WEST VIRGINIA SECRETARY OF STATE

KRIS WARNER

ADMINISTRATIVE LAW DIVISION

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Office of West Virginia
Secretary Of State

NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE

AGENCY: Office of the Inspector General

TITLE-SERIES: 71-17

RULE TYPE: Legislative

Amendment to Existing Rule: No

Repeal of existing rule: No

RULE NAME: Delegation of Medication Administration and Health Maintenance Tasks to Approved Medication Assistive Personnel

CITE STATUTORY AUTHORITY: W. Va. Code 16B-10-11, 16B-14-6

The above rule has been authorized by the West Virginia Legislature.

Authorization is cited in (house or senate bill number) SB300

Section W. Va. Code 16B-1-1

Passed On 2/8/2024 12:00:00 AM

This rule is filed with the Secretary of State. This rule becomes effective on the following date:

May 28, 2025

This rule shall terminate and have no further force or effect from the following date:

August 01, 2026

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENT IS TRUE AND CORRECT.

Yes

Jessica Y Whitmore -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

TITLE 71
LEGISLATIVE RULE
OFFICE OF INSPECTOR GENERAL

SERIES 17
DELEGATION OF MEDICATION ADMINISTRATION AND HEALTH MAINTENANCE TASKS TO APPROVED MEDICATION ASSISTIVE PERSONNEL

§71-17-1. General.

1.1. Scope. This legislative rule prescribes specific standards and procedures to provide for training, competency testing, and the certification of approved medication assistive personnel (AMAP) for the limited administration of medications and performance of health maintenance tasks in specified health care facilities. This rule must be read in conjunction with W. Va. Code §§16B-10-1, *et seq.*, and §§16B-14-1, *et seq*.

1.2. Authority. W. Va. Code §16B-10-11 and §16B-14-6.

1.3. Filing Date. May 28, 2025.

1.4. Effective Date. May 28, 2025.

1.5. Sunset Date. This rule will terminate and have no further force or effect on August 1, 2026.

1.6. Variances.

1.6.1. The Director, in consultation with the Inspector General, may grant a variance from any provision of this rule if it determines:

1.6.1.a. Strict compliance would impose a substantial hardship on the licensee;

1.6.1.b. The licensee will otherwise meet the goal of this rule; and

1.6.1.c. A variance will not result in less protection of the health, safety, and welfare of the residents.

1.6.2. A variance shall not be granted from a provision pertaining to residents' rights.

1.6.3. A variance shall not be granted from a provision pertaining to a requirement in W. Va. Code §§16B-10-1, *et seq.*, or §§16B-14-1, *et seq*.

1.6.4. A variance request must be submitted in writing to the authorizing agency.

1.7. Enforcement. This rule is enforced by the Inspector General. The Inspector General designates the Director of the Office of Health Facility Licensure and Certification to enforce the provisions of W. Va. Code §§16B-10-1, *et seq*, and §§16B-14-1, *et seq.*, and the provisions of this rule, except where otherwise stated.

§71-17-2. Definitions.

2.1. Definitions incorporated by reference. -- Those terms defined in W. Va. Code §§16B-10-1, *et seq.*, and §§16B-14-1, *et seq.*, where applicable, are incorporated herein by reference.

2.2. Assisted living residence. Assisted living residences as defined in W. Va. Code §§16B-5-1, *et seq*.

2.3. Behavioral health group home. A community-based type of housing that is established for adults or children with similar needs, levels of independence, and ability which provides services and supervision for people with developmental disabilities, behavioral disorders, or substance addictions; is licensed by the Office of Health Facility Licensure and Certification; and is in compliance with the state fire commission for residential facilities.

2.4. Delegation decision model. Describes the process the authorized registered professional nurse must follow to determine whether or not to delegate a nursing task to an approved medication assistive personnel, in accordance with the applicable provisions of W. Va. Code §§16B-10-1, *et seq.*, and §§16B-14-1, *et seq.*, as published by the West Virginia Board of Examiners for Registered Professional Nurses at https://wvrnboard.wv.gov/Pages/default.aspx.

2.5. Facility. An intermediate care facility for individuals with intellectual disabilities, assisted living residences, nursing homes, behavioral health group home, or private residence in which health care services or health maintenance tasks, or both, are provided under the supervision of an authorized registered professional nurse.

2.6. Facility staff member. An individual employed by a facility, but does not include a health care professional acting within the scope of a professional license or certificate.

2.7. Family. Biological parents, adoptive parents, foster parents, or other immediate family members living within the same household.

2.8. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). An intermediate care facility for individuals with intellectual disabilities which is certified by the Centers for Medicare and Medicaid Services (CMS) of the United States Department of Health and Human Services to provide health or rehabilitation services to persons with intellectual disabilities or persons with related conditions who are receiving active treatment.

2.9. Immediate family. A mother, stepmother, father, stepfather, sister, stepsister, brother, stepbrother, spouse, child, grandparent, or grandchild.

2.10. Location of medication administration or performance of health maintenance tasks. A facility or location where the resident requires administration of medication or assistance in taking medications or the performance of health maintenance tasks.

2.11. Medication error. Any deviation from the "six rights of medication administration," that occurs during medication administration process required by the provisions of this rule. A resident refusal is not considered a medication error.

2.12. Natural supports. Family, friends, neighbors, or anyone who provides assistance and support to a resident but is not reimbursed.

2.13. Nursing home. Nursing homes as defined in W. Va. Code §§16B-4-1, *et seq.*

2.14. Prefilled insulin or insulin pen. A self-contained cartridge that is not drawn up from a bottle.

2.15. Prescribing practitioner. An individual who has prescriptive authority as provided in Chapter 30 of West Virginia Code.

2.16. Resident. A resident of a facility who for purposes of this rule, is in a stable condition.

2.17. Single specific agency. A person or entity operating two or more facilities.

2.18. Six rights of medication administration. The right resident, the right drug, the right dosage, the right time, the right route, and the right record and documentation.

§71-17-3. AMAP Program Approval.

3.1. Any facility may permit the use of AMAPs when supervised by an authorized registered professional nurse, in accordance with this rule and the applicable provisions of W. Va. Code §§16B-10-1, *et seq.*, and §§16B-14-1, *et seq.*

3.2. Prior to initiating an AMAP program, the facility shall submit to the Director written notification of the intent to participate in this program, documentation of the credentials of the authorized registered professional nurse who will oversee the program, and the facility policies and procedures required by this rule and the applicable provisions of W. Va. Code §§16B-10-1, *et seq.*, and §§16B-14-1, *et seq.*

3.3. Participation in the program shall only be permitted after review and approval of the authorized registered professional nurse's credentials and the facility policies and procedures by the Director, and after the authorized registered professional nurse has completed the facility trainer and instructor orientation course developed by the authorizing agency.

3.4. Prospective AMAPs must successfully complete training and competency testing in accordance with the provisions of this rule and the applicable provisions of W. Va. Code §§16B-10-1, *et seq.*, and §§16B-14-1, *et seq.*

3.5. AMAPs must participate in retraining in accordance with the provisions of this rule and the applicable provisions of W. Va. Code §§16B-10-1, *et seq.*, and §§16B-14-1, *et seq.*

3.6. AMAPs who have successfully trained and tested in one facility must, prior to being approved to perform AMAP tasks, in another facility, be re-evaluated for competency by the authorized registered professional nurse.

3.7. The Director may contract with an entity to provide facility trainer or instructor orientation training for the authorized registered professional nurse. The facility utilizing services shall pay any fees for training and testing.

§71-17-4. AMAP Program Administration.

4.1. Authorized Registered Professional Nurse.

4.1.1. Each participating facility must have at least one authorized registered professional nurse.

4.1.2. The authorized registered professional nurse, in accordance with the provisions of this rule and the applicable provisions of W. Va. Code §§16B-10-1, *et seq.*, and §§16B-14-1, *et seq.*, must:

4.1.2.a. Possess a current, active, and unencumbered license to practice as a registered professional nurse in West Virginia;

4.1.2.b. Have practiced as a registered professional nurse in a position or capacity requiring knowledge of medications for the immediate two years, disregarding short absences, including, but not limited to, vacation or illness;

4.1.2.c. Be familiar with the nursing care needs of the residents assigned to the AMAP;

4.1.2.d. Have successfully completed the authorized registered professional nurse training for the AMAP program; and

4.12.e. Have knowledge of all facility policies and procedures pertaining to the AMAP program.

4.1.3. Number of testing opportunities.

4.1.3.a. The prospective authorized registered professional nurse has three opportunities to pass the competency test.

4.1.3.b. If the prospective authorized registered professional nurse does not pass the first testing opportunity, he or she must wait seven calendar days prior to taking the second testing opportunity.

4.1.3.c. If the prospective authorized registered professional nurse does not pass the second testing opportunity, the facility must request a third and final testing opportunity from the authorizing agency.

4.1.3.d. If the prospective authorized registered professional nurse does not pass the third testing opportunity, he or she must wait six months to gain more training and experience prior to being able to start the competency testing process a second and final time.

4.2. Before delegating permitted tasks, the authorized registered professional nurse must decide whether the task is appropriate to delegate based on the criteria set forth by the delegation decision model as defined in section 2.4. of this rule.

4.3. The authorized registered professional nurse will determine whether the resident is in stable condition relative to the tasks proposed to be delegated to the AMAP.

4.4. Any facility with an approved AMAP program shall provide the authorizing agency a list of the AMAPs, upon request.

4.5. Any non-nursing home agency or facility with an approved AMAP program, shall purchase and maintain liability insurance for the coverage of the licensed and unlicensed personnel in the delivery of services, pursuant to W. Va. Code §§16B-14-1, *et seq.*, and this rule.

4.6. Exclusions from this rule for administration of medications in facilities.

4.6.1. Nothing in this rule may be construed to prohibit any facility staff member from providing prudent emergency assistance to aid any person who is in acute physical distress or requires emergency assistance, in the absence of trained medical or health care professionals. Examples of emergency assistance of acute physical distress requiring emergency assistance include, but are not limited to, the administration of cardiopulmonary resuscitation, Heimlich maneuver, and administration of naloxone or epinephrine. Facilities without trained medical or health care professionals on site should have the following in place:

4.6.1.a. The facility must have a policy related to administering lifesaving medications including, but not limited to, naloxone and epinephrine.

4.6.1.b. The facility policy must include a provision for staff to immediately call 911 prior to or in the process of carrying out lifesaving measures.

4.6.1.c. Staff must receive training on the administration of lifesaving medication and treatment by a qualified instructor. A qualified instructor is a professional acting within their scope of practice who has expertise in the area of instruction.

4.6.2. Supervision of self-administration of medication by facility staff members who are not licensed health care professionals may be permitted in certain circumstances when the substantial purpose of the setting is other than the provision of health care.

4.6.3. Any parent or guardian may administer medication to, or perform health maintenance tasks, or both~~,~~ for his or her adult or minor child regardless of whether or not the parent or guardian receives compensation for caring for said child.

4.7. Location where delegated tasks may be performed. For non-nursing homes, the location where authorized and permitted delegation of tasks are performed is not limited to the facility.

4.7.1. The facility must have a standard of practice in place to secure prescribed medications, including controlled substances, within the residential setting.

4.7.2. The facility must have a process in place for the AMAP to sign out the medication for administration when the resident is away from the residential setting.

4.7.3. Once medications are signed out, they must be secured by the AMAP for transportation until the time of administration. The act of signing out the medications is the beginning of the administration process.

4.7.4. The facility must provide appropriate methods for the AMAP to secure medications, including controlled substances and medications requiring specific temperatures.

4.7.5. Delegation of tasks must be performed in a manner that protects the resident's personal privacy and dignity.

§71-17-5. Curriculum and Competency Evaluation.

5.1. Curriculum.

5.1.1. The Office of Health Facility Licensure and Certification's training curricula shall be based on a nationally recognized model for certified medication aides.

5.1.2. The authorized registered professional nurse must develop person-centered, resident-specific training for AMAPs to learn how to provide specific delegated tasks. This training must be face-to-face.

5.1.3. Any AMAP who successfully completed the training and competency evaluation prior to the passage of this rule is exempt from the new training requirements.

5.2. Competency evaluation.

5.2.1. Competency evaluation for the non-nursing home AMAP.

5.2.1.a. The Office of Health Facility Licensure and Certification will develop the competency evaluation in accordance with W. Va. Code §16B-10-1, *et seq.*

5.2.1.b. The administration of the competency test to the prospective approved medication assistive personnel shall be by the authorized registered professional nurse. The authorized registered professional nurse shall handle competency tests in accordance with the instructions of the authorizing agency.

5.2.1.c. Competency evaluation includes the prospective approved medication assistive personnel and his or her:

5.2.1.c.1. Satisfactory completion and demonstration of all tasks in the curriculum; and

5.2.1.c.2. Satisfactory completion of a competency test approved by the authorizing agency.

5.2.1.d. The prospective approved medication assistive personnel shall be allowed two opportunities to satisfactory complete a competency test, utilizing a different test for each opportunity. A third and final competency test may only be given if the prospective approved medication assistive personnel repeats the training program. The decision to repeat the training course will be at the discretion of the authorized registered professional nurse. If the prospective approved medication assistive personnel does not pass the third testing opportunity, he or she must wait six months to gain more training and experience prior to being able to start the competency testing proves a second and final time.

5.2.2. Competency evaluation for nursing home AMAPs.

5.2.2.a. The authorizing agency will develop the competency evaluation in accordance with W. Va. Code §§16B-10-1, *et seq.*, and §§16B-14-1, *et seq.*

5.2.2.b. The authorizing agency will develop policy for the implementation of the competency evaluation component.

5.2.2.c. The authorizing agency will contract with an entity to provide the national Medication Aide Certification Examination to the prospective AMAP. The facility utilizing services shall pay any fees for competency evaluation testing.

5.3. Retraining program.

5.3.1. Retraining of the AMAP shall be conducted every two years by the authorized registered professional nurse.

5.3.2. Retraining of the AMAP must consist of a four-hour course developed by the authorized registered professional nurse using the curriculum provided by the Office of Health Facility Licensure and Certification.

§71-17-6. Eligibility Requirements for AMAP to be Trained.

6.1. A facility may permit a facility staff member to be trained as an AMAP in a single specific agency only after compliance with the provisions of this rule and when the following criteria are met:

6.1.1. The facility staff member is deemed competent by the authorized registered professional nurse to perform specific and permitted delegated tasks;

6.1.2. The facility staff member received an eligibility fitness determination or variance from the West Virginia Clearance for Access: Registry and Employment Screening;

6.1.3. The facility staff member holds a high school diploma or the equivalent;

6.1.4. The facility staff member has not been the subject of a finding of abuse, neglect, or misappropriation of a long-term care resident on the West Virginia Nurse Aide Abuse and Neglect Registry;

6.1.5. For nursing homes, the facility staff member must have at least one-year experience as a nurse aide in a long-term care facility; and

6.1.6. The facility staff member is certified in cardiopulmonary resuscitation and first aid.

§71-17-7. Minimum Policy and Procedure Requirements for AMAP Programs.

7.1. Policy Development and Approval Procedures.

7.1.1. The facility or single specific agency must develop policies and procedures for the implementation of the AMAP program, including, but not limited to, the minimum requirements within the provisions of this rule and the applicable provisions of W. Va. Code §§16B-10-1, *et seq.*, and §§16B-14-1, *et seq.*

7.1.2. An authorized registered professional nurse shall participate in development and revision of AMAP program policies and procedures.

7.1.3. Facilities are not permitted to implement an AMAP program prior to the authorizing Director's approval of the AMAP program's policies and procedures.

7.1.4. Facilities or single specific agencies must submit proposed policies and procedures to the Director's at least 60 days prior to the proposed implementation date of the AMAP program.

7.1.5. Facilities or single specific agencies with approved policies and procedures must review the policies and procedures at least once a year for any needed revisions or updates.

7.1.6. Facilities or single specific agencies with approved policies and procedures must submit any proposed changes to the Director 30 days prior to implementing proposed changes.

7.1.7. The Director may require alterations to the facility's or single specific agencies policy when a determination is made that the delegated tasks are not being monitored or performed in a safe manner or under unsafe conditions.

7.1.8. Failure by the facility or single specific agencies to develop and implement an effective policy and procedure for the AMAP program, as required by this rule may result in penalties, including the suspension or denial of participation in the AMAP program.

7.2. Personnel Records. Requirements for documentation in the personnel record must include at least the following related to the AMAP program:

7.2.1. Applications for participating as an authorized registered professional nurse;

7.2.2. Training records for all AMAP training received by the AMAP and the authorized registered professional nurse;

7.2.3. Competency testing attempts and successful completion;

7.2.4. Monitoring and supervision reviews by the authorized registered professional nurse;

7.2.5. Retraining records for the AMAP and authorized registered professional nurse;

7.2.6. Any disciplinary action taken related to AMAP or authorized registered professional nurse performance in carrying out duties and responsibilities; and

7.2.7. For nursing homes, proof of one year of full-time experience as a nurse aide in a long-term care facility.

7.3. Resident medical records. Requirements for documentation in the resident medical record must include at least the following related to the AMAP program:

7.3.1. Each facility shall maintain a medication administration record (MAR) for each resident, to be maintained as a part of the permanent medical record. This record must be available for review by the authorized registered professional nurse, representatives of the Director, and other authorized persons. This record shall include:

7.3.1.a. The name of the resident to receive the medication;

7.3.1.b. Listing of each medication, to include at least the following:

7.3.1.b.1. The name of the medication;

7.3.1.b.2. The dosage to be administered;

7.3.1.b.3. The time and frequency for administration;

7.3.1.b.4. The diagnosis for which the medication was ordered;

7.3.1.b.5. The route of administration;

7.3.1.b.6. The date the medication was ordered; and

7.3.1.b.7. The date the medication is to cease, if indicated on the physician's order;

7.3.1.c. Legible identification of the name and title of the individual who administered the medication;

7.3.1.d. Name and phone number of the physician;

7.3.1.e. A listing of allergies the resident may have;

7.3.1.f. Space for each day of the month to record the administration of medication;

7.3.1.g. Any special instructions for handling or administering the medication, including instructions for maintaining aseptic conditions and appropriate storage;

7.3.1.h. Written, signed, and dated orders by the physician or authorized health care professional shall be present in the medical record for each medication to be administered, including over-the-counter medications. Verbal orders may only be taken by a registered professional nurse or licensed practical nurse and must be countersigned by the physician or authorized health care professional within the designated timeframe not to exceed 14 days; and

7.3.1.i. Written, signed, and dated verification of physician or authorized health care professional collaboration in the decision to allow medication administration shall be present in the medical record of each resident.

7.3.2. Each facility must maintain a treatment administration record (TAR) for each resident, to be maintained as a part of the permanent medical record. This record must be available for review by the authorized registered professional nurse, representatives of the Office of Health Facility Licensure and Certification, and other authorized persons. The TAR must include:

7.3.2.a. The name of the resident to receive the health maintenance task or medication to be administered;

7.3.2.b. Listing of the specific health maintenance task or medication to be administered to include at least the following:

7.3.2.b.1. Instructions for performing the specific health maintenance task or medication to be administered;

7.3.2.b.2. The time or intervals at which the health maintenance task or medication to be administered is to be administered or performed;

7.3.2.b.3. The date the health maintenance task or medication to be administered is to begin; and

7.3.2.b.4. The date the health maintenance task or medication to be administered is to cease, if indicated on the physician's order;

7.3.2.c. Any special instructions for performing health maintenance task or medication to be administered, including but not limited to, instructions for maintaining aseptic conditions and appropriate storage;

7.3.2.d. Legible identification of the name and title of the individual who performed the health maintenance task;

7.3.2.e. Name and phone number of the physician;

7.3.2.f. A listing of allergies the resident may have;

7.3.2.g. Space for each day of the month to record the performance of the health maintenance task or medication to be administered;

7.3.2.h. Written, signed, and dated orders by the physician or authorized health care professional for each authorized health maintenance task to be performed or medication to be administered. Verbal orders may only be taken by a registered professional nurse or licensed practical nurse and must be countersigned by the physician or authorized health care professional within the designated timeframe not to exceed 14 days; and

7.3.2.i. Written, signed, and dated verification of physician or authorized health care professional collaboration in the decision to allow health maintenance tasks or medication to be administered by an AMAP must be present in the medical record of each resident.

7.4. Monitoring and Supervision. Requirements for the monitoring and supervision of the AMAP by the authorized registered professional nurse employed or contracted by the facility shall include at least the following:

7.4.1. The authorized registered professional nurse or designated registered professional nurse must be available onsite or on-call 24-hours per day, seven days per week, to respond to questions or concerns related to any aspect of the delegation process from the AMAP. In an emergency situation, a physician or physician extender may respond to questions or concerns related to any aspect of the delegation process from the AMAP;

7.4.2. The number of AMAPs, residents, and sites the authorized registered professional nurse will supervise, including their location;

7.4.3. The number of residents and sites for which the AMAP will perform delegated tasks;

7.4.4. The furthest distance the authorized registered professional nurse will be expected to travel to a site and between sites; and

7.4.5. Periodic and ongoing observation and supervision, not less frequently than quarterly, of the AMAP performing delegated tasks to ensure quality of care is provided to the individual and to identify any areas for further training and technical assistance.

7.4.6. Video conferencing for completing observation and supervision may be used when an emergency situation, including inclement weather or other declared emergency limits the authorized registered professional nurse from being on-site. Video conferencing permitted in these limited situations when:

7.4.6.a. It offers the same access for observations and communication with the AMAP as face-to-face interaction;

7.4.6.b. It protects the privacy and confidentiality of the resident;

7.4.6.c. It is not used for consecutive monitoring events; and

7.4.6.d. Used to provide more frequent monitoring and supervision than the required quarterly events.

7.5. Multiple Site Coverage. The facility shall have policies and procedures for the training and approval process for AMAPs to perform authorized and permitted delegated tasks at different sites within a specific agency.

7.6. Review of Physician Orders. The facility shall have policies and procedures for ongoing review of the prescribing practitioner's orders, MARs, TARs, and medication labels for consistency and documentation of such; and ongoing review of medication error reports and medication related incident reports by the authorized registered professional nurse and the prescribing practitioner.

7.7. Withdrawal of Approval. The facility shall have policies and procedure for the withdrawal of approval for an AMAP to perform authorized and permitted delegated tasks, including the reasons for the withdrawal of approval and the date of the withdrawal.

7.8. Communication. Requirements for communication and monitoring between the AMAP and the authorized registered professional nurse shall include at the following situations:

7.8.1. Any change in a resident's condition;

7.8.2. Any discrepancy between the pharmacy label and the MAR;

7.8.3. Any discrepancy between the physician or health care provider's order and the TAR;

7.8.4. Any deviation from the six rights of medication administration;

7.8.5. Any doubt or question about the performance of any delegated task;

7.8.6. Any resident refusal of the delegated task;

7.8.7. Any change in the prescribing practitioner's order;

7.8.8. Any need for the disposal of medications; and

7.8.9. The type and frequency of additional monitoring and training in response of these occurrences will be determined by the authorized registered professional nurse.

7.9. Medication Delivery System. The authorized registered professional nurse must provide AMAPs with the possible risks, side effects, and contraindications for each medication prescribed to the resident. The medication delivery system policy used by the facility must include at least the following:

7.9.1. The type of medication packaging;

7.9.2. The method of medication storage;

7.9.3. How the six rights of medication administration are implemented;

7.9.4. The process for resident identification;

7.9.5. The process to prevent drug diversion;

7.9.6. The disposal method used;

7.9.7. The procedures used to handle, monitor, protect, store, and track controlled substances; and

7.9.8. The infection control prevention and mitigation program, including, but not limited to, universal precautions, use of personal protective equipment, and medical aseptic practice.

§71-17-8. Withdrawal of Authorization.

8.1. The authorized registered professional nurse may withdraw the authorization for the AMAP if the authorized registered professional nurse determines that the AMAP is not performing in accordance with the training and written instructions.

8.2. The withdrawal of authorization, the reasons for the withdrawal, and any corresponding evidence shall be documented and relayed to the facility and the authorizing agency in order to remove the AMAP from the list of authorized individuals.

§71-17-9. Limitations on Medication Administration and Health Maintenance Tasks Approved Medication Assistive Personnel.

9.1. The medication to be administered shall be received and maintained in the original container in which it was dispensed by a pharmacist or the physician until such time as it is administered to the resident.

9.2. No injections nor any parental medications shall be administered, except that prefilled insulin or insulin pens may be administered in non-nursing home facilities.

9.3. No irrigations nor debriding agents used in the treatment of a skin condition or minor abrasions shall be administered.

9.4. No verbal medication orders shall be accepted. No new medication or treatment orders shall be transcribed. First dosages of a new medication the individual has never taken shall not be administered in a nursing home setting. First dosages of a new medication the individual has never taken may be administered in a behavioral health center or assisted living residence setting. No medication dosages shall be converted or calculated.

9.5. Medications ordered by the prescribing practitioner to be given as needed shall be delegated only if the order is written with specific parameters which preclude independent judgment.

9.6. Delegation of tracheostomy care and ventilator care is not permitted in an intermediate care facility for individuals with an intellectual disability, nursing homes, assisted living, behavioral health group home, or private residence where the resident is not residing with family, natural supports, or both.

9.7. The delegation of health maintenance tasks is prohibited in nursing homes.

§71-17-10. Administrative Due Process.

10.1. Those persons adversely affected by the enforcement of this rule may submit a written request for a desk review to determine whether the privileges were appropriately withdrawn in a manner prescribed by the policy developed by the Director.