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### *From the Program Manager*

The AMAP program continues to raise questions among nurses and AMAPS. We recently had a question regarding an RN giving orders to an AMAP. RNs don't give orders---physicians, physician assistants and nurse practitioners do. RNs give instructions or guidance to AMAPs as well as others.

The AMAP law prohibits AMAPs from taking orders 64CSR60 Section 9.4. The Nurse Practice Act 19CSR10 states that "3.10 The registered professional nurse shall delegate to another only those nursing measures which that person is prepared or qualified to perform" so an RN would never be giving a verbal order via telephone to a non-licensed person. However, a nurse can provide instructions or guidance to AMAPs; this is why the AMAP must have an RN available for questions and help at all times.

Recently, one of the AMAP programs had a real problem when an RN gave an "order" to an AMAP. The RN's "order" turned out to be an instruction. The

center contacted OHFLAC complaining that the AMAP training manual had a disconnect with the AMAP law and the Nurse Practice Act. And the center was right. The training manual had used the word "order" and the word "instruction" interchangeably, so of course folks were confused.

Fortunately the new manual has not been printed yet, and we will correct the oversight. I apologize to those of you who were confused.

On a lighter note, I am an old English teacher (in a former life before WVDHHR)! I am a morning person and sometimes when it gets later than 2 PM and I try to think...well, I have some interesting thoughts. For instance: Why do we say "behavioral health", and then talk about "mental illness"? Why not "behavioral illness" and "mental health"?

Anybody you know suffering from behavioral illness? Other than my neurotic dachshund Max, I don't know of any. Is obesity an overt sign of substance abuse? Do we abuse food when we over eat? Or do we abuse our bodies? Do we abuse alcohol or drugs when we use them unwisely or in excess? Or do we abuse our bodies? Or our dachshunds? Inquiring minds want to know!

Please do not hesitate to call me if you have any problems or concerns. We all want the system to work as efficiently and fairly as possible. Thank you all for your support and effort to protect the vulnerable West Virginians we all serve.

Have a great Fourth of July and as always take care and be safe!

Dr. Rose Lowther-Berman. (304) 558-0050. [roselowtherberman@wvdhhr.org](mailto:roselowtherberman@wvdhhr.org)

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### ***GLUCOSE TESTING***

To clarify personnel requirements for whole blood glucose testing using a whole blood glucose analyzer (Glucometer) according to the federal Clinical Laboratory Improvement Amendment (CLIA) of 1988, anyone who tests a clinical sample (blood, urine, sputum, etc.) derived from the human body for the purpose of diagnosis, monitoring of health status, etc., is subject to the CLIA regulations. The FDA assigns a complexity status for all approved clinical laboratory testing into waived, moderate and high complexity. The whole blood glucose analyzers (glucometers) using finger stick samples fall into the waived category of laboratory testing. Waived tests are not subject to personnel requirements. The requirement for the whole blood glucose testing is that they follow manufacturer's instructions. If a licensed behavioral health facility performs any finger stick blood glucose testing on a consumer(s) that facility is considered a laboratory as defined by CLIA and is subject to CLIA laboratory certification as a certificate of waiver laboratory, assuming that this is the only test the facility performs.

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Again, according to the AMAP law, §16-5O-10. Limitations on medication administration, "The following limitations apply to the administration of medication by facility staff members:

(a) Injections or any parenteral medications may not be administered."

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### ***CHANGE IN LICENSURE APPLICATION***

Some of you may have noted a change in the Behavioral Health Licensure Application for Residential sites. In order to be licensed as a behavioral health residential site, the site must be owned or leased by the licensed behavioral health center. (Reference 27-17-1 ( c ). There have been instances where the center did not own or lease a residential site but had innocently requested that the site be licensed.

The change in the application is to clarify and emphasize to an applicant that a licensed residential site must be owned or leased by the applicant center.



The recalled product, Kroger Chicken Noodle Soup, comes in 10.5 ounce cans and is marked with lot code 52104098, and a "best before" date code of 40910 (April 9, 2010) that can be found on the

bottom of the can. Consumers are urged to return the product to the store where it was purchased for a full refund.

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*Sadly Missed*

It is with great sadness to inform you that one of our very own has left us.

Karen Blankenship has moved on to bigger and better things, and we wish her well.

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### ***The Deficiency Free Survey!***

The deficiency free survey is the goal for which we all strive. Congratulations to these facilities for meeting that goal from February 23, 2008 through June 12, 2008.

Church Lane ICF/MR  
Family Preservation Services of WV  
Guyandotte ICF/MR  
Judyville ICF/MR  
Montvue ICF/MR  
PAIS Charleston  
REM Community Options - Keyser  
REM-WV, Inc., Brookhaven ICF/MR  
REM-WV, Inc., G.C. & P. ICF/MR  
REM-WV, Inc., Moundsville ICF/MR  
ResCare WV – Huntington Agency  
Russell Nesbitt ICF/MR  
Salem ICF/MR  
Seneca Health Services  
SOME  
Southway  
Stepping Stones Cottages

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Sycamore Run  
Temple Street ICF/MR  
Terra Alta ICF/MR  
Woodward ICF/MR

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### **S&C-08-19 - Alert: Food and Drug Administration (FDA) Heparin Recall For All Provider Types**

We are taking this opportunity to alert you of recent FDA recalls of some, medications (e.g., heparin, digoxin fentanyl patches) that have the potential for serious adverse reactions in patients/residents. It has come to our attention that recalled heparin, in particular, has been found in several health care facilities. Injectable heparin products and heparin flush solutions that may be contaminated with oversulfated chondroitin sulfate (OSCS). Information on recalled products and lot numbers may be accessed at the FDA Web site located at:

<http://www.fda.gov/opacom/7/alerts.HTML>

Pharmacy providers and distributors and health care providers should be monitoring their supplies, including crash carts, storage cabinets, as examples and removing recalled products in order to assure that recalled

products are not available for patient/resident use.

You can receive “A Guide to Drug Safety Terms at FDA” by going to: <http://www.fda.gov/consumer/updates/drugterms041108.htm>

This guide offers descriptions of some of the more common drug safety terms used by FDA throughout the life cycle of a drug.



### ***How to Dispose of unused Medicines***

*(From the FDA Consumer Health Information)*

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the toilet and a growing number of community-based “take-back” programs offer another safe disposal alternative.

#### **Guidelines for Drug Disposal**

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007, the federal guidelines are summarized here:

- Follow any specific disposal instructions on the drug label or patient

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information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.

- If no instructions are given, throw the drugs in the household trash, but first:

- Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.

- Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of the garbage bag.

- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government’s household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community.

#### **Additional Tips**

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.

- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.

- When in doubt about proper disposal, talk to your pharmacist.

For more information go to:  
[www.ondcp.gov/drugfact/factsht/proper\\_disposal.html](http://www.ondcp.gov/drugfact/factsht/proper_disposal.html).



Congratulations to Beckley Treatment Center, Charleston Treatment Center, Clarksburg Treatment Center, Huntington Treatment Center, Wheeling Treatment Center and Williamson Treatment Center! They now have a six month Initial Behavioral Health License and are now dually licensed with a Behavioral Health and Opioid Treatment License!

## MR/DD Waiver

OHFLAC has received questions about our position on MR/DD Waiver social histories and updates. Waiver no longer requires these annually. We would not require a full Social History or update annually UNLESS there were major changes in a consumer's condition, a

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crisis, or upon transfer/discharge (see 7.4.b of the regulations). It would be hard to argue that a revised Social History wasn't necessary at these times.

ICF/MR sites do require a social history or update annually as a part of the Comprehensive Functional Assessment.

### *Ostomy Care*

Recently questions have been asked regarding direct care staff providing ostomy care. With proper training, direct care staff can certainly provide ostomy care. New ostomys, of course, would need care from the licensed nurse for 60 to 90 days. After that time frame, direct care staff could provide the care and services for ostomy appliances. Please remember that all training **should** include a return demonstration. Also, delegation of tasks is to be done with only tasks that have been trained and the RN is ultimately responsible for any delegated task performed. If a staff member other than the RN provides the training, a record of that staff members training by the RN must be available for review.

OHFLAC has available a form which is a suggested tool to ensure the necessary training has been provided. For those of you wanting a copy of this form, you may contact Tammy Lambert at 304-558-4147.

## *Quotes from the Edge*

*“Order without liberty and liberty without order are equally destructive.”*

Theodore Roosevelt

*“Wherever public spirit prevails, liberty is secure.”*

Noah Webster

*“What is freedom? Freedom is the right to choose: the right to create for yourself the alternatives of choice. Without the possibility of choice and the exercise of choice a man is not a man but a member, an instrument, a thing.”*

Archibald MacLeish

*“By a careful cultural design, we control not the final behavior, but the inclination to behave—the motives, the desires, the wishes...we increase the feeling of freedom”*

B. F. Skinner

*“Liberty is always dangerous, but it is the safest thing we have.”*

Harry Emerson Fosdick

*“Those who profess to favor freedom, and yet depreciate agitation, are men who want rain without thunder and lightning.”*

Frederick Douglass

*“Many politicians...are in the habit of laying it down as a self-evident proposition, that no people ought to be free till they are fit to use their freedom. The maxim is worthy of the fool...who resolved not to go into the water till he had learned to swim. ”*

Thomas Babington Macaulay

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*“At no time is freedom of speech more precious than when a man hits his thumb with a hammer.”*

Marshall Lumsden

***Remember:** Your valuable perspective is wanted and appreciated. Please let us know of any suggestions, criticisms or innovative ideas you may have – as we are all a team, working together for the health and safety of vulnerable West Virginians. We want to hear from **YOU!***



***HAVE A SAFE AND HAPPY 4<sup>th</sup>  
of July***

