

Assisted Living Nurse Reference Guide

Idaho Department of Health and Welfare
Division of Medicaid



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Please check the RALF website www.assistedliving.dhw.idaho.gov and *IDAPA 16.03.22*, “Residential Care or Assisted Living Facilities in Idaho” for updates or changes.

Definitions Used In Assisted Living Rules

Please refer to IDAPA.16.03.22.010, 16.03.22.011, and 16.03.22.012 for a complete listing of definitions.

Activities of Daily Living - The performance of basic self-care activities in meeting an individual's needs to sustain that person in a daily living environment, including bathing, washing, dressing, toileting, grooming, eating, communicating, continence, and mobility.

Assessment - The conclusion reached using uniform criteria which identifies resident strengths, weaknesses, risks, and needs, including functional, medical, and behavioral needs.

Behavioral Plan - A written plan that decreases the frequency or intensity of maladaptive behaviors, increases the frequency of adaptive behaviors, and introduces new skills.

Chemical Restraint - A medication used to control behavior or to restrict freedom of movement and is not a standard treatment for the resident's condition.

Core Issue - A core issue is any one of the following: abuse; neglect; exploitation; inadequate care; a situation in which the facility has operated for more than 30 days without a licensed administrator who is responsible for the day to day operations of the facility; inoperable fire detection or extinguishing systems with no fire watch in place pending the correction of the system; or surveyors denied access to records, residents, or facilities.

Inadequate Care - When a facility fails to provide the services required to meet the terms of the Negotiated Service Agreement, or provide for room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency intervention, coordination of outside services, a safe living environment, or engages in violations of resident rights, or takes residents who have been admitted in violation of the provisions of Section 39-3307, Idaho Code.

Licensing and Certification Unit - The section of the department that is responsible for licensing and surveying residential care or assisted living facilities.

Medication - Any substance or drug used to treat a disease, condition or symptom, which may be taken orally, injected or used externally, and is available through prescription or over-the-counter.

Medication Administration - It is a process where a prescribed medication is given to a resident by one of several routes by licensed nurses.

Medication Assistance - The process whereby a non-licensed care provider is delegated tasks by a licensed nurse to aid a person who cannot independently self-administer medications. IDAPA 23.01.01. "Rules of the Idaho State Board of Nursing," Section 010.

Medication Dispensing - The act of filling, labeling and providing a prescribed medication to a resident.

Medication, Self-Administration - The act of a resident taking a single dose of his own medication from a properly labeled container and placing it internally in, or externally on, his own body as a result of an order by an authorized provider.

Negotiated Service Agreement - The plan reached by the resident and/or their representative and the facility based on the assessment, physician or authorized provider's orders, admission records, and desires of the resident, and which outlines services to be provided and the obligations of the facility and the resident.

Non-Core Issue - Any finding of deficiency that is not a core issue.

Survey - A review conducted by a surveyor to determine compliance with statutes and rules. There are two (2) components to a survey: health care, and fire life safety and sanitation.

Surveyor - A person authorized by the Department to conduct surveys or complaint investigations to determine compliance with statutes and rules.

Syringe - Oral Feeding - Use of a syringe to deliver liquid or pureed nourishment directly into the mouth.

Therapeutic Diet - A diet ordered by a physician or authorized provider as part of treatment for a clinical condition or disease, or to eliminate or decrease specific nutrients in the diet, (e.g., sodium) or to increase specific nutrients in the diet (e.g., potassium) or to provide food the resident is able to eat (e.g., mechanically altered diet).

Unlicensed Assistive Personnel (UAP) - Unlicensed assistive personnel (UAP) employed to perform nursing care services under the direction and supervision of licensed nurses. UAP also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond their usual and customary roles and which activities are provided under the direction and supervision of licensed nurses.

Licensed Professional Nurses' Responsibilities and Requirements

The following rules and information apply to nurses who work in assisted living facilities in Idaho. The rules for residential care or assisted living facilities in Idaho start with IDAPA 16.03.22. There is additional information and independent study courses on our website at www.assistedliving.dhw.idaho.gov. Be sure to check out the "Frequently Asked Questions" section while you're there. You can also call our assisted living surveyors at (208) 334-6626 Monday through Friday from 8 a.m. to 4:30 p.m. if you have questions, or you can email us at ALC@dhw.idaho.gov.

Nurses must perform services in accordance with IDAPA 23.01.01, "[Rules of the Idaho Board of Nursing](#)." The facility must have on staff or under contract the nursing personnel to meet the requirements of IDAPA rules 16.03.22.300.01 and 300.02, which state:

A licensed professional nurse (RN) must visit the facility (to assess residents) at least once every 90 days or when there is a change in the resident's condition. The licensed professional nurse is responsible for delegating all nursing functions (*i.e., blood sugars, catheter care*), according to IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Section 400. The facility must ensure that a licensed nurse is available to address changes in the resident's health or mental status and to review and implement new orders prescribed by the resident's health care provider. The licensed professional nurse must assess and document, including date and signature, for each resident the following (see IDAPA 16.03.22.305.01 through 305.08):

Resident Response to Medications and Therapies

The RN must conduct a nursing assessment of each resident's response to medications and prescribed therapies.

Current Medication Orders

The RN must ensure the residents' medication orders are current by verifying that the medication listed on the medication distribution container, including over-the-counter medications as appropriate, are consistent with physician or authorized provider orders. A copy of the actual written, signed, and dated orders must be present in each resident's care record. (*It is also a best practice to review the MARs for accuracy and appropriate documentation.*)

Resident Health Status

The RN must conduct a nursing assessment of the health status of each resident by identifying symptoms of illness, or any changes in the resident's mental or physical health status.

Recommendations

The RN will make recommendations to the administrator regarding any medication needs, other health needs requiring follow up, or changes needed to the resident's Negotiated Service Agreement.

Progress of Previous Recommendations

The RN will conduct a review and follow-up of the progress on previous recommendations made to the administrator regarding any medication or other health needs that require follow up. The RN will report to the attending physician or authorized provider and state agency if

recommendations for care and services are not implemented that have affected or have the potential to affect the health and safety of residents.

Self-Administered Medication

The RN will conduct an initial nursing assessment on each resident who is participating in a self-administered medication program as follows:

- Before the resident can self-administer medication, to ensure the resident's safety (*this includes residents who self-inject insulin or have OTCs in their rooms*).
- Evaluate the continued validity of the assessment every 90 days to ensure the resident is still capable of safely self-administering medication for the next 90 days.

Medication Interactions and Usage

The RN will conduct a review of the resident's use of all prescribed and over-the-counter medications for side effects, interactions, abuse, or a combination of these adverse effects. The nurse must notify the resident's physician or authorized provider of any identified concerns.

Resident and Facility Staff Education

The RN will assess, document, and recommend any health care related educational needs, for both the resident and facility staff, as the result of the assessment or at the direction of the resident's health care provider.

Rules Assisted Living Nurses Need to Know About

Certification Requirement for Helping Residents with Medications

Before staff can begin helping residents with medications, the staff must have successfully completed a Board of Nursing approved medication assistance course. This training is not part of the 16-hour minimum of orientation training or the 8-hour minimum of continuing training requirement per year. *(Remember, medication aides must be delegated to assist with medications even if they have completed the course; documentation of RN delegation must be in each employee's file.)*

Medication Distribution System

Each facility must use medi-sets or blister packs. The facility may use multi-dose medication distribution systems that are provided for residents receiving medications from the Veterans Administration or Railroad benefits. The medication system must be filled by a pharmacist and appropriately labeled in accordance with pharmacy standards and physician or authorized provider instructions. A licensed nurse may fill medi-sets, blister packs, or other Licensing and Survey Agency approved system as provided in Section 39-3326, Idaho Code and Section 157 of these rules. *(The licensed nurse shall appropriately label the medication with name, dosage, amount and time to be taken, and special instructions if appropriate.)*

It is important to remember that:

- Medications must be kept in a locked area such as a locked box or room.
- Poisons, toxic chemicals, and cleaning agents must be stored in separate locked areas apart from medications, box, or room.
- Biologicals and other medications requiring cold storage must be refrigerated. A covered container in a home refrigerator is satisfactory storage if the temperature is maintained at 38-45°F. The temperature must be monitored and documented daily.

Medication Assistance Must Comply with the Board of Nursing Requirements

(Remember, medication aides cannot make assessment decisions.)

- Medication must be given to the resident directly from the medi-set, blister pack, or medication container.
- Residents must be observed taking the medication.

Unused Medication

Unused, discontinued, or outdated medications can't accumulate at the facility for longer than 30 days. The unused medication must be disposed of in a manner that ensures it cannot be retrieved. The facility may enter into agreement with a pharmacy to return unused, unopened medications to the pharmacy for proper disposition and credit.

Written Records of Disposals

A written record of all drug disposals must be maintained in the facility and must include:

- A description of the drug, including the amount.
- The name of the resident on the prescription medication.
- The reason for disposal.
- The method of disposal.
- The date of disposal.
- Signatures of the responsible facility personnel and a witness.

Controlled Substances

The facility must track all controlled substances entering the facility. *(This includes controlled substances that are used by residents who have been assessed to be independent in self-administration of medications.)*

Psychotropic or Behavior Modifying Medication

If not used appropriately, psychotropic medications can compromise the health and safety of residents. It is important to remember that:

- Psychotropic or behavior modifying medication intervention must not be the first resort to address behaviors. Before initiating psychotropic medications the facility must attempt, and document, non-drug interventions to help the resident and redirect the resident's behavior.
- Psychotropic or behavior modifying medications must be prescribed by a physician or authorized provider.
- The facility must monitor the resident to determine continued need for the medication based on the resident's demonstrated behaviors. *(The behaviors should be documented.)*
- The facility must monitor the resident for any side effects that could impact the resident's health and safety.
- The use of psychotropic or behavior modifying medications must be reviewed by the physician or authorized provider at least every six months. The facility must provide behavior updates, including a summary of documented behaviors, to the physician or authorized provider to help facilitate an informed decision about continuing to use psychotropic or behavior modifying medication. *(How the facility provides behavior updates to the physician is up to the facility's policy, but there must be documentation showing that behavior updates were reported to the physician.)*

Admissions

In some facilities, the facility RN is responsible for assessing residents prior to admission; therefore, it is important to have knowledge of the following rules. Additionally, the facility RN must be able to recognize current residents who may not be appropriate for retention, so he/she can report that information to the administrator.

Policies of Acceptable Admissions. Written descriptions of the conditions for admitting residents to the facility must include the following stipulations:

- A resident will be admitted or retained only when the facility has the capability, capacity, and services to provide appropriate care; the resident doesn't require a type of service for which the facility is not licensed to provide or is unable to arrange; or if the facility does not have the appropriate number of personnel or personnel who lack the skills to provide such services.
- No resident will be admitted or retained who requires ongoing skilled nursing or care that isn't within the legally licensed authority of the facility. Such residents include:
 - A resident who has a gastrostomy tube, arterial-venous shunts, or supra-pubic catheter inserted within the previous 21 days.
 - A resident who is receiving continuous total parenteral nutrition or intravenous therapy.
 - A resident who requires physical restraints, including bed rails. An exception is a chair with locking wheels or a chair from which the resident can't get out.
 - A resident who is comatose. An exception is a resident who has been assessed by a physician or authorized provider who has determined that death is likely to occur within 14 to 30 days.
 - A resident who is on a mechanically supported breathing system. An exception is a resident who uses a CPAP (continuous positive airway pressure) machine.
 - A resident who has a tracheotomy and is unable to care for the tracheotomy independently.
 - A resident who is fed by a syringe.
 - A resident with open, draining wounds for which the drainage can't be contained.
 - A resident with a Stage III or IV pressure ulcer.
 - A resident with any type of pressure ulcer or open wound that is not improving bi-weekly.
 - A resident who has MRSA (methicillin-resistant staphylococcus aureus) in an active stage (infective stage).
- The facility must ensure a licensed nurse is available to meet the needs of residents who require nursing care.
- A resident will not be admitted or retained if:
 - The resident has physical, emotional, or social needs that are not compatible with the other residents in the facility.
 - The resident is violent or a danger to himself or others.

Negotiated Service Agreement

In some facilities someone other than the administrator is responsible for developing and updating the Negotiated Service Agreement. If this applies to you, review [IDAPA 16.03.22.320.01 through 320.08](#). In nursing language, the NSA could be described as a care plan, as it should clearly describe the care the resident requires. The nurse should make recommendations or additions to the NSA that will better help direct a resident's care. Review the following information regarding NSAs:

Requirements for the Negotiated Service Agreement. The Negotiated Service Agreement must be completed and signed no later than 14 calendar days from the date of admission. A written interim plan must be developed and used while the Negotiated Service Agreement is being completed.

- Use of Negotiated Service Agreement. Each resident, regardless of the source of funding, must enter into a Negotiated Service Agreement. The Negotiated Service Agreement provides for coordination of services and instruction to the facility staff. Upon completion, the agreement must clearly identify the resident and describe the services that will be provided, the frequency of such services, and how such services are to be delivered. The Negotiated Service Agreement must be implemented.
- Development of the Negotiated Service Agreement. The resident and other relevant persons, as identified by the resident, must be included in developing the Negotiated Service Agreement. Licensed and professional staff will be involved in developing the agreement, as applicable.

Infection Control

In some facilities, the RN may be responsible for providing training to staff on infection control or helping to develop policies and procedures. Review the following rules regarding infection control:

Requirements for Infection Control. The administrator is responsible for ensuring that infection control policies and procedures are implemented. Staff must implement facility policies and procedures.

- Staff with Infectious Diseases. Staff with an infectious disease must not work until the infectious stage is corrected or must be reassigned to a work area where contact with others is not expected and the risk of transmitting the infection is gone.
- Universal Precautions. Universal precautions must be used in the care of residents to prevent transmission of infectious disease according to the [Centers for Disease Control and Prevention \(CDC\) guidelines](#).
- Reporting Individuals with Infectious Diseases. The name of any resident or facility personnel with a reportable disease listed in [IDAPA 16.02.10, "Idaho Reportable Diseases,"](#) must be reported immediately to the local Health District authority and appropriate infection control procedures must be immediately implemented as directed by that local health authority.

Requirements for Handling Accidents, Incidents, or Complaints

Some administrators designate another employee to be responsible for investigating and reporting accidents and incidents. If this applies to you, review Subsections 350.01 through 350.07 of the rules for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22).

Menu and Diet Planning

As the facility RN may assess a resident's nutritional status, and make recommendations regarding a resident's dietary needs, it is important to be aware of the following:

- The facility must provide each resident with at least the minimum food and nutritional needs in accordance with the Recommended Dietary Allowances established by the Food and Nutrition Board of the National Academy of Sciences. These recommendations are in the [Idaho Diet Manual](#) 9th edition 2005. The menu must be adjusted for age, sex, and activity as approved by a registered dietitian.
- Therapeutic Diets. The facility must have a therapeutic diet menu that is planned or approved, signed, and dated by a registered dietitian before it is served to residents. The therapeutic diet must:
 - Meet nutritional standards (*to the extent possible*).
 - Be planned as close to a regular diet as possible.
 - Be ordered by a physician or authorized provider (*the facility must have a record of the order. Also, be sure to monitor to ensure the resident is actually receiving the correct diet*).

Residents' Rights

Nurses are taught to advocate for residents, so the following rules regarding residents' rights are important to know:

Requirements for Residents' Rights. The administrator must ensure that policies and procedures are implemented to ensure that residents' rights are observed and protected (not all of the Residents Rights are listed below, the entire set of Residents' Rights are at Subsections 550.01 through 550.23 of the rules for Residential Care or Assisted Living Facilities in Idaho.

- Privacy. Residents must be assured the right to privacy in regards to accommodations, medical and other treatment, written and telephone communications, visits and meetings of family and resident groups.
- Humane Care and Environment. Residents have the right to humane care and a humane environment including the right to:
 - A diet that is consistent with any religious or health-related restrictions.
 - Refuse a restricted diet.
 - A safe and sanitary living environment.
- Residents also have the right to be treated with dignity and respect including:

- Being treated in a courteous manner by staff.
- Receiving a response to any request within a reasonable time.
- Be communicated with, either orally or written, in a language they understand.
- Confidentiality. Residents' personal and medical records must be kept confidential.
- Freedom from Abuse, Neglect, and Restraints. Residents must have the right to be free from physical, mental or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints.
- Control and Receipt of Health-Related Services. Residents must have the right to control their health related services including the right to:
 - Retain the services of a personal physician, dentist, and other health care professional.
 - Select the pharmacy or pharmacist of their choice so long as it meets the statute and rules governing residential care and assisted living and the policies and procedures of the residential care or assisted living facility.
- Refusal of medical services based on informed decision making. Refusal of treatment does not relieve the facility of its obligations under this chapter. If a resident refuses treatment, the facility must document that:
 - The resident and the resident's legal guardian have been informed of the consequences of the refusal.
 - The resident's physician or authorized provider has been notified of the resident's refusal (*the facility may also have a policy that the facility RN be notified as well*).

Training Requirements for Facilities Admitting Residents with Diagnosis of Dementia, Mental Illness, Developmental Disability, or Traumatic Brain Injury

A facility admitting and retaining residents with diagnosis of dementia, mental illness, developmental disability, or traumatic brain injury must train staff to meet the specialized needs of these residents. The means and methods of training are at the facility's discretion. In some facilities, the RN may conduct the training. Please refer to rules 16.03.630.01 through 630.04 for the topics that must be covered.

Record Information and Availability

Every facility may have different forms and methods for documentation, but the following is required per state rules:

- Entries must include:
 - Date, time, name, and title of the person making the entry
 - The signature of the staff member making the entry (for each entry made during a shift)
- Resident care records must be available at all times to caregivers when on duty.
- Prior History and Physical. The facility must keep a record of each resident's:

- Providers of choice (including address and telephone numbers)
- Physicians or authorized providers
- Dentists
- Pharmacies
- Other providers such as outside service providers (home health, hospice, psychosocial services rehabilitation specialists, case managers, etc.).
- **Prior History and Physical.** The facility must have the results of a history and physical examination performed by a physician or authorized provider no older than six months before the resident was admitted.
- **Prescribed Medication and Treatment List.** The facility must keep a list of medications, diets, treatments, and any limitations prescribed for the resident that is signed and dated by the physician or authorized provider who is giving the order.
- **Behavior Management Records.** The facility must have behavior management records for residents, when applicable. These records must document requirements in IDAPA 16.03.22.225 and 320.02. The records must also include:
 - The date and time a specific behavior was observed
 - What interventions were used
 - The effectiveness of the intervention
- **Care Plans.** The facility must have signed and dated copies of all care plans prepared by outside service agencies, if appropriate, including who is responsible for the integration of care and services. *(The administrator and nurse should be reviewing these care plans so that coordination of care can occur.)*
- **Care Notes.** Care notes that are signed and dated by the person providing the care and services must include:
 - When the Negotiated Service Agreement is not followed, such as resident refusal, and the facility's response.
 - Delegated nursing tasks such as treatments, wound care, and assistance with medications.
 - Unusual events such as incidents, reportable incidents, accidents, altercations, and the facility's response.
 - Calls to the physician or authorized provider, reason for the call, and the outcome of the call.
 - Notification of the licensed professional nurse of a change in the resident's physical or mental condition. *(The facility nurse should document his/her follow-up to notifications of changes of condition.)*
 - Notes of care and services from outside providers, such as home health and hospice. *(The nurse should review these notes to provide continuation of care and identify concerns; i.e., worsening pressure ulcers.)*

- Medications Not Taken. The facility must keep documentation of any medication refused by the resident, not given to the resident, or not taken by the resident and the reason for the omission.
- PRN Medication. The facility must have documentation of all PRN medication with the reason for taking the medication. *(Remember, a resident must be able to request the PRN medication or the medication aid should have clear parameters to guide them or the facility RN should be notified for direction. Medication aides cannot make assessment decisions.)*

Frequently Asked Questions

The following is an excerpt from the full addition of FAQs on our website:

When does the nurse need to be contacted before giving or withholding medications?

If withholding medications, the nurse should be contacted at all times. For a medication that says hold if BP is less than (#), if the nurse has delegated blood pressures to staff, then staff can follow a direct order; i.e. “withhold medication” and then inform the nurse the medication has been withheld. However, PRN orders that are not black and white; i.e., “1-2 tablets” “every 3-4 hours” would require decision making on the part of the staff. Therefore, the nurse would have to be called. If the resident is cognitive enough to request a med when needed, then staff could give the medication without calling the nurse; i.e., “give 2 Tylenol every 3-6 hours as needed for pain (9/25/06).

Can a UAP (unlicensed assistive personnel) give liquid morphine to an unconscious hospice resident?

No. The Medication Assistance Course is taught with the assumption that the resident would otherwise be able to take their own medications except for unusual circumstances such as a physical disability, mental illness, etc. However, a resident who is unconscious would not be able to take their own medications and, therefore, it is no longer assisting, it becomes administering. So the answer is no, a UAP may not assist an unconscious resident with SL or other medications. Either the facility nurse or the hospice staff should handle this task (4/2/07).

Can a UAP set O2 to the level specified in the physician’s order as long as the nurse has delegated this task?

The UAP cannot perform an assessment to determine the level at which to set O2, or determine when O2 should be used or not used, or determine for how long O2 should be used. If the order for O2 includes a range in the level or decision making about when to use the oxygen, such as “2-3 liters per minute” “PRN” or “when short of breath,” the UAP cannot set the level. If the physician’s order allows for no variation; i.e., “O2 - 2 liters per minute, continuous,” and the med aid has received clear direction and delegation from the facility RN, then the UAP could assist the resident with applying the tubing and setting the level (2/22/07).

Irrigating Catheters: Are UAP allowed to irrigate either Foley or supra-pubic catheters?

Only if the physician’s order indicates a clean rather than a sterile procedure and the order states it is acceptable for unlicensed personnel to perform and the facility nurse is comfortable delegating to staff. The physician’s order must also specify what is to be used for the flush (4/16/08).

Does the nursing assessment need to be done before the resident moves in?

If the resident takes medications, or receives any medical treatments (dressing changes, oxygen, etc.) then yes, the nurse needs to do the assessment before, or on the day of, move in. The nurse must review the resident’s current medication orders and/or need for treatment, and then either delegate to staff the assistance with those medications/treatments, or perform a self-administration assessment. A face-to-face assessment is required for each of these. If the resident does not take medications, and receives no medical treatment, the nursing assessment should be done within the first 14 days, so the nurse’s recommendations can be included on the NSA. The administrator is responsible to assure – before the resident moves in – that the facility can meet the resident’s needs (1/14/08).

Are assisted living facilities required to have a nurse on call 24-7?

Yes, the nurse needs to be available to address changes in the resident's medication orders, or mental and physical condition to include behaviors. IDAPA 16.03.22.300.02. Licensed Nurse. The facility must assure that a licensed nurse is available to address changes in the resident's health or mental status and to review and implement new orders prescribed by the resident's health care provider (7/19/06).

What does nurse delegation entail?

Delegation must involve both verbal and written instructions. See BON rules IDAPA 23.01.400.02.g. Determine that the person to whom the act is being delegated has documented education or training to perform the activity and is currently competent to perform the act; and h. Provide appropriate instruction for performance of the act. IDAPA 23.01.400.03. Monitoring Delegation. Subsequent to delegation, the licensed nurse shall: a. Evaluate the patient's response and the outcome of the delegated act, and take such further action as necessary; and b. Determine the degree of supervision required and evaluate whether the activity is completed in a manner that meets acceptable outcomes. The degree of supervision shall be based upon the health status and stability of the patient, the complexity of the care and the knowledge and competence of the individual to whom the activity is delegated (11/09/10).

Can a self-medicating resident have family or friend fill their medi-set for them?

Medi-sets can only be filled by a pharmacist or a nurse. In situations where the resident is fully cognizant, and would be able to fill the medi-set themselves, except for a physical disability, it would be acceptable for their family member to assist them as long as the resident was present the entire time the person is filling their medi-set. This should only be done when the resident could do it themselves except for a physical impairment. If resident cannot perform this cognitively, then they probably are not appropriate for self-medicating. The resident must be able to pass the self-medication assessment, including knowing what the pills are, what they are for, and any significant side effects they should be watching for (4/30/07).

We have been told a sliding scale for insulin is appropriate in the RALF setting even if they are unable to manage it entirely on their own including the injection. What is your position on this?

For the injection, we would expect the resident to be fully cognizant of what the injection is for and how it is to be given. The only time hand-over-hand would be appropriate, is when the resident is cognitively capable, but has difficulty manipulating or holding steady the syringe. Further, per the Board of nursing, dialing insulin pens is not a task that should be delegated to UAP. For any medications, UAP are able to give a set dose at a set time. They are not able to make judgments or distinctions, such as "1-2 tablets" or "every 2-4 hours." The same would hold true for the insulin dose based on the blood glucose level (6/11/07).

Rules That are Incorporated Into Assisted Living Rules

Title 39 Chapter 33 Idaho Residential Care or Assisted Living <http://www.legislature.idaho.gov/idstat/Title39/T39CH33.htm>

IDAPA 16.03.22 Residential or Assisted Living Facilities in Idaho <http://adm.idaho.gov/adminrules/rules/idapa16/0322.pdf>

Idaho Board of Nursing Rules. IDAPA 23.01.01, “Rules of the Idaho Board of Nursing.” <http://adm.idaho.gov/adminrules/rules/idapa23/23index.htm>

Idaho Board of Pharmacy Rules. IDAPA 27.01.01, “Rules of the Idaho Board of Pharmacy.” <http://adm.idaho.gov/adminrules/rules/idapa27/27index.htm>

Idaho Food Code. IDAPA 16.02.19, “Food Safety and Sanitation Standards for Food Establishments,” <http://www.healthandwelfare.idaho.gov/Portals/0/Health/FoodProtection/165f1b71-4150-46f3-9e61-f0ec5c559e0c.pdf>

Idaho Diet Manual. This manual is available from the Idaho Dietetic Association, Ninth Edition, 2005, online at <http://www.eatrightidaho.org/store.php>

Americans with Disabilities Act Accessibility Guidelines. 28 CFR Part 36, Appendix A. <http://www.ada.gov/publicat.htm>