

Waiver Survey and Certification  
Home and Community-based Services (HCS)/Texas Home Living (TxHmL) Program  
**RN Delegation Checklist**

Provider Name	Reviewer(s)/Individual(s)
Contract No./Component Code	Date

Human Resources Code, Chapter 161, Subchapter D-1	Yes	No	N/A	Issues or Concerns
<input type="checkbox"/> <b>161.093 (a) (1) (A-C) – Unlicensed personnel (UP) may administer medications without RN delegation only when:</b> (1) Medication is an: (A) Oral medication; (B) Topical medication; (C) Metered dose inhaler;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>161.093 (a) (2) – Medication is administered for a stable or predictable condition; and</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>161.093 (a) (3) – Individual was assessed initially by RN through face-to-face and in response to significant change in condition and RN determines individual's health status permits the administration of medications by UP; and</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>161.093 (a) (4) (A-B) – UP has been;</b> (A) Trained by RN or LVN under the direction of an RN*; or (B) Determined competent by RN or LVN under direction of RN regarding proper administration of medication, including through a demonstration of proper techniques by the UP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>161.094 (a) (1) – Administration of medications by UP is reviewed at least annually and after any significant change in condition by an RN or LVN under the supervision of an RN; and</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>161.094 (a) (2) – Provider has policies to ensure that the determination to allow administration of medications by the UP is made on by an RN.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>*Training of UPs may be conducted in a group/classroom setting and does not require that UPs be trained on each individual's specific medications.</b>				

Exempting Foster Care (FC)/Companion Care (CC) from the Board of Nursing (BON) Definition of Unlicensed Personnel (UP) at 225.4 (12)	Yes	No	N/A	Issues or Concerns
<input type="checkbox"/> (1) RN comprehensive assessment completed prior to exemption.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (2) FC/CC meets BON definition of Client's Responsible Adult (CRA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (3) Has guardian or other CRA approved to allow FC/CC to act as the CRA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (4) Is there evidence FC/CC can safely assume overall responsibility and accountability for individual's health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (5) Comprehensive assessment reviewed annually or when significant change in individual's condition or FC/CC's abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (6) Current nursing service plan (NSP) required (instructions to notify RN of significant changes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (7) FC/CC not required to keep medication administration records (MARs) or contact RN when giving PRNs or initial doses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (8) FC/CC required to contact RN or LVN participating in on-call pilot prior to administering chemical restraint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Board of Nursing Chapter 225	Yes	No	N/A	Issues or Concerns
<p><b>225.1 – All three criteria must be met to delegate under Chapter 225</b></p> <p><input type="checkbox"/> (1) The individual is in an independent living environment (will be yes for HCS).</p> <p><input type="checkbox"/> (2) The individual, if 16 or older, or CRA is willing and able to participate in decisions about the overall management of the individual's health care.</p> <p><input type="checkbox"/> (3) The task is for a stable and predictable condition (one acute condition does not preclude using 225 for tasks unrelated to the acute condition).</p> <p><input type="checkbox"/> Is the individual able to participate in his or her own health care decisions? If no:</p> <p><input type="checkbox"/> (1) Does the individual have a guardian or a designated responsible adult willing able to participate in the decisions?</p> <p><input type="checkbox"/> (2) Is the CRA clearly identified?</p> <p><input type="checkbox"/> Did the RN determine that the task(s) is for a stable and predictable condition? A stable and predictable condition is a situation where the individual's clinical and behavioral status is determined to be non-fluctuating and consistent, it involves long term health care needs which are not acute in nature and does not require the regularly scheduled presence of a licensed nurse.</p> <p><input type="checkbox"/> Is there documentation that the RN verified the experience and competency of the UPs to perform the task(s), including the UPs ability to recognize and inform the RN of individual changes related to the task(s)? The RN must have either:</p> <p><input type="checkbox"/> (1) Instructed the UP in the delegated task; or</p> <p><input type="checkbox"/> (2) Verified the UPs competency to perform the task(s) based on personal knowledge of the training, education, experience, and/or certification/permit of the UP.</p> <p><b>*Each UP performing a nursing task must be trained specifically to the individual and the task being performed.</b></p> <p><input type="checkbox"/> Did the RN document the level of supervision and frequency of supervisory visits required?</p> <p><input type="checkbox"/> (1) LVN supervision – frequency</p> <p><input type="checkbox"/> (2) RN supervision – frequency</p> <p><b>*Supervision must be conducted for each UP performing the task(s).</b></p>				

<p><b>225.7 – Activities of Daily Living (ADL) Not Requiring Delegation</b></p> <p><input type="checkbox"/> Limited to the following activities: bathing, dressing, grooming, routine hair and skin care, meal preparation, feeding, exercising, toileting, transfer/ambulation, positioning, range of motion, and assistance with self-administered medications [(225.4 (1))].</p> <p><input type="checkbox"/> (1) Individual would perform ADL but for the functional disability;</p> <p><input type="checkbox"/> (2) RN determines based on assessment that the ADL could be performed by any unlicensed person without RN supervision;</p> <p><input type="checkbox"/> (3) If above criteria cannot be met, ADL may still be performed as delegated task.</p>				
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Board of Nursing Chapter 225	Yes	No	N/A	Issues or Concerns
<p><b>225.8 Health Maintenance Activities Not Requiring Delegation</b></p> <p>Limited to the following activities at [225.4 (8) (A-E)]:</p> <p><input type="checkbox"/> (1) Administering oral medications, including administration through a permanently placed feeding tube with irrigation;</p> <p><input type="checkbox"/> (2) Administering a bowel &amp; bladder program,* including suppositories, enemas, manual evacuation, intermittent catheterization, digital stimulation, external stoma care including pouch changes, measuring intake and output, and skin care surrounding the stoma;</p> <p><input type="checkbox"/> (3) Routine care of Stage I decubitus;</p> <p><input type="checkbox"/> (4) Feeding and irrigation through a permanently placed feeding tube; and</p> <p><input type="checkbox"/> (5) Other tasks the Board may designate.</p> <p><b>The only time the above activities do not require delegation is when:</b></p> <p><input type="checkbox"/> (1) The medication is oral and the RN has determined under the Human Resources Code, Chapter 161, Subchapter D-1, that this task can be performed by UPs without delegation;</p> <p><input type="checkbox"/> (2) The individual or CRA can direct the UP without RN supervision;</p> <p><input type="checkbox"/> (3) The individual or CRA has agreed in <b>writing</b> to direct the UPs in carrying out the task(s); and</p> <p><input type="checkbox"/> (4) Either the individual is willing and able to train the UPs; or</p> <p><input type="checkbox"/> (5) The CRA is willing and able to train the UPs and will be present when the task is performed, or if not present, will have observed the UPs at <b>least once</b> and will be <b>immediately</b> accessible in person or by telecommunications to the UP when the task is performed.</p> <p><b>*Bowel and bladder program must be ordered by a health care provider.</b></p> <p><b>*This option is not available in Residential Support Services.</b></p>				
<p><b>225.10 – Tasks that may be delegated to UPs</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>225.11 – Delegation of administration of medications from a pill reminder container.</b></p> <p><input type="checkbox"/> (1) Is there documentation that the RN ensured the unit dose medication(s) is placed in the pill reminder container from a properly dispensed prescription bottle(s) by the RN or a person mutually agreed upon by the RN and individual or the CRA who has demonstrated the ability to complete the task properly?</p> <p><input type="checkbox"/> (2) Is there documentation that the RN has instructed the individual or the CRA and the UPs about each medication placed in the container with regards to distinguishing characteristics of each medication, proper time, dose, route and adverse effects?</p>				

Board of Nursing Chapter 225	Yes	No	N/A	Issues or Concerns
<input type="checkbox"/> (3) Did the RN provide the individual or the CRA and the UPs instructions to contact the RN before medication is administered, when there are questions concerning the medications or changes in the individual's status related to the medications being given (i.e. when medications appear rearranged or missing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Did the RN make supervisory visits if there were changes in the individual's status related to the medication being given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (4) Is there documentation that the RN determined the frequency of supervisory visits in consultation with the individual or the CRA to ensure that safe and effective services are being provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (5) Did the RN ensure that the individual or the CRA acknowledged in <b>writing</b> that the administration of medication(s) would be delegated to UPs from a pill reminder container?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>225.11(b) – Delegation of Insulin by injection, nasal or insulin pump.</b>				
<input type="checkbox"/> (1) Did the RN arrange for an RN to be available on call for consultation/intervention 24 hours each day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (2) Is there documentation that the RN provided teaching of all aspects of insulin administration to the individual or the CRA and the UPs to include but not be limited to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> a. Proper technique for determination of the individual's blood sugar prior to each administration of insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> b. Proper injection technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> c. Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> d. Side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> e. Correct response(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (3) Is there evidence that the RN left written instructions for the performance of the administration of insulin, including a copy of the physician's order or instructions for the UPs, individual or the CRA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> a. Is there evidence that the RN instructed the UPs that the instructions are individual specific and not transferable to other individuals or providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> b. If the RN has delegated to more than one UP for a specific individual, is there evidence that the RN has limited the number of UPs to the number who will remain proficient in performing the task and can be safely supervised by the RN?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> (4) Is there evidence that the RN made supervisory visits <b>at least three times within the first 60 days (one within the first two weeks, one within the second two weeks and one in the last 30 days)</b> to evaluate the proper medication administration of insulin by the UPs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> a. After the initial 60 days, is there evidence that the RN, in consultation with the individual or CRA, determined the frequency of supervisory visits to assure the proper and safe administration of insulin by the UPs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> b. Is there evidence that the RN conducted separate visits for each UP administering the insulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> c. Is there evidence that the RN conducted supervisory visits if there were changes in the individual's status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

