

Guidance to Surveyors - Long Term Care

TAG NO.	REGULATION	GUIDANCE TO SURVEYORS
F151	(a) Exercise of rights. (1) The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the US.	Guidelines: §483.10(a)(1) Exercising rights means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement.
F155	(4) The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section; and	If the resident is unable to make a health care decision, a decision by the resident's surrogate or representative to forego treatment may, subject to State law, be equally binding on the facility. The facility should determine exactly what the resident is refusing and why. To the extent the facility is able, it should address the resident's concern. For example, a resident requires physical therapy to learn to walk again after sustaining a fractured hip. The resident refuses therapy. The facility is expected to assess the reasons for this resident's refusal, clarify and educate the resident as to the consequences of refusal, offer alternative treatments, and continue to provide all other services. If a resident's refusal of treatment brings about a significant change, the facility should reassess the resident and institute care planning changes. A resident's refusal of treatment does not absolve a facility from providing a resident with care that allows him/her to attain or maintain his/her highest practicable physical, mental and psychosocial well-being in the context of making that refusal.
Refer to F280	(3) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.	Guidelines: §483.10(d)(3) "Participates in planning care and treatment" means that the resident is afforded the opportunity to select from alternative treatments. This applies both to initial decisions about care and treatment and to decisions about changes in care and treatment. The resident's right to participate in care planning and to refuse treatment are covered in §§483.20(d)(2) and 483.10(b)(4). Whenever there appears to be a conflict between a resident's right and the resident's health or safety, determine if the facility attempted to accommodate both the exercise of the resident's rights and the resident's health, including exploration of care alternatives through a thorough care planning process in which the resident may participate. Procedures: §483.10(d)(3) Look for evidence that the resident was afforded the right to participate in care planning or was consulted about care and treatment changes (e.g., ask residents or their representatives during interviews).
F240	§483.15 Quality of life. A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.	Guidelines: §483.15 The intention of the quality of life requirements is to specify the facility's responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident. Compliance decisions here are driven by the quality of life each resident experiences.

Guidance to Surveyors - Long Term Care

F241	<p>(a) Dignity. The facility must promote care for residents in a manner and in an environment that maintains and enhances each resident's dignity and respect in full recognition of his or her individuality.</p>	<p>Guidelines: §483.15(a) "Dignity" means that in their interactions with residents, staff carries out activities that assist the resident to maintain and enhance his/her self-esteem and self-worth. For example:</p> <ul style="list-style-type: none"> • Grooming residents as they wish to be groomed (e.g., hair combed and styled, beards shaved/trimmed, nails clean and clipped); • Assisting residents to dress in their own clothes appropriate to the time of day and individual preferences; • Assisting residents to attend activities of their own choosing; • Labeling each resident's clothing in a way that respects his or her dignity; • Promoting resident independence and dignity in dining (such as avoidance of day-to-day use of plastic cutlery and paper/plastic dishware, bibs instead of napkins, dining room conducive to pleasant dining, aides not yelling); • Respecting resident's private space and property (e.g., not changing radio or television station without resident's permission, knocking on doors and requesting permission to enter, closing doors as requested by the resident, not moving or inspecting resident's personal possessions without permission); • Respecting resident's social status, speaking respectfully, listening carefully, treating residents with respect (e.g., addressing the resident with a name of the resident's choice, not excluding residents from conversations or discussing residents in community setting); and • Focusing on residents as individuals when they talk to them and addressing residents as individuals when providing care and services. <p>Procedures: §483.15(a) For sampled residents, use the Resident Assessment Instrument (RAI) and comprehensive care plan to consider the resident's former life style and personal choices made while in the facility to obtain a picture of characteristic resident behaviors. <u>As part of the team's information gathering and decision making, look at the actions and omissions of staff and the uniqueness of the individual sampled resident and on the needs and preferences of the resident, not on the actions and omissions themselves.</u></p>

Guidance to Surveyors - Long Term Care

F242	<p>(b) Self-determination and participation. The resident has the right to--</p> <ul style="list-style-type: none"> (1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (2) Interact with members of the community both inside and outside the facility; and (3) Make choices about aspects of his or her life in the facility that are significant to the resident. 	<p>Procedures: §483.15(b) Observe how well staff know each resident and what aspects of life are important to him/her. Determine if staff make adjustments to allow residents to exercise choice and self-determination. Review MDS Background Information III (MDS version 2.0 section AC) for customary routines. For sampled residents, review MDS to determine level of participation in assessment and care planning by resident and family members. Review MDS, Section G (MDS version 2.0 section F) for Psychosocial Well-Being and Care Planning.</p> <p>If the facility has failed to reasonably accommodate the preferences of the resident consistent with interests, assessments and plan of care, see F246, §483.15(e).</p> <p>Guidelines: §483.15(b)(3) The intent of this requirement is to specify that the facility must create an environment that is respectful of the right of each resident to exercise his or her autonomy regarding what the resident considers to be important facets of his or her life. For example, if a facility changes its policy and prohibits smoking, it must allow current residents who smoke to continue smoking in an area that maintains the quality of life for these residents. Weather permitting, this may be an outside area. Residents admitted after the facility changes its policy must be informed of this policy at admission. (See §483.10(b)(1)). Or, if a resident mentions that her therapy is scheduled at the time of her favorite television program, the facility should accommodate the resident to the extent that it can.</p>
------	---	--

Guidance to Surveyors - Long Term Care

<p>F246</p>	<p>(e) Accommodation of needs. A resident has the right to--(1) Reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and</p>	<p>Guidelines: §483.15(e) "Reasonable accommodations of individual needs and preferences," is defined as the facility's efforts to individualize the resident's environment. The facility's physical environment and staff behaviors should be directed toward assisting the resident in maintaining and/or achieving independent functioning, dignity, and well-being to the extent possible in accordance with the resident's own preferences, assessment and care plans. The facility should attempt to adapt such things as schedules, call systems, and room arrangements to accommodate residents' preferences, desires, and unique needs.</p> <p>This requirement applies to areas and environment in accordance with needs and preferences NOT addresses at: §§483.10(k), Telephone; 483.10(1), Personal property; 483.10(m), Married couples; 483.15(b), Self-Determination and participation; 483.15(f)(1), Activities; 483.15(g)(1), Social Services; 483- 15(h)(1), Homelike environment; 483.25(a)(2) and (3), Treatment and services , Activities of daily living;483.25(f)(1), Psychosocial functioning; 483.25(h)(2), Accidents, Prevention-assistive devices; 483.35(d)(3), Food prepared in a form designed to meet individual needs.</p> <p>The facility must demonstrate that it accommodates residents' needs. For example, if the resident refuses a bath because he or she prefers a shower, prefers it at a different time of day or on a different day, does not feel well that day, is uneasy about the aide assigned to help or is worried about falling, the staff should make the necessary adjustments realizing the resident is not refusing to be clean but refusing the bath under the circumstance provided. The facility staff should meet with the resident to make adjustments in the care plan to accommodate his or her needs.</p> <p>This includes learning the residents preferences and taking them into account when discussing changes of rooms or roommates and the timing of such changes. In addition, this also includes making necessary adjustments to ensure that residents are able to reach call cords, buttons or other communication mechanisms, as well as accommodating food activities or room choices.</p> <p>Procedures: §483.15(e) Observe resident-staff interaction and determine to what extent staff attempt to accommodate residents' preferences. For those areas not addressed in other regulations, determine what happens when a resident states a preference in the form of a refusal. How does the staff attempt to learn what the resident is refusing, and why, and make adjustments to an extent practicable to meet the resident's needs?</p> <p>Probes: §483.15(e) o Are rooms arranged such that residents in wheel chairs can easily access personal items and transfer in and out of bed? o Does the facility respond to residents' stated needs and preferences? o If the resident is unable to express needs and preferences that would individualize care, has the family expressed the resident's routine and has the facility responded?</p>
-------------	--	--

Guidance to Surveyors - Long Term Care

F247	<p>(2) Receive notice before the resident's room or roommate in the facility is changed.</p>	<p>Guidelines: §483.15(e)(1) Review the extent to which the facility adapts the physical environment to enable residents to maintain unassisted functioning. These adaptations include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Furniture and adaptive equipment that enable residents to: <ol style="list-style-type: none"> a. Stand independently; b. Transfer without assistance (e.g., arm supports, correct chair height, firm support); c. Maintain body symmetry; and d. Participate in resident-preferred activities. 2. Measures that: <ol style="list-style-type: none"> a. Enable residents with dementia to walk freely; b. Reorient and remotivate residents with restorative potential (e.g., easily readable calendars and clocks, wall hangings evocative of the lives of residents); c. Promote conversation and socialization (pictures and decorations that speak to the resident's age cohort); and d. Promote mobility and independence for disabled residents in going to the bathroom (e.g., grab bars, elevated toilet seats). <p>Determine if staff use appropriate measures to facilitate communication with residents who have difficulty communicating. For example, if necessary, does staff get at eye level, allow t remove a resident from noisy surroundings?</p> <p>Determine if staff communicate effectively with residents with cognitive impairments, such as referring in a non-contradictory way to what residents are saying, and addressing what residents are trying to express to the agenda behind their behavior.</p> <p>Probes: §483.15(e)(1)(2) How have residents' needs been accommodated? Do environmental adaptations enhance residents' independence, self-control, and highest practicable well-being? Is the fit between residents' needs and environment positive?</p> <p>Guidelines: §483.15(f)(1) Because the activities program should occur within the context of each resident's comprehensive assessment and care plan, it should be multi-faceted and reflect each individual resident's needs. Therefore, the activities program should provide stimulation or solace; promote physical, cognitive and/or emotional health; enhance, to the extent practicable, each resident's physical and mental status; and promote each resident's self-respect by providing, for example, activities that support self-expression and choice.</p> <p>Activities can occur at anytime and are not limited to formal activities being provided by activity staff. Others involved may be any facility staff, volunteers and visitors.</p>
------	--	--

Guidance to Surveyors - Long Term Care

<p>F248</p>	<p>(f) Activities.(1) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. (2) The activities program must be directed by a qualified professional who--(i) Is a qualified therapeutic recreation specialist or an activities professional who--(A) Is licensed or registered, if applicable, by the State in which practicing; and(B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or</p>	<p>Probes: §483.15(f)(1) Observe individual, group and bedside activities. 1. Are residents who are confined or choose to remain in their rooms provided with in room activities in keeping with life-long interests (e.g., music, reading, visits with individuals who share their interests or reasonable attempts to connect the resident with such individuals) and in-room projects they can work on independently? Do any facility staff members assist the resident with activities he or she can pursue independently? 2. If residents sit for long periods of time with no apparently meaningful activities, is the cause: a. Resident choice; b. Failure of any staff or volunteers either to inform residents when activities are occurring or to encourage resident involvement in activities; c. Lack of assistance with ambulation; d. Lack of sufficient supplies and/or staff to facilitate attendance and participation in the activity programs. e. Program design that fails to reflect the interests or ability levels of residents, such as activities that are too complex? For residents selected for a comprehensive review, or a focused review, as appropriate, determine to what extent the activities reflect the individual resident's assessment. (See especially MDS III.1 and Sections B, C, D, and I.; MDS version 2.0 sections AC, B, C, D and N.) Review the activity calendar for the month prior to the survey to determine if the formal activity program: o Reflects the schedules, choices and rights of the residents; o Offers activities at hours convenient to the residents (e.g., morning, afternoon, some evenings and weekends); o Reflects the cultural and religious interests of the resident population; and o Would appeal to both men and women and all age groups living in the facility. Review clinical records and activity attendance records of residents receiving a comprehensive review, or a focused review, as appropriate, to determine if: o Activities reflect individual resident history indicated by the comprehensive assessment; o Care plans address activities that are appropriate for each resident based on the comprehensive assessment; o Activities occur as planned; and o Outcomes/responses to activities interventions are identified in the progress notes of each resident. Guidelines: §483.15(f)(2) A "recognized accrediting body" refers to those organizations or associations recognized as such by certified therapeutic recreation specialists or certified activity professionals or registered occupational therapists. Procedures: §483.15(f)(2) If there are problems with provision of activities, determine if these services are provided by qualified staff.</p>
-------------	--	--

Guidance to Surveyors - Long Term Care

F250	1) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.	<ul style="list-style-type: none"> >Providing or arranging provision of needed counseling services; >Through the assessment and care planning process, identifying and seeking ways to support residents' individual needs; >Promoting actions by staff that maintain or enhance each resident's dignity in full recognition of each resident's individuality; >Assisting residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions;
F252	(h) Environment. The facility must provide--(1) A safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;	<p>A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A personalized, homelike environment recognizes the individuality and autonomy of the resident, provides an opportunity for self-expression and encourages links with the past and family members. Use this Tag when the facility fails to allow the resident to personalize his or her individual environment to the extent possible. Use Tag F224 (483.15(c)) if the facility fails to have a system in place to prevent the misappropriation of resident's property. See §483.10(l) for the requirement regarding personal property.</p> <p>For purposes of this requirement, "environment" refers to any environment in the facility that is frequented by residents, including the residents' rooms, bathrooms, hallways, activity areas, and therapy areas.</p> <p>By observing the residents' surroundings, what can the survey team learn about their everyday life and interests? Their life prior to residing in the facility? Observe for family photographs, books and magazines, bedspreads, knickknacks, mementos, and furniture that belong to the residents. For residents who have no relatives or friends, and have few assets, determine the extent to which the facility has assisted these residents to make their rooms homelike, if they so desire.</p>
F309	<p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Use F309 for quality of care deficiencies not covered by §483.25(a)-(m).</p>	<p>The facility must ensure that the resident obtains optimal improvement or does not deteriorate within the limits of a resident's right to refuse treatment, and within the limits of recognized pathology and the normal aging process.</p>

Guidance to Surveyors - Long Term Care

F310	<p>(1) A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to - (i) Bathe, dress, and groom; (ii) Transfer and ambulate; (iii) Toilet; (iv) Eat; and (v) Use speech, language, or other functional communication systems.</p>	<p>Guidelines: §483.25(a)</p> <p>The mere presence of a clinical diagnosis, in itself, justify a decline in a resident's ability to perform ADLs. Conditions which may demonstrate unavoidable diminution in ADLs include:</p> <ul style="list-style-type: none"> o The natural progression of the resident's disease; o Deterioration of the resident's physical condition associated with the onset of a physical or mental disability while receiving care to restore or maintain functional abilities; and o The resident's or his/her surrogate's or representative's refusal of care and treatment to restore or maintain functional abilities after aggressive efforts by the facility to counsel and/or offer alternatives to the resident, surrogate, or representative. Refusal of such care and treatment should be documented in the clinical record. Determine which interventions were identified on the care plan and/or could be in place to minimize or decrease complications. Note also that depression is a potential cause of excess disability and, where appropriate, therapeutic interventions should be initiated. <p>Appropriate treatment and services includes all care provided to residents by employees, contractors, or volunteers of the facility to maximize the individual's functional abilities. This includes pain relief and control, especially when it is causing a decline or a decrease in the quality of life of the resident.</p>
------	--	---