

interventions must be tried as instructed by a licensed medical professional and the resident's response to the alternative interventions must be documented in the resident's record before administering a psychotropic medication.

(C) A plan, which includes a specified timeframe, for reassessment by the resident's prescribing physician, nurse practitioner, physician assistant, or mental health professional.

(c) When a psychotropic medication is ordered by a health care practitioner other than the resident's primary care provider, the licensee is responsible for notifying the resident's primary care provider of that medication order within 72 hours of when the order was given. This included weekends and holidays. Notification may be either by telephone or electronic submission and must be documented.

(ed) The prescription and order for a psychotropic medication must specify the dose, frequency of administration, and the circumstance for use (i.e., specific symptoms). The licensee and all caregivers must be aware of and comply with these parameters.

(de) The licensee and all caregivers must know the intended effect of a psychotropic medication for a particular resident and the common side effects, as well as the circumstances for reporting to the resident's physician, nurse practitioner, physician assistant, or mental health professional. The licensee and other caregivers must know all non-pharmacological interventions and use those interventions as directed by the prescribing practitioner or the registered nurse.

(ef) The resident's care plan must identify and describe the behavioral symptoms the psychotropic medications are prescribed for