

**RULES
OF
THE TENNESSEE BOARD OF NURSING**

**CHAPTER 1000-05
MEDICATION AIDES**

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1000-05-.01 PURPOSE.

The rules in this chapter implement the certification program for medication aides, T.C.A. § 63-7-127.

Authority: T.C.A. §§ 63-7-127 and 63-7-207. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012. Amendments filed September 11, 2017; effective December 10, 2017.

1000-05-.02 DEFINITIONS.

In addition to the definitions contained in T.C.A. § 63-7-127(a), the following definitions are applicable to this chapter:

- (1) "Applicant" means a person filing an application for a certificate as a MA.
- (2) "As Needed Medication" means any oral or topical medication for a specified condition that is not scheduled to be administered to a resident at a routine time but is given in response to a resident's complaint or expression of discomfort.
- (3) "Assisted Care Living Facility" shall have the same meaning as set forth in T.C.A. § 68-11-201.
- (4) "Board" means the Tennessee Board of Nursing.
- (5) "Certified Nurse Aide" means an individual who has successfully completed an approved nursing assistant training program and is registered with the department.
- (6) "Clinical Practice Component" means tasks or activities planned as part of a medication aide training program to provide Medication Aide students with the opportunity to administer medications in a nursing home, an assisted care living facility setting, or a Program for All-Inclusive Care for the Elderly (P.A.C.E.).
- (7) "Clock Hour or Contact Hour" means fifty (50) to sixty (60) minutes of qualifying or continuing education.
- (8) "Controlled Substances" shall have the same meaning as set forth in T.C.A. § 63-10-204(7).
- (9) "Curriculum" means the standard minimum curriculum to be used in a board-approved training program for medication aides in accordance with T.C.A. § 63-7-127.

(Rule 1000-05-.02, continued)

- (10) "Delegation" means the transfer of responsibility, but not the accountability, for the administration of medication from the delegating licensed nurse to a Medication Aide.
- (11) "Department" means the Tennessee Department of Health.
- (12) "Drug" shall have the same meaning as set forth in T.C.A. § 63-10-204(16).
- (13) "General Supervision" means a licensed nurse overseeing with authority an MA who is performing medication administration in a nursing home, assisted care living facility, or P.A.C.E. The delegating licensed nurse shall be immediately available. If not required to be on-site, the delegating nurse shall be immediately available for a two way telephone conversation.
- (14) "Licensed Nurse" means a registered nurse or licensed practical nurse licensed under T.C.A. §§ 63-7-101, et seq., including an advanced practice registered nurse.
- (15) "Medication Administration" means giving a drug to a resident to be orally ingested by the resident or topically applied to the resident's body.
- (16) "Medication Administration Record" (MAR) means a written or electronic record of the medication ordered for and administered to a patient or resident of a nursing home or assisted care living facility.
- (17) "Medication Aide" (MA) means a certified nurse aide who holds a current, valid certificate as a medication aide issued by the Board and who administers medications (pursuant to T.C.A. § 63-7-127) under the general supervision of a licensed nurse.
- (18) "Medication Aide Training Program" means a program of study approved by the Board and required for certification as a medication aide.
- (19) "Nursing Home" shall have the same meaning as set forth in T.C.A. § 68-11-201.
- (20) "P.A.C.E." means a Program for All-Inclusive Care for the Elderly as defined in T.C.A. § 56-2-121(b).
- (21) "Patient" or "Resident" means a person receiving the services of a medication aide in a nursing home, assisted care living facility, or P.A.C.E.
- (22) "Peer Support Program" means a program that provides monitoring of rehabilitation services to health care professionals who may be impaired by substance abuse or a psychological condition.
- (23) "Person" is defined as an individual, natural person.
- (24) "PHI" means individually identifiable health information (IIHI) created, received, or maintained by a covered entity and transmitted or maintained in any form or medium. 45 C.F.R. Part 160.103; 42 U.S.C. §§ 1320d – 1320d-8 (HIPAA).
- (25) "Prescription" means a written, electronic, or oral order, issued by a licensed health professional authorized to prescribe drugs, for any drug, including an over the counter drug to be used by a particular resident.
- (26) "Professional boundaries" means the limits of the professional relationship that allow for a safe therapeutic relationship between the resident and the medication aide.

(Rule 1000-05-.02, continued)

- (27) "Survey visit" means an announced or unannounced visit to a medication aide training program by a representative of the board to determine whether the program meets or maintains the minimum standards required by the board.

Authority: T.C.A. §§ 63-7-127 and 63-7-207. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012. Amendments filed September 11, 2017; effective December 10, 2017.

1000-05-.03 APPLICATION, CERTIFICATION AND RENEWAL.

(1) Application.

- (a) An applicant for certification as a MAC shall complete an application on a form prescribed by the Board. The training program shall submit the application for certification by examination to the Board office.
- (b) Any application submitted which lacks the required information or fails to meet any requirement for certification will be returned to the applicant with written notification of deficiency and will be held in "pending" status for a reasonable period of time, not to exceed one year from the date of application, so that the applicant may cure any deficiency, if possible.
- (c) An application may be withdrawn unless it has been denied.
- (d) Application fees are not refundable.

(2) Certification.

- (a) An applicant for certification as an MA shall submit an application to the Board office along with the required information and application and certification fees.
- (b) An applicant shall furnish evidence to the Board office, along with a completed application and applicable fees, that the applicant:
 - 1. Is at least eighteen (18) years of age;
 - 2. Has completed the twelfth (12th) grade or its equivalent or has successfully passed the test for and has received a general equivalency diploma;
 - 3. Is a certified nurse aide or a licensed occupational therapy assistant;
 - 4. Has worked as a certified nurse aide or a licensed occupational therapy assistant in a nursing home, assisted care living facility, or a P.A.C.E. for at least 365 days of continuous, uninterrupted, full-time work at no more than two (2) different facilities, at the time the applicant submits an application;
 - 5. Has successfully completed a course of instruction provided by a training program approved by the Board under rule 1000-05-.07 and in compliance with T.C.A. § 63-7-127(i);
 - 6. Has passed a medication aide certification examination approved by the Board; a student who fails the examination a second time must enroll or re-enroll in and satisfactorily complete a board approved training program in order to be eligible to take the examination again;

(Rule 1000-05-.03, continued)

7. Has caused the results of a criminal background check to be submitted to the Board's administrative office directly from one of the vendors identified in the Board's licensure application materials;
8. Does not have an encumbrance on any professional license or certificate;
9. Is not currently listed on any abuse or sex offender registry; and
10. Has a recommendation from a facility where the individual is currently employed or contracted.

(c) An applicant must take the approved MA examination.

1. An applicant must become eligible for certification by examination by applying to the board within thirty (30) days after completing a training program;
2. An applicant must complete the certification process no later than 365 days after filing the initial application; and
3. An applicant not successful after two (2) examination attempts must repeat the training program and reapply.

(3) Renewal.

- (a) With the exception of the initial certification period, certification is valid for two (2) years from the date of its issuance and shall become invalid on such date unless renewed, or earlier suspended or revoked.
- (b) An MA may renew a current, valid certification by submitting a renewal form approved by the Board, the required renewal fee and regulatory fee, and attestation of having completed six (6) contact hours of continuing education each year, provided that five (5) hours of the continuing education shall be in pharmacology provided by a licensed pharmacist or registered nurse prior to the expiration date of the certificate.
- (c) A renewal form and the fees must be actually received by the Board office on or before the due date.

Authority: T.C.A. §§ 63-7-127 and 63-7-207. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012. Amendments filed September 11, 2017; effective December 10, 2017. Amendments filed May 4, 2023; effective August 2, 2023.

1000-05-.04 REINSTATEMENT.

- (1) Any person seeking reinstatement of a certification after the expiration date of the certification is required to reapply for certification, fulfill all of the requirements of initial certification, show proof of having completed all past due continuing education, and may be required to submit proof of additional education or testing to show continued competency.

Authority: T.C.A. §§ 63-7-127 and 63-7-207. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012.

1000-05-.05 FEES.

- (1) Application and Initial Certification Fee by Examination..... \$ 0.00

(Rule 1000-05-.05, continued)

- (2) An applicant shall pay the examination fee set by the test service directly to the test service designated by the State to administer the examination.
- (3) Renewal Fee..... \$ 90.00
- (4) Biennial State Regulatory Fee (To be paid whenever an application for examination, renewal, or reinstatement is submitted)..... \$ 10.00
- (5) Training Program Initial Application Fee..... \$ 500.00
- (6) Training Program Annual Renewal Survey Fee to offset the cost of survey visits, compilation of annual reports and statistics and other duties as required by the Board of Nursing..... \$ 250.00
- (7) Peer Assistance Program Fee to offset the added cost of adding medication aides to contract for professional assistance \$ 10.00
- (8) Name Change Fee \$ 0.00
- (9) Reinstatement Fee \$ 100.00

Authority: T.C.A. §§ 63-7-127 and 63-7-207. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012. Amendments filed September 11, 2017; effective December 10, 2017. Amendments filed May 7, 2019; effective August 5, 2019.

1000-05-.06 DISCIPLINARY ACTIONS AND CIVIL PENALTIES.

- (1) The Board has the power to discipline medication aides based on the grounds set forth in T.C.A. § 63-7-127 and may deny, revoke or suspend any certificate to practice as a medication aide, or otherwise discipline a certificate holder, including but not limited to the imposition of civil penalties as are specified below.
- (2) Schedule of Civil Penalties
 - (a) A Type A Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed, certified, permitted, or authorized by the Board, guilty of a violation of Tenn. Code Ann. § 63-7-127 or the regulations pursuant thereto, to such an extent that there is, or likely to be, an imminent, substantial threat to health, safety and welfare of an individual patient or the public. For the purpose of this section, practicing as an MA without a certification from the Board is one of the violations of the statute for which a Type A Civil Penalty is assessable.
 - (b) A Type B Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed, certified, permitted, or authorized by the Board, guilty of a violation of Tenn. Code Ann. § 63-7-127 or the regulations pursuant thereto in such manner as to impact directly the care of patients of the public.
 - (c) A Type C Civil Penalty may be imposed whenever the Board finds a person who is required to be certified, permitted or authorized by the Board, guilty of a violation of Tenn. Code Ann. § 63-7-127 or the regulations pursuant thereto, which are neither directly detrimental to the patients or public, nor directly impact their care, but have only an indirect relationship to patient care or the public.
- (3) Amount of Civil Penalties

(Rule 1000-05-.06, continued)

- (a) A Type A Civil Penalty may be assessed in an amount of not less than \$500 or more than \$1,000.
- (b) A Type B Civil Penalty may be assessed in an amount of not less than \$100 or more than \$750.
- (c) A Type C Civil Penalty may be assessed in an amount of not less than \$50 or more than \$500.
- (4) In assessing the Civil Penalties pursuant to these rules the Board may consider the following factors:
 - (a) Whether the amount imposed will be a substantial economic deterrent to the violator;
 - (b) The circumstances leading to the violation;
 - (c) The severity of the violation and the risk of harm to the public;
 - (d) The economic benefits gained by the violator as a result of non-compliance;
 - (e) The interest of the public; and
 - (f) Willfulness of the violation.

Authority: T.C.A. §§ 63-1-134, 63-7-127, and 63-7-207. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012. Amendments filed September 11, 2017; effective December 10, 2017.

1000-05-.07 TRAINING PROGRAMS.

- (1) Any qualified entity or combination of entities seeking to conduct an MA training program shall make application and submit to the Board any documents, statements and forms as the Board may require and pay a training program initial application fee and annual renewal survey fee. The complete application shall be submitted to the Board no later than ninety (90) days prior to a scheduled Board of Nursing meeting. A representative of the Board may conduct a site visit to survey the educational and clinical facilities prior to the presentation of the program application to the Board. At a minimum, the entity or combination of entities seeking approval to conduct a training program shall provide the following:
 - (a) Name(s) and address(es) of qualified entity(ies);
 - (b) The program's organizational chart;
 - (c) The name and credentials of the program's director;
 - (d) The name and address of clinical facilities;
 - (e) The location(s) of the courses or programs;
 - (f) Demonstration of the financial ability to support the program;
 - (g) The number and type (classroom/clinical) of education clock hours for each course;

(Rule 1000-05-.07, continued)

- (h) The name(s), license number(s), nursing education, teaching and nursing experience of the program director and all instructors;
 - (i) The program documentation containing curriculum, admissions, progression, and completion policies;
 - (j) The topic outlines, which list the summarized topics covered in each course and upon request, a copy of any course materials; and
 - (k) The submission of any other such information that the Board may deem necessary.
- (2) The qualified entity providing the training program shall:
 - (a) Employ or contract with sufficient numbers of qualified instructors to teach and ensure that the students are prepared to administer medications in a safe and effective manner;
 - 1. Director of program qualifications:
 - (i) Current, active, unencumbered registered nurse in Tennessee or multistate privilege to practice in Tennessee; and
 - (ii) At least one (1) year of nursing experience and medication administration experience in long term care.
 - 2. Instructor qualifications:
 - (i) Current, active, unencumbered registered or licensed practical nurse in Tennessee or multistate privilege to practice in Tennessee; and
 - (ii) At least one (1) year of nursing experience and medication administration experience in long term care.
 - (b) Provide financial support and resources adequate to teach the students the curriculum established in T.C.A. § 63-7-127 and these rules, including, but not limited to classrooms, equipment, supplies, and qualified administrative, instructional, and support personnel and services;
 - (c) Inform each student of the requirements for certification;
 - (d) Provide a written program grading system policy which reflects a numerical grading system or scaled grading system. Students must make a passing grade in both didactic and clinical courses;
 - (e) Provide a written protocol or policy on the mechanism to evaluate a student's performance. At least one (1) written evaluation is required within the first half of the program;
 - (f) Provide a written policy on the dismissal of students;
 - (g) Provide a copy of a student's transcript to the student upon the student's written request and upon the student's completion of or withdrawal from the program;
 - (h) Engage in program evaluation that includes, but is not limited to, obtaining feedback from students, instructors, and employers of individuals who have successfully completed the MA training program; and

(Rule 1000-05-.07, continued)

- (i) Maintain records including results of a board approved examination for each student for a period of six years following the date the student enrolled in the program.
- (3) The program shall not advertise that it is approved by the Board prior to or after a loss of Board approval.
- (4) The program shall retain records of attendees of each course and the Board may at any time examine the records.
- (5) The program shall ensure a first time test taker examination pass rate minimum of seventy per cent (70%). The Board will evaluate the program's examination pass rate on an annual basis.
- (6) The program shall file with the Board office an annual report containing, at a minimum, the following information:
 - (a) The total enrollment for the year;
 - (b) The number of students graduated;
 - (c) The employment placement data;
 - (d) The number of students dismissed or withdrawn for the year;
 - (e) The number of students taking the certification examination; and
 - (f) A list of training program instructors and qualifications.
- (7) The program shall obtain approval by the Board on an annual basis.
- (8) The program shall submit a training program annual renewal survey fee.
- (9) A representative of the Board may inspect the program on an annual basis or as directed by the Board or Board's representative and shall submit a written report to the Board. If any deficiencies are noted, the program shall have ten (10) days to correct the deficiencies.
- (10) If deficiencies are not corrected within the Board's prescribed time frame, the program will be denied approval or removed from approved status and will be prohibited from enrolling students. Notice will be sent to the program upon denial or removal of approved status.
- (11) In addition to the minimum standard curriculum provided in T.C.A. § 63-7-127(i)(2), the qualified entity shall provide the following content:
 - (a) Federal and state laws and rules relative to medication aides who administer medications in a nursing home, assisted care living facility, and P.A.C.E.;
 - (b) Confidentiality of protected health information;
 - (c) Program objectives and outcomes, course objectives or outcomes, teaching strategies, and core competencies or other evaluation methods that are:
 - 1. Consistent with the law and rules applicable to medication aides, as set forth in this chapter;

(Rule 1000-05-.07, continued)

2. Internally consistent;
 3. Implemented as written; and
 4. Made available to students in medication aide training programs;
- (d) A curriculum plan showing the sequence of classroom content, clinical experiences, and the number of clock hours allotted to instruction and clinical experience related to medication administration;
- (e) At least sixty (60) hours of instruction, consisting of forty (40) classroom hours to be completed in person or through distance learning and twenty (20) clinical hours:
1. During the clinical components, students and instructors must be present in the same location, and the instruction must be provided in person; and
 2. Students must satisfactorily complete the classroom component prior to participating in the supervised clinical component of the medication aide training program;
- (f) A standard minimum curriculum including:
1. Communication and interpersonal skills;
 2. Resident rights related to medication administration, including the right of a resident to refuse medications;
 3. The six rights of medication administration:
 - (i) The right medication;
 - (ii) The right route;
 - (iii) The right time;
 - (iv) The right patient;
 - (v) The right dosage; and
 - (vi) The right documentation.
 4. Drug terminology, storage and disposal, including:
 - (i) Medical terminology, symbols, and accepted abbreviations;
 - (ii) Dosage measurement;
 - (iii) Reference resources;
 - (iv) Principles of safe medication storage and disposal;
 5. Fundamentals of the following body systems, including:
 - (i) Gastrointestinal;
 - (ii) Musculoskeletal;

(Rule 1000-05-.07, continued)

- (iii) Nervous and sensory;
 - (iv) Urinary/renal;
 - (v) Cardiovascular;
 - (vi) Respiratory;
 - (vii) Endocrine;
 - (viii) Male and female reproductive; and
 - (ix) Integumentary and mucous membranes;
6. Basic pharmacology, drug classifications and medications affecting body systems, including:
- (i) Purposes of various medications;
 - (ii) Schedule II, III, IV, and V controlled substances;
 - (iii) Special considerations surrounding controlled substances such as:
 - (I) Diversion;
 - (II) Overdose and naloxone;
 - (III) Security and access;
 - (IV) Accountability;
7. Safe administration of medications including:
- (i) Oral medications;
 - (ii) Topical medications;
 - (iii) Metered hand-held inhalers with spacer;
 - (iv) Proper resident positioning;
 - (v) Measurement of apical pulse and blood pressure in association with medication administration;
8. Principles of standard precautions;
9. Documentation of medications in residents' clinical records, including as-needed medications;
10. Circumstances in which a medication aide should report to, or consult with, a nurse concerning a resident or residents to whom medications are administered, including:

(Rule 1000-05-.07, continued)

- (i) The potential need of a resident for the administration of an as-needed medication, as evidenced by a resident's expression of discomfort or other indication;
 - (ii) A resident exercising the right to refuse medication administration;
 - (iii) Any deviation from the delegation of medication administration instructions;
 - (iv) Any observation about the condition of a resident that should cause concern to a medication aide.
- 11. Medication errors, including:
 - (i) Error prevention through promotion of safe medication administration practices;
 - (ii) Timeliness and manner of reporting medication errors;
- 12. The role of the medication aide as set forth in T.C.A. § 63-7-127 and these rules, shall include:
 - (i) The fact that administration of medication is a nursing function that may only be performed by a medication aide when it has been delegated by a nurse in accordance with the provisions of T.C.A. § 63-7-127 and these rules;
 - (ii) The settings in which medications may be administered by medication aides;
 - (iii) The types of medications that may be administered by medication aides as well as those that a medication aide may not administer.
- (12) A class of students shall complete the program in no fewer than fourteen (14) calendar days, to be completed within thirty (30) calendar days from the start date.
- (13) The supervised clinical practice component of an approved medication aide training program shall be sufficient to assure that students are prepared to administer medications as a medication aide in a safe and effective manner, and;
 - (a) While engaged in medication administration, a student shall be under the one-on-one direction and supervision of a faculty member.
 - (b) The supervised clinical practice component shall take place in a nursing home or assisted care living facility or P.A.C.E. for which the training program has a written agreement to provide licensed nurse supervision of the student in accordance with this section.
- (14) The training program shall assure that a medication skills checklist is maintained for each student to record performance during the supervised clinical practice and shall include the following:
 - (a) Each skill necessary to safely administer medications in accordance with T.C.A. § 63-7-127 and these rules;
 - (b) The date each skill is successfully demonstrated,

(Rule 1000-05-.07, continued)

- (c) The name and signature of the faculty member who supervised the student's successful performance of the skill.
- (15) The training program shall provide a copy of the medication skills checklist, certified by the program to be true and accurate, to each student upon completion of the medication aide training program.
- (16) A medication aide training program shall close a program, if necessary, in an orderly manner including providing thirty (30) days advance written notice to the board, current students, and program applicants of the following:
 - (a) Tentative date of the closing;
 - (b) The location where the program's student records and other records will be retained; and
 - (c) The name, address, and other contact information of the custodian of all program records after the program is closed.

Authority: T.C.A. §§ 63-7-127 and 63-7-207. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012. The Board of Nursing filed a withdrawal of 1000-05-.07(3)(f) effective August 27, 2012. Amendments filed September 11, 2017; effective December 10, 2017. Amendments filed May 4, 2023; effective August 2, 2023.

1000-05-.08 PEER ASSISTANCE PROGRAM.

- (1) A peer assistance program (approved by the Board) must provide at a minimum the following services to an MA:
 - (a) Referral for assessment of dependency and addiction;
 - (b) Referral to treatment centers and programs;
 - (c) Referral to aftercare treatment and counseling;
 - (d) Referral for psychological issues; and
 - (e) Ongoing monitoring of recovering professionals.

Authority: T.C.A. §§ 63-7-127, 63-1-136, 63-1-138, and 63-7-207. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012. Amendments filed September 11, 2017; effective December 10, 2017.

1000-05-.09 CONTINUING EDUCATION.

- (1) As a prerequisite to renewal, all certificate holders shall complete the following continuing education requirements:
 - (a) Complete any and all continuing education or continued competency requirements, or both, necessary to maintain nurse aide certification under T.C.A. § 68-11-209(e), and the rules promulgated pursuant thereto; and
 - (b) In addition to that which is required to maintain nurse aide certification, an MA shall complete six (6) contact hours per year of continuing education, five (5) of which shall

(Rule 1000-05-.09, continued)

be in pharmacology provided by a licensed pharmacist or registered nurse and one (1) of which shall be relative to medication administration consistent with the functions of an MA.

- (2) Each MA shall attest to the timely attendance and completion of the required continuing education hours on the biennial certificate renewal form.
- (3) Each MA shall retain independent documentation of attendance and completion of all continuing education courses for a period of two (2) years from the date of attendance. This documentation shall be produced for inspection and verification, if requested in writing by the Board.

Authority: T.C.A. §§ 63-7-127 and 63-7-207. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012. Amendments filed September 11, 2017; effective December 10, 2017.

1000-05-.10 SUPERVISION AND DELEGATION.

- (1) A licensed nurse who provides care to nursing home, assisted care living facility or P.A.C.E. residents may delegate the task of medication administration to an MA in accordance with T.C.A. § 63-7-127(k) and these rules.
- (2) A licensed nurse who delegates medication administration to an MA shall supervise the MA by:
 - (a) Reviewing the medication delivery process to assure that there have been no errors in stocking or preparing the medications;
 - (b) Accepting, transcribing, and reviewing resident medication orders;
 - (c) Monitoring residents to whom medications are administered for side effects or changes in health status;
 - (d) Reviewing documentation completed by the MA, including, but not limited to the medication administration record;
 - (e) Providing on-site supervision and availability for immediate direction while in a nursing home setting;
 - (f) Providing on-site supervision or immediate and continuous availability through telecommunication while in an assisted care living facility or P.A.C.E. setting; and
 - (g) Delegating the administration of medication for each resident in writing to the MA.
- (3) Prior to delegating medication administration to an MA, a licensed nurse shall evaluate the following upon admission, and after any change in status or acuity, or any change in medication:
 - (a) The patient and the medication needs of the patient, including:
 1. The patient's mental and physical stability;
 2. The medication to be administered;
 3. The time frame during which the medication is to be administered;

(Rule 1000-05-.10, continued)

4. The route or method by which the medication is to be administered; and
 - (b) The licensed nurse has determined that it is safe for the resident to receive medication from the MA.
- (4) When delegating the task of medication administration to an MA, the licensed nurse shall communicate, in writing, the following to the MA:
 - (a) The patient to whom the MA shall administer medications;
 - (b) The medications the MA shall administer;
 - (c) The time frames during which the medications are to be administered; and
 - (d) Any special instructions concerning the administration of medications to specific patients.
- (5) A licensed nurse may delegate the administration of as-needed medications to an MA provided the licensed nurse completes a nursing assessment of the resident to whom the as-needed medication is to be administered immediately prior to the medication being administered.

Authority: T.C.A. §§ 63-7-127 and 63-7-207. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012. Amendments filed September 11, 2017; effective December 10, 2017.

1000-05-.11 STANDARDS OF PRACTICE.

- (1) A medication aide shall maintain knowledge of the duties, responsibilities, and accountabilities of a medication aide and shall act in accordance with the statutes and rules pertaining to the administration of medication by a medication aide.
- (2) A medication aide shall display the title “medication aide” at all times when administering medications to residents of a nursing home, assisted care living facility, or P.A.C.E.
- (3) An MA shall demonstrate competence and responsibility in the task of medication administration including any observation about the condition of a resident that should cause concern to a medication aide and reporting to the delegating nurse.
- (4) An MA shall ensure and promote a safe environment for nursing home, assisted care living facility, or P.A.C.E. residents.
- (5) An MA shall accurately document in the patient’s or resident’s record the following information immediately after the administration of a medication:
 - (a) The name of the medication and the dosage administered;
 - (b) The route of the administration;
 - (c) The date and time of the administration;
 - (d) The name and credentials of the MA who administered the medication;
 - (e) The name of the licensed nurse who delegated the administration of the medication;

(Rule 1000-05-.11, continued)

- (f) The resident's refusal or inability to ingest the medication or comply with the administration of the medication; and
 - (g) Any complaints by the resident about the medication administration or medication administered.
- (6) An MA shall document in the medical record and report the following to the delegating nurse or the delegating nurse's supervisor in a timely manner:
 - (a) The resident's request for an as-needed medication;
 - (b) The resident's refusal or inability to ingest the medication or comply with the administration of the medication;
 - (c) Any deviation from the delegated medication administration; and
 - (d) Any observations or information about the resident's condition that causes concern.
- (7) An MA shall document contact with the supervising nurse in the medical record.
- (8) An MA shall store drugs in accordance with the pharmacist's instructions.
- (9) An MA shall remove drugs only from a properly labeled container or packaging that has been dispensed by a licensed pharmacist that contains the drug name; dosage; strength; name of the resident to whom it is to be dispensed; and drug expiration date.
- (10) An MA shall complete all necessary tasks to ensure safe medication administration to a resident, including, but not limited to the following:
 - (a) Verifying the identity of the resident to whom the medication is to be administered;
 - (b) Ensuring that medication administration for the resident has been delegated and documented by the delegating licensed nurse prior to the administration of the medication;
 - (c) Ensuring that the medication is being administered to the resident in accordance with the delegation and prescriber instructions;
 - (d) Ensuring that the correct medication in the correct dosage and route is administered to the resident;
 - (e) Documenting and reporting a medication error to the delegating licensed nurse who is on-site at the nursing home, assisted care living facility, or P.A.C.E. or via a two-way telephone conversation.
- (11) An MA shall maintain the confidentiality of protected health information obtained in the course of the MA's duties and responsibilities.
- (12) An MA shall not delegate the task of medication administration to any other person.
- (13) An MA shall not falsify any resident record or any other document prepared or utilized in the course of, or in conjunction with, the administration of medication.
- (14) An MA shall maintain professional boundaries with each resident.

(Rule 1000-05-.11, continued)

(15) An MA shall not:

- (a) Administer medication when such administration would require a dosage decision or calculation including splitting medications, by the medication aide;
- (b) Directly receive orders from a physician or other medication prescriber;
- (c) Administer barium or other contrast media;
- (d) Administer chemotherapeutic agents;
- (e) Administer rectal and vaginal medications;
- (f) Administer medications delivered by metered hand-held inhalers without a spacer;
- (g) Administer medications delivered by aerosol/nebulizer;
- (h) Apply topical medications ordered for the treatment of pressure ulcers or skin grafts;
- (i) Change a dosage amount to adhere to a change in a physician's/prescriber's order; or
- (j) Administer the initial dose of a medication ordered for a resident until after a new evaluation has been performed by a licensed nurse.

(16) An MA shall not, under any circumstances, administer medications by certain methods or routes, or both. These include, but are not necessarily limited to, the following:

- (a) Injection;
- (b) Intravenous;
- (c) Central lines;
- (d) Intrathecal;
- (e) Colostomy;
- (f) A surgically placed feeding tube, e.g., gastrostomy, jejunostomy;
- (g) Nasogastric;
- (h) Non-metered inhaler;
- (i) Intradermal;
- (j) Urethral;
- (k) Epidural
- (l) Endotracheal;
- (m) Intramuscular; or
- (n) Subcutaneous.

(17) An MA shall not:

(Rule 1000-05-.11, continued)

- (a) Engage in sexual conduct with a resident or conduct that may reasonably be interpreted as sexual; or
- (b) Engage in any verbal behavior that is seductive or sexually demeaning to a resident, or that may reasonably be interpreted as seductive, or sexually demeaning to a resident. (For purposes of this paragraph, the resident is always presumed incapable of giving free, full, or informed consent to sexual activity with a medication aide); or
- (c) Make any false, misleading or deceptive statements, or submit or cause to be submitted any false, misleading, or deceptive information or documentation to the board or any representative of the board; or
- (d) Use social media, texting, emailing, or other forms of communication with, or about, a resident, for non-health care purposes or for purposes other than fulfilling the aide's assigned job responsibilities.

Authority: T.C.A. §§ 63-7-127, 63-7-207, and 63-10-201. **Administrative History:** Original rule filed May 15, 2012; effective August 13, 2012. The Government Operations Committee filed a 60-day stay of the rule on July 13, 2012; new effective date October 12, 2012. Amendments filed September 11, 2017; effective December 10, 2017.