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REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Initiated by CCL

TO: ALL ADULT CARE PROGRAM STAFF

SUBJECT: USE OF PILL BOXES OR OTHER PILL ORGANIZERS FOR CENTRALLY STORED MEDICATION

Adult Residential Facilities (ARFs), Social Rehabilitation Facilities (SRFs), Adult Day Programs (ADPs) and Residential Care Facilities for the Chronically Ill (RCF-CIs) may centrally store medication(s) for various reasons including, but not limited to, protecting the health and safety of clients/residents in care. In some situations, a client/resident may require training with self-monitoring and self-administering medication, even though the medication is centrally stored. Under these circumstances, a licensee may request an exception to allow a client/resident to transfer and store his/her medication in a pill box or other pill organizer (e.g., Medisets).

**GENERAL INFORMATION**

Current California Code of Regulations (CCR), Title 22, Division 6 prohibits centrally stored medication from being transferred from the original container to another container. The following are examples of CCR, Title 22 Regulations that may require an exception before a client/resident may use a pill box or other pill organizer when his/her medication is centrally stored.

- Each medication container shall identify the client's/resident's name, prescribing physician, drug name, drug strength, drug quantity, date filled, prescription number, name of the issuing pharmacy, expiration date, and number of refills (Sections 80075[n][7](A) through [n][7](G) for ARFs and SRFs, Sections 82075[i][7](A) through [i][7](G) for ADPs and Sections 87915[a][5](A) through [a][5](K) for RCF-CIs). In addition to these requirements, Section 87915(a)(5), for RCF-CIs, also requires the medication container include the address of the

pharmacy, the drug name (generic and manufacturer), directions for taking the medication, dietary warnings and special instructions.

- The client's/resident's medication shall be stored in its original container (Section 80075[n][5] for ARFs and SRFs, Section 82075[l][5] for ADPs and 87915[a][4] for RCF-CIs).
- No medications shall be transferred between containers (Section 80075[n][6] for ARFs and SRFs and Section 82075[l][6] for ADPs).

Pill boxes or other pill organizers are designed to assist persons with organizing medication(s) for self-administration. These devices allow for daily, weekly or monthly storage of medication(s). Some devices offer multiple boxes for each day (e.g., a.m., noon, p.m., bedtime) to indicate the time of day the medication(s) should be taken. The type of device used depends upon the clients/resident's needs and training goals. Pill boxes or other pill organizers, for the purpose of this information release, do not include use of a bubble pack, when the bubble pack is filled and labeled by a pharmacist and the client/resident does not transfer the medication from the bubble pack into a pill box or other pill organizer.

Staff that are adequately trained may assist with training a client/resident, but pharmacy law (Business and Professions Code, Section 4051) prohibits facility staff from placing medication(s) into a pill box or other pill organizer, unless practicing within the scope of his/her medical license. For RCF-CIs (Section 87918), an appropriately skilled professional may pre-pour medication 12 hours or less from the time the resident will take the medication. All pre-poured medication must also meet the additional requirements of Section 87918 (RCF-CI), which includes, but is not limited to, storing the medication in a locked area, not exceeding the prescribed dose and labeling the cup or other utensil with the name of the resident.

### **EXCEPTION CONSIDERATIONS**

When a licensing program analyst receives an exception request from a licensee to allow the use of a pill box or other pill organizer for a client, when medication(s) is centrally stored, the following statutory and CCR, Title 22 regulatory requirements to protect the health and safety of clients/residents in care should be considered:

- Where will the pill box or other pill organizer be stored? If the pill box or other pill organizer is centrally stored, how will the client/resident access his/her medication(s) and how will the pill box or other pill organizer be labeled (e.g., with the client's/resident's name, medication, dosage, prescribing physician's name and contact information, etc.)? If the pill box or other pill organizer is not centrally stored, can the facility ensure the health and safety of all client/residents in care if

the client/resident stores his/her own medication (Sections 80075[m][2] and [m][3] for SRFs and ARFs, Sections 82075[k][2] and [k][3] for ADPs and Section 87916 for RCF-CIs)? How will the facility ensure that the client will only have access to their medication and that all clients will not have access to other clients' medication(s)?

- For ARFs, SRFs or ADPs the medication must be centrally stored if it is determined by a physician to be hazardous if kept in the personal possession of the client for whom it is prescribed and/or the medication is determined to be a safety hazard for other persons in the facility. Is there any further direction or clarification from the doctor?
- Since facility staff are not permitted by law, unless under the scope of practice of his/her license (Business and Professions Code, Section 4051), to transfer a client's/resident's medication from the original container to another container, is the client/resident placing the medication into the pill box or other pill organizer, himself/herself? If not, the exception cannot be granted, unless staff are operating within their scope of practice when transferring the medication.
- Can the medication be stored safely in a pill box or other pill organizer per the instructions on the original medication container (Sections 80075[m][1] and [n][3], Sections 82075[k][1] and [l][3] and Section 87915[a][2])? If not, the medication must be specifically excluded from the exception.
- Is educating the client/resident to independently and self-sufficiently manage his/her own medication a physical, mental and/or social functioning need for the client/resident? Is the need documented in the client's/resident's Needs and Services Plan for ARFs or SRFs or Individual Services Plan for RCF-CIs? Is the corresponding service documented in the client's Needs and Services Plan for ARFs and SRFs (CCR, Title 22, Sections 85068.2 and 85068.3 for ARFs, Sections 81068.2 and 81068.3 for SRFs and Section 87896 for RCF-CIs)?
- Have facility staff received training on how to conduct medication training with the client/resident or how to assist the client/resident with medication self-administration consistent with CCR, Title 22, Sections 80065[f][4] for ARFs and SRFs, Sections 81065[f] and [f][1][F] for SRFs, Section 82065[f][4] for ADPs and Section 87865[g][4] for RCF-CIs?
- Is the facility staff training described, above, documented in the personnel records (CCR, Title 22, Section 80066[a][6] for ARFs and SRFs, Section 82066[a][6] for ADPs and Section 87866[a][6] for RCF-CIs)?

- For RCF-CIs, is the safety of other residents in the facility considered (CCR, Title 22, Section 87916[b])? Does the Individual Services Team include a statement that the resident is capable of self-administering his/her own medication (CCR, Title 22, Section 87916[a][2])?

### **ADDITIONAL CONSIDERATIONS FOR RCF-CI EXCEPTIONS**

Residents of RCF-CIs shall be permitted to administer their own medication without the need for the licensee to obtain an exception as long as the requirements of CCR, Title 22, Section 87916 are met. When a licensee is granted an exception to allow a resident to transfer his/her centrally stored medication from the original container to a pill box or other pill organizer in most cases the resident must meet the requirements to self-administer his/her own medications to meet the health and safety of the resident. These CCR, Title 22 requirements include the following:

- All members of the Individual Services Team agree the resident is capable of self-administering the medication and the resident's Individual Service Plan has a statement that the resident has this capability (Section 87916[a] through [a][2]);
- The resident is provided a locked container by the licensee to store the medication and the container has more than one key (one key for the resident and one key for direct care staff) (Section 87916[a][3] and [a][4]);
- The safety of other residents in the facility is considered (Section 87916[b]);
- There is a written agreement between the licensee and the resident that indicates the resident will self-administer his/her medication and who is responsible for reordering the medication (Section 87916[c] and [c][1]; and
- Direct care staff will notify the resident's physician and the Registered Nurse Case Manager of any changes in the resident's ability to self-administer the medication (Section 87916[c][2]).

Medication in RCF-CIs is required to either be centrally stored in a safe and locked place (Section 87915[a][1]) or the resident may store his/her medication in a locked container, provided by the licensee, as long as the requirements of Section 87916 are met. When an exception is granted to allow medication to be transferred into a pill box or other pill organizer, the pill box or other pill organizer must be either centrally stored or kept in a locked container provided by the licensee, as required by regulations, listed above.

If the original medication container is not centrally stored, then an exception is not necessary to allow a resident to transfer medication from the original container to a pill

box or other pill organizer. However, if the original medication container is centrally stored, then an exception must be obtained, even if the pill box or other pill organizer is stored in an individual locked box.

A scheduled and controlled drug(s)/medication(s) is required to be centrally stored in a locked container with one key (held by the administrator or designated person) per Section 87920(a). Scheduled and controlled drug(s)/medication(s) shall be counted at the end of each shift and a separate medication record shall be kept, which includes the time and date the drug(s)/medication(s) was taken and the result(s) of the drug(s)/medication(s) (Section 87920[a][5] and [a][6]). The licensing program analyst must evaluate all of these requirements before granting an exception. Exception requests involving a scheduled or controlled drug(s)/medication(s) must be reviewed with the licensing program manager.

If you have any questions regarding the use of pill boxes or other pill organizers for centrally stored medication in an adult community care facility or Residential Care Facility for the Chronically Ill, please contact Thomas Stahl, Chief of the Policy Development Bureau at (916) 651-3456.

Sincerely,

***Original signed by Jeffrey Hiratsuka***

JEFFREY HIRATSUKA  
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