



## CHAPTER 131E

## ARTICLE 6 - HEALTH CARE FACILITY LICENSURE ACT

## N.C.G.S. § 131E-128.2.

# Nursing home quality assurance committee; duties related to medication error prevention.

| SOURCE                                                                   | LAST AMENDMENT IN THIS TEXT    | RETRIEVED                    | SOURCE FINGERPRINT                                                     |
|--------------------------------------------------------------------------|--------------------------------|------------------------------|------------------------------------------------------------------------|
| General Statutes of North Carolina, as published by the General Assembly | No amendment history on record | 21 September 2026, 05:52 UTC | 7928e48e7fcdbea0d80d436a - 01186e5146cc25e421b53353 - 9856771cef5f22b8 |

Every nursing home administrator shall ensure that the nursing home quality assurance committee develops and implements appropriate measures to minimize the risk of actual and potential medication-related errors, including the measures listed in this section. The design and implementation of the measures shall be based upon recommendations of the medication management advisory committee and shall:

Increase awareness and education of the patient and family members about all medications that the patient is using, both prescription and over-the-counter, including dietary supplements.

Increase prescription legibility.

Minimize confusion in prescription drug labeling and packaging, including unit dose packaging.

Develop a confidential and nonpunitive process for internal reporting of actual and potential medication-related errors.

To the extent practicable, implement proven medication safety practices, including the use of automated drug ordering and dispensing systems.

Educate facility staff engaged in medication administration activities on similar-sounding drug names.

Implement a system to accurately identify recipients before any drug is administered.

Implement policies and procedures designed to improve accuracy in medication administration and in documentation by properly authorized individuals, in accordance with prescribed orders and stop order policies.

Implement policies and procedures for patient self-administration of medication.

Investigate and analyze the frequency and root causes of general categories and specific types of actual or potential medication-related errors.

Develop recommendations for plans of action to correct identified deficiencies in the facility's pharmaceutical management practices. (2003-393, s. 1.)

END OF SECTION TEXT

APPARATUS FOLLOWS — DERIVED, NOT ENACTED

## APPARATUS III

## Citation

## FULL SECTION

N.C. Gen. Stat. § 131E-128.2 (2026).

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## COLOPHON

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