

1 10A NCAC 13F .0503 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

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3 **10A NCAC 13F .0503 MEDICATION ADMINISTRATION COMPETENCY**

4 (a) The competency evaluation for medication administration required in Rule .0403 of this Subchapter shall consist
5 of a written examination and a clinical skills ~~evaluation~~ validation to determine competency in the following areas:

- 6 (1) medical abbreviations and terminology;
- 7 (2) transcription of medication orders;
- 8 (3) obtaining and documenting vital signs;
- 9 (4) procedures and tasks involved with the preparation and administration of oral (including liquid,
10 sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications;
- 11 (5) infection control procedures;
- 12 (6) documentation of medication administration;
- 13 (7) monitoring for reactions to medications and procedures to follow when there appears to be a change
14 in the resident's condition or health status based on those reactions;
- 15 (8) medication storage and disposition;
- 16 (9) ~~regulations~~ rules pertaining to medication administration in adult care facilities; and
- 17 (10) the facility's medication administration policy and procedures.

18 (b) An individual shall score at least 90% on the written examination which shall be a standardized examination
19 established by the Department.

20 (c) ~~A certificate of successful completion of the written examination shall be issued to each participant successfully~~
21 ~~completing the examination. [who successfully completes the examination as required in Paragraph (b) of this rule.]~~
22 ~~A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable~~
23 ~~from one facility to another as proof of successful completion of the written examination. A medication study guide~~
24 ~~for the written examination is available at no charge by contacting the Division of Health Service Regulation, Adult~~
25 ~~Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699 2708. Verification of an individual's~~
26 ~~completion of the written examination and results can be obtained at no charge on the North Carolina Adult Care~~
27 ~~Medication Aide Testing website at <https://mats.ncdhhs.gov/test-result>.~~

28 (d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a
29 ~~registered licensed~~ pharmacist ~~consistent with their occupational licensing laws and~~ who has a current unencumbered
30 license in North Carolina. ~~This validation shall be completed for those medication administration tasks to be performed~~
31 ~~in the facility. The registered nurse or licensed pharmacist shall conduct a clinical skills validation for each medication~~
32 ~~administration task or skill that will be performed in the facility.~~ Competency validation by a registered nurse is
33 required for unlicensed staff who perform any of the personal care tasks related to medication administration listed in
34 Subparagraphs (a)(4), (a)(7), (a)(11), (a)(14), and (a)(15) as specified in Rule .0903 of this Subchapter.

35 (e) The Medication Administration Skills Validation Form shall be used to document successful completion of the
36 clinical skills validation portion of the competency evaluation for those medication administration tasks to be
37 performed in the facility employing the medication aide. The form requires the following:

- 1 (1) name of the staff and adult care home;
2 (2) satisfactory completion date of demonstrated competency of task or skill with the instructor's initials
3 or signature;
4 (3) if staff needs more training on skills or tasks, it should be noted with the instructor's signature; and
5 (4) staff and instructor signatures and date after completion of tasks.

6 Copies of this form and instructions for its use may be obtained at no cost ~~by contacting the Adult Care Licensure~~
7 ~~Section, Division of Health Service Regulation, 2708 Mail Service Center, Raleigh, NC 27699-2708.~~ on the Adult
8 Care Licensure website, <https://info.ncdhhs.gov/dhsr/acls/pdf/medchklst.pdf>. The completed form shall be maintained
9 and available for review in the facility and is not transferable from one facility to another.

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11 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
12 *Temporary Adoption Eff. January 1, 2000; December 1, 1999;*
13 *Eff. July 1, 2000;*
14 *Temporary Amendment Eff. July 1, 2003;*
15 *Amended Eff. June 1, ~~2004~~, 2004;*
16 *Readopted Eff. October 1, 2022.*