

MISAPPROPRIATION

Medication Theft
Misappropriation: To put to wrong use



THEFT: THE ACT OF STEALING

Medication Theft in Long-Term Care

- The problem occurs across all levels of care, from administration to maintenance
- What is being stolen?
- Recognizing opportunities for medication theft in long-term care
- Investigating
- Reporting

"On 8/29/13, a discrepancy was noted in a controlled substance count in that two tabs of Percocet that had been delivered to the facility on 8/27/13 were found to be missing. Respondent had participated in the counting of the Percocet on 8/28/13. Respondent reported on the 8/29/13 ending shift that two cards of Percocet were missing from the medication cart. When asked about the whereabouts of the missing Percocet by facility officials, Respondent stated she did not know anything about it. On 9/4/13 Respondent submitted a sample for the requested drug screen, which came back positive for cocaine and opiates. Further investigation at the facility revealed that Respondent had ordered Percocet as refills for various patients at the facility from a pharmacy over the last three months at least thirteen different times. None of the Percocet pills ordered by Respondent were shown to be administered to patients, wasted or otherwise accounted for."

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What is being stolen and misappropriated?

- Most commonly misappropriated drugs are controlled substances:
- Those containing a combination of hydrocodone/acetaminophen (*Vicoden, Lortab and Lorcet*) Schedule II
- Those containing a combination of oxycodone/acetaminophen (*Percocet*) Schedule II
- Oxycodone (*Oxycontin, Roxicodone*) Schedule II
- Fentanyl patches (*Duragesic patches*) Schedule II
- Liquid Morphine Schedule I
- Antianxiety Medications (*Xanax, Valium*) Schedule IV

Opportunities for Theft/Misappropriation

- The facility does not have a complete and accurate system in place to monitor and investigate missing medications.
- Staff is not following policies and procedures in regards to ordering medications, deliveries, and ongoing accounting.
- Staff leaves medications at bedside rather than observing ingestion. Medications left at bedside are an easy target for theft either for personal use or for selling on the street.

- Fentanyl patches can be misappropriated while in a package and/or while on a resident's body. Misappropriation can also occur if they are not disposed of properly.
- Staff has removed the patches from residents and either scraped the narcotic from the patch, or chewed the patch and then returned the patch to the resident's body.
 - During shift change, staff should check the patch packaging to ensure it has not been tampered with. Some packages have been slit with a razor; a patch removed and was unnoticed by staff.
 - For residents who have cognitive deficits, staff should check for placement of, and potential tampering of the patch routinely between administration times, (these are usually changed q 72 hours).
 - Patches should be dated and initialed by the person who administered the patch.
 - Must have a procedure in place for appropriate destruction of patches.

- Substitution of other drugs, usually over-the-counter, which are not required by regulation to be counted after each shift, in place of a prescribed controlled substance. Substitution of a benign clear liquid for a drug dispensed as a clear liquid (morphine).

- An excess supply of as needed (prn) pain medications creates an opportunity for missing pills to go unnoticed.
 - Do not routinely order prn pain medications from the pharmacy for residents who have a sufficient supply.
 - Review the medication administration record (MAR) to ensure appropriate staff who provide resident care are initialing the administration of these medications.
 - Review to ensure prn orders for medications are necessary and are for residents who require the medication.

◦ Discontinued or Outdated Medications

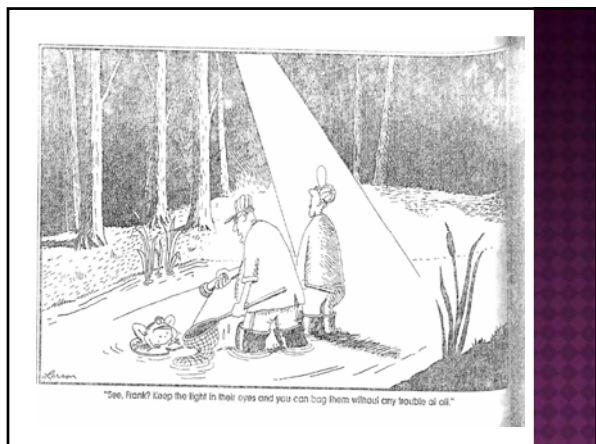
- Must have a system in place to remove these medications from the active cart and ensure they are monitored.
- Many times discontinued/expired medications are thrown together in a medication room which may involve a large number of cards, bottles, etc. These should be organized such that controlled substances can be accounted for appropriately. Maintain the discontinued date for each of these medications, the count when discontinued and the narcotic count sheet. Monitor to ensure these medications are destroyed within appropriate timeframes.

Medication Deliveries

- Misappropriation can occur at the time of delivery or before the medication is inventoried and a narcotic sheet completed.
- Have a system to routinely request pharmacy dispensing records for all controlled substances. These should match all controlled substances that have been delivered.
- Pharmacy dispensing records should match the delivery receipts
- The delivery receipts, reconciled to the dispensing records, should then be reconciled to the MAR and the quantity of the controlled substance.
- Routinely review narcotic sheets and MARS for any possible indicators of potential issues, i.e. any information that has been crossed out, amended, illegible names, dates or numbers.
- Determine which staff may order controlled substances and document their identity with each order.
- If you use a pharmacy delivery sheet to account for the controlled substance delivery, have an additional sheet/set of receipts sent from the pharmacy and provided to the DON or administrator. Delivery sheets can be easily destroyed and medication misappropriated.

Pay attention to your residents

- Residents at risk include those who are cognitively impaired. Their medication can be misappropriated at the time of administration without their knowledge.
- Are residents showing signs/symptoms of pain with documented administration of pain medications, when the medication was always effective at controlling pain in the past?
- Ensure staff employs a system to document the effectiveness of pain medication and these are consistent and audited to ensure they are complete. Detailed audits of controlled substances are an important piece in prevention of theft.



CONDUCT AN INVESTIGATION

Immediately begin an investigation when there is reason to believe misappropriation has occurred.

The investigation should focus on gathering facts and should be completed by an individual with knowledge of facility policy, regulatory requirements and investigative procedures.

Plan your investigation: Who, what, where, when, **why** and **how**.

Gather information from multiples sources to either corroborate information or determine discrepancies. Plan interviews accordingly. Don't forget to talk with residents and if pertinent any non nursing staff who may have information. Gather specific information and evaluate. Conduct follow up interviews to address discrepancies.

REPORTING REQUIREMENTS

Theft of controlled substances is a crime in Missouri and should be reported to law enforcement.

Certified Homes are required to report misappropriation of resident property to the state agency. Certified homes are required to report any reasonable suspicion of a crime committed against a facility resident to law enforcement. (Section 1150B of the Social Security Act as established by section 6703(b) (3) of the Patient Protection and Affordable Care Act of 2010.

State licensed only facilities

Facilities should report allegations of misappropriation to the state agency. DHSS will investigate and determine whether further action is warranted. (Referral to the EDL or a Board). Theft should always be reported to law enforcement.

Misappropriation can be considered neglect and it is mandatory to report neglect to DHSS.

A facility employee takes a resident's pain medication for his/her self and falsifies the MAR to show the medication was administered. The resident experiences pain as a result of the misappropriation.

REGULATORY REFERENCES

State: 19CSR30-88.010 (23) and (25) resident rights
19CSR 30-85.042 (57), (59), (60) and (63)

RCF and ALF

RCF I: 19CSR 30-86.042 (46), (51), (55), (56), (57) and (60)

RCFII: 19CSR30-86.043 (49), (50), (53) and (55)

ALF: 19CSR30-86.047 (41), (43), (46), (47), (51), (52), (53) and (56)

Federal

F224, F225, F226, F431
