

# Handling Controlled Substances in Long-Term Care Facilities

Tool created by WSPA LTC Academy multi-disciplinary collaboration meeting w/LHJs on 1/7/2025\*

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Controlled Substances	SNF	AL, AFH, other boarding homes
Who should receive delivery	One nurse	Designated facility staff
Who should log/lock up	Nurse, ideally two of them, per P&P	Two facility staff WAC 388-78A-2260 just says “designated staff” don’t have to be licensed staff
How to lock up	C2: separately locked, permanently affixed compartments – F761	Locked compartment WAC 388-78A-2260
How often to count/sign	Per facility P&P, recommend every shift	Per facility P&P, recommend ever shift
Narc log requirements	“sufficient detail to allow reconciliation” F755	Must have a system to detect diversion, no longer strictly required to be a bound consecutively numbered paper book. If it isn’t prohibited, it is permitted.
Who can measure oral liquid doses	Nurse	CNA med tech can draw up into “enabler” syringe (medication assistance WACs)
Who can dispose individual doses	Need to log destruction of used patches or unwanted tablets nurse + witness. Recommend entering this on the log book page.	Any two staff (ok to be two caregivers), enter on the log book page.
Who can dispose unwanted remainders	WAC repealed, but still best practices for C2: two of the following individuals: A licensed pharmacist, the director of nursing or a registered nurse designee, and a registered nurse employee of the nursing home with appropriate documentation maintained C3-5: not specified in law, follow facility P&P	Any two staff (ok to be two caregivers), recommend logging disposition of any drug, per facility P&P
How to transfer to another location	Ideally two nurses, document on all applicable log book pages	Two med techs or designated staff, document on applicable log book pages.
Who can release meds to resident/family	Two nurses need to sign. Optional to have patient/POA sign. Recommend noting the name and relation if handing over to any non-staff.	Two staff. Can not repackage the meds, send the original pharmacy packaged med. Recommend noting name and relation if handing over to any non-staff.

- All facilities are required to have a system in place that allows them to detect drug diversion. They need to have a written policy and procedure (P&P) specifying the handling and documentation of controlled substances. This allows them flexibility in the scope of the law to create a system that works for them.

- Laws [WAC 246-865](#) used to specify but was repealed in 2021 “pharmaceutical services extended care facilities” – it mostly applied to assisted living facilities and other boarding homes offering medication services. Skilled nursing facilities have different regulations, F-tags governing procedures. These are no longer strictly laws, but may be prudent best practices. Things that were in this repealed law include:
  - Details about locks, double locking narcs.
  - At all times, all keys to drug boxes, cabinets, and rooms shall be carried by persons legally authorized to administer drugs and on duty on the premise.
  - Specifics about destroying medications and labeling requirements.
  - “There shall be a record book for Schedule II and Schedule III controlled substances which shall be a bound book with consecutively numbered pages in which complete records of receipt and withdrawal of Schedule II and III controlled substances are maintained.”
  - “At least once each 24 hours, the amount of all Schedule II controlled substances stored in the facility shall be counted by at least two persons who are legally authorized to administer drugs. A similar count shall be made of all Schedule III controlled substances at least weekly. Records of counts shall be entered in the Schedule II and III controlled substances book(s).”
  - “When a resident is discharged, a record of release for any Schedule II or III controlled substances released shall be entered on the appropriate page for the given drug in the controlled substances record book”
  - And more