MEDICATION HARM SERIES · PART 4

What's Actually in the Cabinet

Home Health Medications

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Home health is the setting attorneys think about least in medication cases, because the nurse isn't giving the drugs. The patient or a family member is. The agency's job is to assess, reconcile, teach, and manage. The liability is in the gap between what the agency's chart says the patient takes and what is actually in the cabinet.

Here's how the gap opens. A patient comes home from the hospital with a new medication list. The old bottles are still in the kitchen. Some drugs were stopped, some changed in dose, some replaced. The patient has both sets. Under federal conditions of participation, the home health nurse must do a comprehensive medication review at the first visit, which means looking at every bottle and reconciling against the discharge list. If that was done, the chart shows a reconciled list with discontinued drugs identified and the family taught. If it wasn't, the chart shows a list copied from the discharge summary while the patient takes the old blood pressure pill and the new one together.

WHAT WE LOOK FOR

- **The OASIS against the visit notes.** The OASIS is the federally required assessment, and its medication items (regimen review completed, issues communicated, patient independent with medications) drive the agency's reimbursement and public ratings. If the OASIS says the review was done, the visit note should show what was found and who was called. "Patient reports taking all medications as prescribed" with no bottles reviewed is not a review.
- **The ability-to-self-administer assessment.** Memory problems, poor vision, or arthritis that makes bottles hard to open mean the patient can't reliably self-administer, and the plan of care has to say so.
- **The plan of care against the visit record.** If the plan says weekly clotting labs and three weeks pass with none, the agency didn't follow its own plan.

- Physician notification: method and timestamp. A fax at 4:40 p.m. for a blood pressure of 84 over 52 is technically notification. It is not a reasonable response.
- The after-hours call log, which is often where the agency had the information and didn't act.
- And from the family: the actual bottles or pill organizer, photographed with dates. It's the one piece of evidence the agency doesn't control, and it has made cases.

ON CAUSATION

The defense will say the family administered the drugs. A family never taught which bottles to discard didn't fail. The teaching failed.

Episode 89 of Lexcura Clinical Insights covers home health medication cases in full.

This newsletter is for education only and isn't medical or legal advice.

ABOUT LEXCURA CLINICAL INTELLIGENCE

Lexcura Clinical Intelligence provides integrated clinical and regulatory analysis for attorneys handling healthcare litigation. If you have a case that turns on what the medical record really shows, we'd welcome the conversation.

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