

"expiration" date, at which time they must be either reauthorized or closed? LTCFs differ from hospitals in that residents in LTCFs by definition stay for a longer period. Because of this, should chart orders in LTCFs "expire" at some time after issuance? If so, what time period would be appropriate?

27. If certain persons at the LTCF were designated to act as agents of individual practitioners (to the extent authorized by the CSA) to communicate controlled substance information from the individual practitioner to the pharmacy, how would this change current practices at your facility for obtaining controlled substance medications for residents? What safeguards should be required?

#### *F. State Regulatory Authorities*

28. What authority does your State currently give LTCFs for handling and managing controlled substances? Which agency is responsible for such authority?

29. What controlled substance activities, if any, are authorized, e.g. prescribing, administering, or dispensing? In what schedules? How many LTCFs apply for any such authorization and how many receive such authorization?

30. What State requirements are there pertaining to the storage of controlled substances at LTCFs?

31. Is your State considering giving/increasing LTCFs' authority to handle/dispense controlled substances? If so, is your State considering creating a new type of registration just for LTCFs or would your State consider allowing LTCFs to register as institutional practitioners like hospitals?

32. What changes in State pharmacy and LTCF laws/regulations would be necessary for pharmacies to operate in LTCFs under a registration granted to the LTCF or to operate independently at the LTCF under its own pharmacy registration?

33. Do State laws or regulations specify or limit access to emergency kits or to controlled substances in LTCFs?

34. Do State inspectors check the records and stock of emergency kits? If so, how often?

#### *G. Certification/Accreditation*

To be eligible for Medicare or Medicaid reimbursement, nursing facilities and skilled nursing facilities must be inspected by State officials for compliance with HHS requirements. HHS regulations, for instance, impose staffing requirements and requirements regarding the safekeeping of drugs.

35. How often do State regulators inspect LTCFs? What is the legal

requirement in your State for frequency of inspection, and what is the actual timing?

36. Has your LTCF sought accreditation by the Joint Commission or other non-governmental accrediting organization? What do LTCFs see as the advantages and disadvantages of seeking such accreditation?

#### *H. Staff*

37. Does the Medical Director of your facility also serve as Medical Director for other locations or facilities? If so, for how many?

38. Is the Medical Director of your facility also an attending physician?

39. Is your Medical Director registered with DEA as a practitioner?

40. If your LTCF is a Medicare or Medicaid approved facility, what barriers, if any, has your facility faced in assuring the provision of physician services 24 hours a day in case of an emergency?

41. As a LTCF, does your facility have a physician on site during regular business hours?

42. How does your facility communicate with a resident's practitioner?

43. How frequently is a physician on site at your facility? Do most physicians treat multiple residents at a single facility?

44. Does your facility have a registered nurse on duty for more than 8 hours a day, 7 days a week? Less?

45. When a registered nurse is not on duty at your facility, how are procedures relating to medications different?

46. What are the State education and continuing education requirements for licensed nurses other than registered nurses (LPNs, etc)? Does the State require a criminal background check prior to licensing?

47. What role do nurses' aides have in helping residents get their medications?

48. What are the State education and continuing education requirements for nurses' aides? Does your State license nurses' aides?

49. What personnel/job descriptions have access to emergency kits in your facility?

50. What personnel/job descriptions have access to controlled substance storage in your facility? Are temporary employees or volunteers given access?

51. What personnel/job descriptions have authority to contact the pharmacy to relay a noncontrolled substance prescription/drug order for a resident?

#### *I. Emergency Kits*

52. Does your facility have an emergency kit that contains controlled

substances? If so, what controlled substances does your emergency kit contain?

53. If your facility has an emergency kit that contains controlled substances, how are those controlled substances procured and dispensed?

54. What are the current controlled substance inventory protocols for any emergency kit and/or automated dispensing system at your LTCF?

55. What records document receipt and dispensing of controlled substances to and from this kit?

56. How often in the last two years have controlled substances been lost or stolen from an emergency kit at your facility?

Please submit written comments no later than August 30, 2010 using the address information provided at the beginning of this document.

Dated: June 24, 2010

**Joseph T. Rannazzisi,**  
*Deputy Assistant Administrator, Office of Diversion Control.*

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## **NATIONAL CREDIT UNION ADMINISTRATION**

### **Sunshine Act; Notice of Agency Meeting**

**TIME AND DATE:** 11 a.m., Wednesday, June 30, 2010.

**PLACE:** Board Room, 7th Floor, Room 7047, 1775 Duke Street, Alexandria, VA 22314-3428.

**STATUS:** Closed.

#### **Matter To Be Considered**

1. Consideration of Supervisory Activities. Closed pursuant to Exemptions (8), (9)(A)(ii) and (9)(B).

**FOR FURTHER INFORMATION CONTACT:** Mary Rupp, Secretary of the Board, Telephone: 703-518-6304.

**Board Secretary,**  
*Mary Rupp.*

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**BILLING CODE P**

## **NATIONAL TRANSPORTATION SAFETY BOARD**

### **Sunshine Act Meeting**

**TIME AND DATE:** 9:30 a.m., Tuesday, July 13, 2010.

**PLACE:** NTSB Conference Center, 429 L'Enfant Plaza SW., Washington, DC 20594.

**STATUS:** The ONE item is open to the public.