for internal use;

(6) Poisonous or caustic medications and materials including housekeeping and personal grooming supplies must show proper warning or poison labels and must be stored safely and separately from other medications and food supplies;

(7) The hospice care center must maintain an emergency medication kit appropriate to the needs of the center;

(8) Medications brought into the hospice care center by patients to be administered by an appropriate health care professional while in the center must be specifically ordered by an authorizing practitioner and must be identified by a pharmacist or licensed nurse with pharmacist consultation prior to administration;

(9) Drugs requiring refrigeration must be kept in a separate refrigeration unit;

(10) Schedule II through IV controlled substances must be:

(a) Kept in a separate keyed storage unit;

(b) When heat sensitive, be kept in a locked refrigeration unit; and

(c) When no longer needed by the patient, disposed of in compliance with chapter ((246-865)) 246-945 WAC;

(11) In addition to the requirements in subsection (10) of this section, schedule III and IV controlled substances must be:

(a) Stored apart from other drugs; or

(b) Stored on a separate shelf, drawer, or compartment with schedule II controlled substances;

(12) The hospice care center must provide for continuation of drug therapy for patients when temporarily leaving the center in accordance with ((WAC 246-865-070)) chapter 246-945 WAC;

(13) If planning to use an automated drug distribution device, the hospice care center must first receive pharmacy quality assurance commission approval; and

(14) If planning to provide pharmacy services beyond the scope of services defined in this section, the hospice care center must comply with the requirements for a licensed pharmacy in chapter ((246-869)) 246-945 WAC.

AMENDATORY SECTION (Amending WSR 18-06-093, filed 3/6/18, effective 4/6/18)

WAC 246-335-738 Pharmaceutical services area. (1) Pharmaceutical services area(s) must be accessible only to authorized personnel.

(2) A hospice care center must provide pharmacy services area(s) consistent with ((WAC 246-865-050)) chapter 246-945 WAC which include adequate space for:

(a) A work counter;

(b) A handwash sink;

(c) A soap and paper towel dispenser;

(d) Drug storage units constructed of metal, solid wood, or plywood which provide:

(i) Locked storage for all drugs;

(ii) Separate keyed storage for Schedule II through IV controlled substances;

(iii) Segregated storage for each patient's drugs;

(e) A lockable refrigerator for storage of heat sensitive drugs; and

(f) Other storage needed according to the hospice care center's functional program.

WAC 246-337-105 Medication management. The licensee is responsible for implementing policies and procedures for the control and appropriate use of all drugs within the RTF in accordance with all applicable state and federal regulations. The policies and procedures to implement this section must be developed, approved, and reviewed by a health care prescriber and the RTF administrator, and must be consistent with this chapter.

(1) Procurement. Timely procurement of drugs must be achieved in one or more of the following ways:

(a) A pharmacy licensed under chapter 18.64 RCW provides resident specific drugs by prescription order to the RTF;

(b) A prescriber purchases drugs from a licensed wholesaler and is responsible for the drugs;

(c) The RTF is listed as a hospital pharmacy associated clinic under a hospital pharmacy license in accordance with chapter 18.64 RCW and applicable rules adopted by the Washington state pharmacy quality assurance commission;

(d) The RTF holds a health care entity license under chapter 18.64 RCW and purchases drugs consistent with chapter ((246-904)) 246-945 WAC; and

(e) The resident brings his or her prescribed medication with them to the RTF.

(2) Storage and security.

(a) Storage of drugs must include limits on access to drugs to those staff authorized to assist, administer, or dispense drugs and addresses security, safety, sanitation, temperature, light, moisture and ventilation, and hand washing facilities. All drugs must be stored in accordance with United States pharmacopoeia standards and designated storage locations are constructed in accordance with WAC 246-337-126.

(b) Automated drug dispensing devices (ADDDs). For the purposes of this section, an ADDD ~~((has the same meaning as defined in WAC 246-874-010))~~ includes, but is not limited to, a mechanical system controlled remotely by a pharmacist that performs operations or activities, related to the storage, counting, and dispensing of drugs to a credentialed health care professional consistent with their scope of practice. "ADDD" does not include technology that solely counts or stores, kiosks, robots, emergency kits, supplemental dose kits, or automation for compounding, administration, or packaging. ADDDs may be used to store drugs if:

(i) The ADDD is leased or owned by a prescriber who maintains sole responsibility for the drugs;

(ii) The RTF holds a health care entity license under chapter 18.64 RCW and complies with chapter ~~((s 246-874 and 246-904))~~ 246-945 WAC; or

(iii) The RTF is operated in connection with a licensed hospital and complies with chapter ~~((246-874))~~ 246-945 WAC and rules of the pharmacy quality assurance commission governing hospital pharmacy associated clinics.

(3) Inventory of stock drugs. The licensee shall document:

(a) Receipt and disposal of all drugs;

(b) Inventory of legend drugs;

(c) Inventory of controlled substances biennially, including:

- (i) Keep all controlled substance records for a minimum of two years;
 - (ii) Have two authorized staff verify shift counts of controlled substances when transfer of accountability occurs. If an ADDD is used, staff must follow the policies and procedures developed for the ADDD; and
 - (iii) Report to the Washington state pharmacy quality assurance commission if the controlled substance counts or inventory indicate disappearances or unaccounted for discrepancies of controlled substances in accordance with ((~~WAC 246-873-080 and 246-887-020~~)) chapter 246-945 WAC, and 21 C.F.R. Sec. 1301.76(b).
- (4) Prescribing and administering drugs.
- (a) An organized system must be established and maintained that ensures accuracy in receiving, transcribing and implementing orders for medication administration that ensures residents receive the correct medication, dosage, route, time, and reason.
 - (b) An authorized health care prescriber shall sign all written orders for legend drugs, controlled substances and vaccines. Orders, including telephone or verbal orders for legend drugs, controlled substances and vaccines must be signed as soon as possible, but no later than ((~~seventy-two~~)) 72 hours after the telephone or verbal order has been issued.
 - (c) If using electronic prescribing, prescribers shall comply with RCW 69.50.312, chapter ((~~246-870~~)) 246-945 WAC, and 21 C.F.R. Sec. 1311(c).
 - (d) A prescriber shall approve the use of self-administered non-prescription drugs. Staff shall provide the nonprescription drugs according to prescriber instructions.
 - (e) A prescriber shall:
 - (i) Develop an approved list of nonprescription drugs acceptable for residents that includes the parameters of use for each drug; and
 - (ii) Review and approve the list annually.
 - (f) The licensee shall address the way(s) medications are administered including:
 - (i) Staff-administered medication in which licensed staff operating within their scope of practice remove the drug from the container and provide it to the resident for ingestion or otherwise administer the drug to the resident;
 - (ii) Observed self-administration of medication in which residents obtain their container of medication from a supervised and secure storage area, remove the dose needed, ingest or otherwise take the medication as directed on the label while being observed by staff;
 - (iii) Independent self-administration of medication in which residents obtain their container of medication from either a supervised and secure storage area or from their personal belongings, remove the dose needed, ingest or otherwise take the medication as directed on the label without being observed by staff; or
 - (iv) Involuntary antipsychotic medication administration consistent with WAC 388-865-0570.
 - (g) Medication administration errors, adverse effects, and side effects must be reported and addressed;
 - (h) The licensee shall develop a policy and procedure for:
 - (i) The use, receipt, storage and accountability for residents receiving methadone from an outpatient methadone clinic, if applicable; and
 - (ii) Drugs given to a resident on temporary leave from the RTF.

(5) Documentation. All medications administered, observed being self-administered, or involuntarily administered must be documented on the medication administration record, including:

- (a) Name and dosage of the medication;
 - (b) Parameters of use;
 - (c) Date the medication order was initiated;
 - (d) Date the medication order was discontinued;
 - (e) Time of administration;
 - (f) Route;
 - (g) Staff or resident initials indicating medication was administered, or observed being self-administered;
 - (h) Notation if medication was refused, held, wasted or not administered or observed being self-administered;
 - (i) Allergies; and
 - (j) Resident response to medication when given "as needed."
- (6) RTF staff must have available to them a current established drug reference resource.
- (7) For the purposes of this section:
- (a) Controlled substance has the same meaning as defined in RCW 69.50.101; and
 - (b) Legend drugs has the same meaning as defined in RCW 69.41.010.