

Role of the RN & RN Delegation

General Discussion:

The role of the RN in an assisted living facility is dependent on the facility's expectations and the RN's job description or contract. Responsibilities of an RN may include:

- Medication administration
- Resident assessment
- Individualized service plan development
- Staff training and orientation
- Policy and procedure development
- Supervision of staff (may or may not include delegation)
- Performance of health screening and TB tests
- Audits of medication system

Delegation is a skill needed by any RN who supervises and directs delegated nursing tasks performed by unlicensed individuals, regardless of the setting. Delegation is a powerful tool when used correctly. However, when these tasks are not properly delegated, the results can be life threatening.

The RN who delegates these tasks should follow nursing protocols, including training, evaluation, supervision and documentation, pursuant to Chapter N 6 – Standards of Practice for Registered Nurses and Licensed Practical Nurses, Wis. Admin. Code. It is the nurse's responsibility to delegate only those activities that are legally and ethically correct.

Relevant Regulations:

ADC:

Although there is no specific regulation related to RN delegation and role of the RN, you should consider best practices for the use of RN delegation and any role of a RN to protect the safety and welfare of the residents.

Family ADC:

Although there is no specific regulation related to RN delegation and role of the RN, you should consider best practices for the use of RN delegation and any role of a RN to protect the safety and welfare of the residents.

AFH:

DHS 88.02(20) "Nursing care" means nursing procedures, excluding personal care, which under [ch. N 6](#), standards of practice for registered nurses and licensed practical nurses, may be performed only by a registered nurse or a licensed practical nurse directly on a resident.

DHS 88.04(2)(g)1. The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.

DHS 88.06(2)(a) Except as provided in [subd. 2.](#), the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.

RCAC:

DHS 89.13(22) "Medication management" means oversight by a nurse, pharmacist or other health care professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration.

DHS 89.13(24) "Nursing services" means nursing procedures, excluding personal services, which, according to the provisions of [ch. 441, Stats.](#), the nurse practice act, must be performed by a registered nurse or as a delegated act under the supervision of a registered nurse.

DHS 89.23(4)(a)2. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist.

DHS 89.26(3)(b) Persons performing the comprehensive assessment shall have expertise in areas related to the tenant's health and service needs. Portions of the comprehensive assessment relating to physical health, medications and ability to self-administer medications shall be performed by a physician or a registered nurse.

CBRF:

DHS 83.02(35) "Nursing care" means nursing procedures, other than personal care, that a registered nurse or a licensed practical nurse performs directly on or to a resident.

DHS 83.37(1)(e)2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF's medication administration and medication storage systems.

DHS 83.37(1)(h)1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident's record as required under [s. DHS 83.42 \(1\) \(n\)](#).

DHS 83.37(1)(k)2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days.

DHS 83.37(2)(b) When medication administration is supervised by a registered nurse, practitioner or pharmacist, the CBRF shall ensure all of the following:

DHS 83.37(2)(b)1. The registered nurse, practitioner or pharmacist coordinates, directs and inspects the administration of medications and the medication administration system.

DHS 83.37(2)(b)2. The registered nurse, practitioner or pharmacist participates in the resident's assessment under [s. DHS 83.35 \(1\)](#) and development and review of the individual service plan under [s. DHS 83.35 \(3\)](#) regarding the resident's medical condition and the goals of the medication regimen.

DHS 83.37(2)(c) When medication administration is not supervised by a registered nurse, practitioner or pharmacist, the CBRF shall arrange for a pharmacist to package and label a resident's prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose.

DHS 83.37(2)(e) Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under [sub. \(2\) \(e\)](#) may be delegated to non-licensed employees pursuant to [s. N 6.03 \(3\)](#).

DHS 83.37(3)(a) The CBRF shall keep medications in the original containers and not transfer medications to another container, unless the CBRF complies with all of the following:

DHS 83.37(3)(a)1. Transfer of medications from the original container to another container shall be done by a practitioner, registered nurse, or pharmacist. Transfer of medication to another container may be delegated to other personnel by a practitioner, registered nurse or pharmacist.

DHS 83.37(3)(a)2. If a medication is administered by CBRF employees and the medication is transferred from the original container by a registered nurse, or practitioner or other personnel who were delegated the task, the CBRF shall have a legible label on the new container that includes, at a minimum, the resident's name, medication name, dose and instructions for use. The CBRF shall maintain the original pharmacy container until the transferred medication is gone.

DHS 83.42(1)(v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time.

Relevant DQA Memos:

[BQA Memo 06-016 Insulin & Assisted Living](#)

[BQA Memo 04-004 Medication Administration by Unlicensed Assistive Personnel \(UAPs\)](#)

[BQA Memo 04-006 Medication Setup in Assisted Living - REVISED](#)

[BQA Memo 02-018 Requirements for Administering Medications in Residential Care Apartment Complexes \(RCACs\)](#)

Other Resources:

[Medi-Smart Nursing Education Resources – Delegation to Unlicensed Assisted Personnel](#)

[Wisconsin Regulatory Digest – A Publication of the Board of Nursing](#)

[Chapter N 6 – Standards of Practice for Registered Nurses and Licensed Practical Nurses](#)

[American Assisted Living Nurses Association – Scope and Standards of Assisted Living Nursing Practice for Registered Nurses](#)

Wisconsin Department of Regulation & Licensing, Board of Nursing – Position Paper

Best Practice, Tools & Forms:

[ALChart Medication Delivery Audit](#)

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