

# COMPLIANCE CUE

F760

\*Free of Significant Medication Errors

## BACKGROUND

F760 of the CMS State Operations Manual Appendix PP provides guidance to Long Term Care Facility (LTCF) surveyors regarding keeping **Residents Free of Significant Medication Errors**.

## REQUIREMENT

§483.45(f)(2) Medication Errors: The facility must ensure that its residents are free of any significant medication errors.

Per CMS, "... any significant medication error, whether or not the error rate is 5% or greater, should be cited at F760."

## KEY INFORMATION TO MANAGE SURVEY RISK

PHARMERICA CONSULTANT PHARMACISTS NOTE THE FOLLOWING INFORMATION AS KEY TO HELP MANAGE SURVEY RISK:

### What Is a Significant Medication Error?

- 'Significant medication errors' refer to ones that cause residents **discomfort** or **jeopardizes** their **health** and **safety**.
  - This may be subjective or relative depending on the situation, duration, and surveyor's professional judgment.

### How Do Surveyors Assess an Error as Significant?

- Surveyors may rely on the following three guidelines to determine the significance of a medication error:
  - **Resident condition:** residents with conditions who require extensive monitoring and rigid control are more likely to be cited for significant medication errors if a dose is missed.
    - **E.g.**, a diuretic erroneously administered to a dehydrated resident may be considered significant versus when erroneously administered to a resident with normal fluid balance.
  - **Drug category:** errors involving medications that require strict titration schedules and those with narrow therapeutic indexes (i.e., a medication in which the therapeutic dose is very close to the toxic dose) are more prone to being considered significant.
    - **E.g.**, digoxin.

# COMPLIANCE CUE

F760

## \*Free of Significant Medication Errors

- **Frequency of error:** if an error is occurring repeatedly, a surveyor may classify it as significant.
  - **E.g.**, a resident's medication being omitted several times, as opposed to a single missed dose.

### When are These Errors Cited?

- Significant medication errors are cited:
  - When the surveyor observes a significant error **during a medication preparation and/or administration** (regardless of facility error rate).
  - When a surveyor identifies a significant error **during the course of a resident record review**.
- While observation is the *preferred* method for citing med errors, be aware that surveyors may identify errors based on:
  - Evidence from documentation
  - Change in a resident's condition
  - Reports from family members (and further investigation supporting that a medication error occurred)
  - Discrepancies in the resident's MAR

**\*Consistent and accurate documentation is key to preventing avoidable survey risk!\***

### What Medications Pose the Most Risk for Significant Medication Errors?

- **Phenytoin, carbamazepine, warfarin, digoxin, theophylline, and lithium salts** are specifically referenced in the CMS State Operations Manual as medications prone to significant medication errors, due to their narrow therapeutic indexes.
- Certain drug classes are identified as **High-Risk Meds** per **MDS 3.0**. Surveyors *may* recognize errors involving these medications as significant, due to their relatively profound potential to adversely affect health, safety, and quality of life, especially when used in error. Common examples of meds in these ten select drug classes are included in the following chart.

# COMPLIANCE CUE

F760

\*Free of Significant Medication Errors

## MDS 3.0 High-Risk Medications

Antipsychotic	Antianxiety	Antidepressant	Hypnotic	Anticoagulant
Aripiprazole	Alprazolam	Amitriptyline	Daridorexant	Apixaban
Asenapine	Buspirone	Amoxapine	Estazolam	Argatroban
Brexpiprazole	Chlordiazepoxide	Brexanolone	Eszopiclone	Bivalirudin
Cariprazine	Clonazepam	Bupropion	Lemborexant	Dabigatran
Chlorpromazine	Clorazepate	Citalopram	Quazepam	Dalteparin
Clozapine	Diazepam	Clomipramine	Ramelteon	Edoxaban
Droperidol	Lorazepam	Desipramine	Suvorexant	Enoxaparin
Fluphenazine	Meprobamate	Desvenlafaxine	Tasimelteon	Fondaparinux
Haloperidol	Oxazepam	Doxepin	Temazepam	Heparin
Iloperidone		Duloxetine	Zaleplon	Rivaroxaban
Loxapine		Escitalopram	Zolpidem	Warfarin
Lurasidone		Esketamine	Zopiclone	
Molindone		Fluoxetine	Flurazepam	
Olanzapine		Fluvoxamine		
Olanzapine & Samidorphan		Imipramine		
Paliperidone		Isocarboxazid		
Perphenazine		Levomilnacipran		
Pimavanserin		Mirtazapine		
Pimozide		Nefazodone		
Prochlorperazine		Nortriptyline		
Quetiapine		Paroxetine		
Risperidone		Phenelzine		
Thioridazine		Protriptyline		
Thiothixene		Selegiline		
Trifluoperazine		Sertraline		
Ziprasidone		Tranlycypromine		
		Trazodone		
		Trimipramine		
		Venlafaxine		
		Vilazodone		
		Vortioxetine		

# COMPLIANCE CUE

F760

\*Free of Significant Medication Errors

## MDS 3.0 High-Risk Medications, Continued

Antibiotic	Diuretic	Opioid	Antiplatelet	Hypoglycemic
Amoxicillin	Acetazolamide	Buprenorphine	Anagrelide	Acarbose
Ampicillin	Amiloride	Butorphanol	Aspirin	Alogliptin
Azithromycin	Bumetanide	Codeine	Cangrelor	Canagliflozin
Cefadroxil	Chlorothiazide	Fentanyl	Cilostazol	Dapagliflozin
Cefazolin	Chlorthalidone	Hydrocodone	Clopidogrel	Dulaglutide
Cefdinir	Eplerenone	Hydromorphone	Dipyridamole	Empagliflozin
Cefepime	Ethacrynic Acid	Levorphanol	Eptifibatide	Ertugliflozin
Cefpodoxime	Furosemide	Meperidine	Prasugrel	Exenatide
Ceftazidime	Hydrochlorothiazide	Methadone	Ticagrelor	Glimepiride
Ceftriaxone	Indapamide	Morphine	Tirofiban	Glipizide
Cefuroxime	Methazolamide	Nalbuphine	Vorapaxar	Glyburide
Cephalexin	Metolazone	Oxycodone		Insulins (Aspart, Degludec, Detemir, Glargine, Glulisine, Lispro, NPH, Regular)
Ciprofloxacin	Spirolactone	Oxymorphone		Linagliptin
Clindamycin	Toremide	Sufentanil		Liraglutide
Daptomycin	Triamterene	Tapentadol		Lixisenatide
Doxycycline		Tramadol		Metformin
Ertapenem				Migliitol
Fosfomycin				Nateglinide
Gentamicin				Pioglitazone
Levofloxacin				Repaglinide
Linezolid				Saxagliptin
Meropenem				Semaglutide
Methenamine				Sitagliptin
Minocycline				Tirzepatide
Nitrofurantoin				
Penicillin				
Piperacillin				
Rifaximin				
Trimethoprim				
Vancomycin				

# COMPLIANCE CUE

F760

\*Free of Significant Medication Errors

## What Error Types do Surveyors Potentially Classify as Significant?

- Significant medication errors may occur as any of the common medication error types, including:

- Omissions** – medication ordered but not administered at least once

Medication Order	Significance
Metoprolol Succinate 100 mg daily	S
Furosemide 40 mg twice daily	S
Trazodone 25 mg at bedtime	NS
Ibuprofen 400 mg three times daily	NS
Artificial tears 2 drops both eyes three times daily	NS
Fiber supplement one packet twice daily	NS
Multivitamin one daily	NS
Calcium Carbonate Chewable 1 tablet three times a day after meals	NS

- Unauthorized medication** – medications administered without a physician's order

Medication Order	Significance
Warfarin 4 mg	S
Amoxicillin 500 mg	S
Allopurinol 100 mg	S
Ferrous Sulfate 325 mg	NS
Acetaminophen 325 mg	NS

- Wrong dose**

Medication Order	Administered	Significance
Digoxin 0.125 mg everyday	0.25 mg	S
Morphine Sulfate 20 mg/ml 0.25 ml	0.5 ml	S
Calcium Carbonate 600 mg	500 mg	NS

- Wrong route of administration**

Medication Order	Administered	Significance
Neomycin and Polymyxin B Ear Drops 4 to 5 drops to left ear four times a day	Left Eye	S

- Wrong dosage form**

Medication Order	Administered	Significance
Dilantin Kapseals 100 mg three Kapseals by mouth at bedtime	Prompt Phenytoin 100 mg three capsules by mouth at bedtime	S*
Docusate Sodium Liquid 100 mg twice daily	Capsule	NS

\*Parke Davis Kapseals have an extended rate of absorption. Prompt phenytoin capsules do not.

# COMPLIANCE CUE

F760

## \*Free of Significant Medication Errors

- **Wrong medication**

Medication Order	Administered	Significance
Vibramycin	Vancomycin	S
Tums	Oscal	NS

- **Wrong time**

Medication Order	Administered	Significance
Oxycodone 5 mg 2 Tabs 20 min. before painful treatment	2 Tabs given after treatment	S
Losartan 50 mg daily at 8 a.m.	At 9:30 am	NS

- Drug interactions involving high risk medications that have the potential to cause the resident harm are likely to be considered significant medication errors.
  - **E.g., Simultaneous administration of phenytoin and enteral nutrition is considered a significant error.** Staff must separate phenytoin from enteral nutrition formula to minimize the risk of a drug interaction (consider clamping tube  $\geq 1$  hour prior to 1 hour after phenytoin administration).
- Errors involving **violation of the six rights of administration**, specifically if a medication is administered to the **incorrect resident**, may be cited as a significant error.
  - Errors involving violations of these rights are generally otherwise cited according to F759 unless involving a high-risk medication.
- **Significant medication errors may also occur in certain circumstances when manufacturer specifications or accepted professional standards aren't followed, and patient discomfort or harm occurs:**
  - **Failure to shake well or mix a suspension**
  - **Crushing medications inappropriately** (E.g., manufacturer instructions to "do not crush"). This would also include crushing medications without a physician's order to crush.
  - **Failure to give medications with adequate fluid** when manufacturer specifies this as an administration requirement
  - **Failure to administer medications with food/antacids** when manufacturer specifies this as an administration requirement
  - **Failure to flush tubing with required amount of fluid before and after each medication** unless a physician's orders indicate a different flush schedule due to the resident's clinical condition.

# COMPLIANCE CUE

F760

## \*Free of Significant Medication Errors

- **Timing errors** may occur if drug orders call for a medication to be dosed with respect to meals or at certain times, and the med administration does not follow suit.
  - E.g., If a medication is prescribed before meals (AC) and administered after meals (PC), always count this as a medication error. Likewise, if a medication is prescribed PC and is given AC, count as a medication error.
  - **Opioids** and other pain medications administered at the wrong time (e.g., given after treatment instead of before) can be considered significant, as they are intended to have therapeutic effect during a designated time frame.
  - For most medications to be cited for timing errors, they must be given 60 or more minutes earlier or later than the scheduled time of administration and must have the potential to cause the resident discomfort or jeopardize their health and safety.
  - As needed administration (PRN) must follow the frequency of orders with no allowance for adjustments unless there is a physician order for a "one time" early administration.
    - E.g., Oxycodone 5mg every 4 hours prn, given *1 hour early*.
    - Lack of documentation or documentation not within the time frame for PRN administration will be cited as a significant error.
- Multidose medication containers must be clearly labeled with the resident's name and other identifier(s) to verify the administration to the correct patient. These medications should only be indicated for single resident use and not to be given to other individuals for both patient safety purposes and avoidance of citations.
  - **E.g., Insulin pens containing multiple doses of insulin are meant for single-resident use only and must never be used for more than one resident, even when the needle is changed.**
- Point of care devices (E.g., blood glucose meters, INR monitors) are for single resident use only unless specified by the manufacturer.
  - If devices are for multiple resident use, the device must be cleaned and disinfected after every use according to the manufacturer's instructions. **If the manufacturer does not provide instructions for cleaning and disinfecting, the point of care device is assumed to be for individual use.**
- Medication errors involving vitamins and minerals **would not** be considered significant errors unless the criteria at F760 were met.

# C **F760** COMPLIANCE CUE

\*Free of Significant Medication Errors

## KEY QUESTIONS FOR SURVEYORS

Does the facility ensure that residents are free of any significant medication errors? Yes  No F760

## STEPS TO FACILITY COMPLIANCE

- ✓ Review (1) this **Compliance Cue**, (2) the PharMerica article, [Reducing Medication Errors and Improving Patient Outcomes](#), and (3) the [CMS SOM section on F760](#) (pg. 592-603) with all relevant staff.
- ✓ Refer to our previous compliance cue, [F759 Medication Error Rates of 5% or More](#), to learn more about what constitutes as a medication error.
- ✓ Perform periodic reassessment and discussion regarding facility policy and procedures compared against CMS regulations to assess what the facility could improve upon and if prior recommendations have been effectively implemented.
- ✓ Utilize this [Medication Administration Observation Tool](#) for internal med pass audits.
- ✓ Leverage your PharMerica pharmacist to educate staff as needed.

## HOW PHARMERICA CAN HELP

- ✓ Experienced and knowledgeable nurse consultants available to conduct med pass observations and provide feedback to reduce medication error risks.
- ✓ Experienced and knowledgeable consultant pharmacists available for oversight and review of facility medication error reporting process.
- ✓ Numerous drug information resources maintained, including the Do Not Crush list and [Did You Know? Order of Administration \(Eye Drops and Inhalers\)](#).

## RESOURCES

Be familiar with the [Medication Administration Observation Critical Elements Pathway](#) [LTC Survey Pathways→CMS-20056] that surveyors are encouraged to use when investigating concerns related to medication errors.