

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-12-25
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations/Survey and Certification Group

Dear Colleague:

I am writing to invite your comments, **by September 19, 2008**, regarding draft guidance to surveyors of nursing homes. The attached draft focuses on revisions to the Guidance to Surveyors (popularly known as the interpretive guidelines) for several regulatory tags in response to the results of the 2008 environment symposium co-sponsored by the Centers for Medicare & Medicaid Services (CMS) and the Pioneer Network. These changes are intended to provide clarifications to surveyors regarding the following regulations:

- F172 Access and Visitation;
- F175 Married Couples;
- F241 Dignity;
- F242 Self-Determination and Participation;
- F246 Accommodation of Needs;
- F247 Notice before Room or Roommate Change;
- F252 Safe, Clean, Comfortable and Homelike Environment;
- F461 Private Closet Space;
- F256 Adequate and Comfortable Lighting; and
- F463 Resident Call System.

We are providing a one-month comment period for review. The draft guidance will completely replace all current text for these Tags. Please provide comment via email to Karen Schoeneman (karen.schoeneman@cms.hhs.gov). If you have any questions, you may contact Ms. Schoeneman at 410-786-6855.

We look forward to your comments as we proceed to enhance our guidance to surveyors.

Sincerely,

/s/

Thomas E. Hamilton
Director

Attachment

CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal

Date:

SUBJECT: Guidance to Surveyors of Long Term Care Facilities

- I. SUMMARY OF CHANGES: State Operations Manual, Appendix PP, Guidance to Surveyors for several regulatory Tags (listed below) is revised. Regulatory language is unchanged.**

**NEW/REVISED MATERIAL - EFFECTIVE DATE*: Upon Issuance
IMPLEMENTATION DATE: Upon Issuance**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

- II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix PP/F172 Access and Visitation
	Appendix PP/F175 Married Couples
	Appendix PP/F172 F241 Dignity
	Appendix PP/F242 Self-Determination and Participation
	Appendix PP/F246 Accommodation of Needs
	Appendix PP/F247 Notice Before Room or Roommate Change
	Appendix PP/F252 Safe, Clean, Comfortable Environment
	Appendix PP/(Refer to) F461 Private Closet Space
	Appendix PP/F256 Adequate and Comfortable Lighting
	Appendix PP/F463 Resident Call System

- III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.**

- IV. ATTACHMENTS:**

Business Requirements

<input checked="" type="checkbox"/>	Manual Instruction
<input type="checkbox"/>	Confidential Requirements
<input type="checkbox"/>	One-Time Notification
<input type="checkbox"/>	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

Draft

§483.10(j) Access and Visitation Rights

§483.10(j)(1) The resident has the right and the facility must provide immediate access to any resident by the following:

- (i) Any representative of the Secretary;**
- (ii) Any representative of the State;**
- (iii) The resident's individual physician;**
- (iv) The State long term care ombudsman (established under section 307 (a)(12) of the Older Americans Act of 1965);**
- (v) The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);**
- (vi) The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);**
- (vii) Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and**
- (viii) Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.**

§483.10(j)(2) The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.

Interpretive Guidelines: §483.10(j)(1) and (2)

The facility must provide immediate access to any representative of the Secretary of the Department of Health and Human Services, the State, the resident's individual physician, the State long term care ombudsman, or the agencies responsible for the protection and advocacy of developmentally disabled or mentally ill individuals. The facility cannot refuse to permit residents to talk with surveyors. Representatives of the Department of Health and Human Services, the State, the State ombudsman system, and protection and advocacy agencies for mentally ill and mentally retarded individuals are not subject to visiting hour limitations.

Immediate family or other relatives are not subject to visiting hour limitations or other restrictions not imposed by the resident. ***Likewise, facilities must provide immediate access to other visitors who are visiting with the consent of the resident. These visits are not subject to visiting hour restrictions or other restrictions not imposed by the resident.*** However, the facility may change the location of visits to assist care giving or protect the privacy of other residents, if these visitation rights infringe upon the rights of other residents in the facility. For example, a resident's family visits in the late evening, which prevents the resident's roommate from sleeping.

An individual or representative of an agency that provides health, social, legal, or other services to the resident has the right of "reasonable access" to the resident, which means that the facility may establish guidelines regarding the circumstances of the visit, such as location. These guidelines must allow for ready access of residents to these services.

Procedures §483.10(j)(1) and (2)

If you identify problems during interviews, determine how the facility ensures **24-hour** access to:

- Representatives of the State;
- Representatives of the U.S. Department of Health and Human Services;
- The resident's individual physician;
- Representatives of the State long-term care ombudsman;
- Representatives of agencies responsible for protecting and advocating rights of persons with mental illness or developmental disabilities;
- Family or relatives; and
- Other visitors.

F175

§483.10(m) Married Couples

The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

Interpretive Guidelines §483.10(m)

The right of residents who are married to each other to share a room does not give a resident the right, or the facility the responsibility, to compel another resident to relocate

to accommodate a spouse. The requirement means that when a room is available for a married couple to share, the facility must permit them to share it if they choose. If a married resident's spouse is admitted to the facility later and the couple want to share a room, the facility must provide a shared room as quickly as possible. However, a couple is not able to share a room if one of the spouses has a different payment source for which the facility is not certified (if the room is in a distinct part, unless one of the spouses elects to pay for his or her care). ***This regulation does not prohibit the facility from accommodating residents who wish to room with a person of their choice.***

F241

§483.15(a) Dignity

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

Interpretive 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:

- 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 (e.g., placing labeling on the inside of shoes and clothing);
- 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;
- ***Maintaining an environment in which there are no signs posted in residents' rooms that include confidential clinical or personal information (such as information about incontinence procedures, cognitive status) that are able to be seen by other residents and visitors. It is allowable to post signs with this type of information in more private locations such as the inside of a closet. (This restriction does not include the CDC isolation precaution transmission-based signage for reasons of public health protection);***
- ***Maintaining resident privacy of body when they are in public areas, including keeping residents sufficiently covered, such as with a robe, while being taken to areas outside their room, such as the bathing area (one method of ensuring resident privacy and dignity is to transport residents while they are dressed and assist them to dress and undress in the bathing room); and***
- ***Refraining from practices demeaning to residents such as restricting them from use of areas open to the general public such as restrooms, unless they are on transmission-based isolation precautions.***

Procedures §483.15(a)

For sampled residents, use ***information from*** the Resident Assessment Instrument (RAI) and comprehensive care plan, ***as well as resident and family interviews***, to consider the resident's former life style and personal choices made while in the facility to obtain a picture of characteristic resident behaviors ***and preferences***.

Throughout the survey, observe: Do staff show respect for residents? When staff interact with a resident, do staff pay attention to the resident as an individual? Do staff respond in a timely manner to the resident's requests for assistance? In group activities, do staff focus attention on the group of residents? Or, do staff appear distracted when they interact with residents? For example, do staff continue to talk with each other while doing a "task" for a resident(s) as if she/he were not present? ***Is there signage in restrooms in common areas prohibiting resident use?***

Is the confidentiality of personal information communicated among staff in a way that is respectful of resident dignity? This includes both verbal and written communications including signage in resident rooms.

If the survey team identifies potential compliance issues regarding the privacy of residents during treatment, refer to [§483.10\(e\), F164](#).

F242

§483.15(b) Self-Determination and Participation

The resident has the right to--

- (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.**

Intent §483.15 (b)

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.

Interpretive Guidelines §483.15(b)

This regulatory language concerning choice over activities refers to activities chosen by the resident outside the formal activities program, which is covered by §483.15(f), F248. The intent is that residents may choose to continue their usual practices such as reading the newspaper, going for a walk, engaging in listening to music, using their computer or watching television programs of their choice, etc. The facility should become aware of each resident's preferences regarding their personal activities and should assist where assistance is needed, such as assisting a resident who needs help using personal items (DVD or CD player, TV remote, etc.).

Residents have the right to choice over their schedules, consistent with their interests, assessments, and plans of care. Choice over "schedules" includes choices over the schedules that are important to the resident, such as daily waking, eating, bathing, and going to bed at night. Residents have the right to choose health care schedules consistent with their interests and preferences. For example, 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.

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 member 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 preferences.

Note: For issues regarding choice over arrangement of furniture and adaptations to the resident's bedroom and bathroom, see F246, Accommodation of Needs.

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\(b\)\(1\)](#)).

Procedures §483.15(b)

During resident and family interviews, determine if the resident is able to exercise her/his choices regarding personal activities, including whether the facility provides assistance as needed to the resident to be able to engage in their preferred activities.

During resident and family interviews, determine what time the resident awakens and goes to sleep, and whether this is the resident's preferred time. Also determine whether the facility is honoring the resident's preferences regarding the timing (morning, afternoon, evening and how many times a week) for bathing and also the method (shower, bath, in-bed bathing following no-rinse methods).

F246

§483.15(e) Accommodation of Needs

A resident has a right to --

§483.15(e)(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

Interpretive Guidelines §483.15(e)(1)

“Reasonable accommodations of individual needs and preferences,” is defined as the facility’s efforts to individualize the resident’s *physical* environment. *This includes the physical environment of the resident's bedroom and bathroom, as well as common areas frequented by the resident.* 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 *needs and* preferences.

Note: For issues regarding the psychosocial environment experienced by the resident, such as being ignored by staff, being made to feel unwelcome, or that their care needs are burdensome to staff, refer to §483.15(a), F241 Dignity.

The facility is responsible for evaluating each resident's unique needs and preferences and ensuring that the environment accommodates the resident to the extent possible. This includes making adaptations of the resident's bedroom and bathroom furniture and fixtures as necessary to ensure that the resident can (if able):

- *Open and close drawers and turn faucets on and off;*
- *See her/himself in a mirror and have toiletry articles easily within reach while using the sink;*
- *Open and close bedroom and bathroom doors, easily access areas of their room and bath, and operate room lighting;*
- *Use toilet facilities as independently as possible with access to assistive devices (such as grab bars within reach) if needed; and*
- *Perform other desired tasks such as turning a table light on and off, using the call bell; etc.*

Note: If a resident cannot reach her/his clothing in the closet or if the resident does not have private closet space, refer to §483.15(h)(4) and §483.70(d)(2)(iv), F461 Closet Space.

The facility should strive to provide reasonably sufficient electric outlets to accommodate the resident's need to safely use her/his electronic personal items. The bedroom should include comfortable seating for the resident and task lighting that is sufficient and appropriate for the resident's chosen activities. The facility should accommodate the resident's preferences for arrangement of furniture to the extent space allows, including facilitating resident choice about where to place their bed in their room (as long as the roommate, if any, concurs).

The facility should also ensure that furniture and fixtures in common areas frequented by residents are accommodating of physical limitations of residents. Furnishings in common areas should enhance residents' abilities to maintain their independence as much as possible, such as being able to arise from living room furniture.

Note: If residents are prohibited from using common area restrooms, refer to §483.15(a), F241, Dignity. For issues of sufficient lighting, refer to §483.15(h)(5), F256, Adequate and Comfortable Lighting.

Staff behaviors should ensure that the resident's needs and preferences are accommodated as the resident makes use of the physical environment. This includes

ensuring that items the resident needs to use are available and accessible to encourage confidence and independence (such as grooming supplies reachable near the bathroom sink), needed adaptive equipment (such as door handle grippers) are maintained in place and functional furniture is arranged to accommodate the resident's needs and preferences, etc.

Staff should interact with the resident in a way that takes into account the physical limitations of the resident, assures communication, and maintains respect; for example, getting down to eye level with a resident in a wheelchair, speaking so a resident with limited hearing who reads lips can see their mouth when they speak, utilizing a hearing amplification device such as a pocket-talker if the resident has such a device, etc.).

Procedures: §483.15(e)(1)

Observe the resident using her/his room and common areas and interview the resident if possible to determine if the environment has been adapted as necessary to accommodate the resident's needs and preferences, as described above. Observe staff/resident interactions to determine if staff adapt their interactions so that a resident with limited sight or hearing can see and hear them. Determine if staff keep needed items within the resident's reach and provide necessary assistance (set up) to help maintain the resident's independent use of their environment to the maximum extent possible for the resident.

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:

- Furniture and adaptive equipment that enable residents to stand independently, transfer without assistance (e.g., arm supports, correct chair height, firm support), maintain body symmetry, participate in resident-preferred activities, and promote mobility and independence for disabled residents in going to the bathroom (e.g., grab bars, elevated toilet seats).
- Easily useable fixtures, drawer handles, faucets, etc.;
- Personal items kept within reach for independent use in the bathroom; and
- Bedroom furniture arranged to the residents' preferences as much as possible.

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 them to remove a resident from noisy surroundings?

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. *For example, a resident with dementia may be attempting to exit the building in the afternoon, but actually has an agenda of wanting to meet her children at the school bus, even though they are no longer children. Allowing the behavior under supervision (walking with the resident without challenge to the agenda) usually causes the agenda to dissipate and the staff member can then provide a redirection such as inviting the resident to come along to have a drink or snack.*

F247

A resident has a right to—

§483.15(e)(2) Receive notice before the resident’s room or roommate in the facility is changed.

Interpretive Guidelines §483.15(e)(2)

The facility should be sensitive to the trauma a move or change of roommate causes some residents, and should attempt to be as accommodating as possible. This includes learning the resident’s preferences and taking them into account when discussing changes of rooms or roommates and the timing of such changes. For a resident who is being moved at the facility’s request, a staff member should be careful to introduce the resident to the need and allow the resident to see the new location and meet the new roommate, and to express feelings about the move. For a resident who is receiving a new roommate, a staff member should give the resident as much notice and information about the new person as possible, while maintaining confidentiality regarding medical information. The facility should allow a resident whose roommate has passed away a little time to adjust before moving another person into the room, depending on the resident’s level of connection to the previous roommate.

F252

§483.15(h) Environment

The facility must provide--

§483.15(h)(1) A safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;

Interpretive Guidelines: §483.15(h)(1)

For purposes of this requirement, “environment” refers to any environment in the facility that is frequented by residents, including the residents’ rooms, bathrooms, hallways, *dining areas, and* activity areas.

Intent: §483.15(h)(1)

The intent of the “homelike” wording in this regulation is that the nursing home should provide an environment as close to that of the environment of a private home as possible. This concept of creating a home setting includes the elimination of institutional practices and equipment to the extent possible within fiscal constraints. Some “best practices” that serve to decrease the institutional character of the environment include the elimination of:

- ***Overhead paging and piped-in music;***
- ***Meal service using trays;***
- ***Institutional signage (such as signs listing worker tasks in areas visible to the public);***
- ***Medication carts;***
- ***Chair and bed alarms;***
- ***Mass purchased furniture, drapes and bedspreads that all look alike throughout the building; and***
- ***Large, central nursing stations.***

Many homes cannot immediately achieve these changes, but it should be a goal for all homes that have not yet made this type of structural changes to work toward them. It is not considered non-compliant for a home to still have some of these institutional characteristics, but the home is expected to do all it can to provide an environment that enhances quality of life for residents, according to their preferences.

Note: For issues of safety of the environment, presence of hazards and hazardous practices, use §483.25(h), F323 Accidents. For issues of fire danger, use §483.70(a), the Life Safety Code. For issues of cleanliness of the environment, use §483.15(h)(2), F253 Housekeeping and Maintenance. For issues of lighting, use §483.15(h)(5), F256 Adequate and Comfortable Lighting, for temperature, use §483.15(h)(6), F257 Comfortable and Safe Temperature, and for noise, use §483.15(h)(7), F258 Comfortable Sound Levels.

Refer to F461

§483.15(h)(4)

§483.15(h)(4) Private closet space in each resident room, as specified in §483.70(d)(2)(iv) of this part;

Interpretive Guidelines §483.15(h)(4)

[§483.70\(d\)\(2\)\(iv\)](#) states: “The facility must provide each resident with individual closet space in his/her bedroom with clothes racks and shelves accessible to the resident.”

Probes: §483.15(h)(4)

Are there individual closet spaces with accessible shelves?

F256

§483.15(h)(5)

§483.15(h)(5) Adequate and comfortable lighting levels in all areas;

Interpretive Guidelines §483.15(h)(5)

“Adequate lighting” is defined as levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform. For some residents (e.g., those with glaucoma), lower levels of lighting would be more suitable.

“Comfortable” lighting is defined as lighting which minimizes glare and provides maximum resident control, where feasible, over the intensity, location, and direction of illumination so that visually impaired residents can maintain or enhance independent functioning.

As a person ages, their eyes usually change so that they require more light to see what they are doing and where they are going. An adequate lighting design has these features:

- *Sufficient daytime lighting with a minimum of glare in areas frequented by residents;*
- *Even light levels in common areas and hallways (without patches of low light between spaces of high light);*
- *Use of daylight when possible;*
- *Elimination of glare from shiny flooring and from unshielded window openings;*
- *Extra lighting such as table and floor lamps to provide sufficient light to assist residents with tasks such as reading;*
- *Night-time way-finding lighting for residents who need to find their way from bed to bathroom;*
- *Dimming switches in resident rooms so that staff can tend to a resident at night without disturbing them or a roommate;*

- *Contrasting color between flooring and baseboard to enable residents with impaired vision to determine the horizontal plane of the floor;*
- *Contrast painting of bathroom walls so that residents with impaired vision can distinguish the toilet fixture from the wall; and*
- *Use of dishware that contrasts with the table or tablecloth color to aid residents with low vision to see their food.*

Procedures §483.15(h)(5)

Ask residents who receive resident interviews if they have lighting that meets their needs including sufficient lighting all over the areas they frequent, available task lighting, elimination of glare from windows and flooring, wayfinding nighttime lighting for those who need it to find the bathroom, dimming to eliminate being awakened by staff who are tending to their roommate.

Observe all residents throughout the survey and note if they are having difficulty reading or doing tasks due to insufficient lighting, or if they are wearing sunglasses indoors due to glare, if they have difficulty seeing food on their plate, experiencing squinting or shading their eyes from glare or other signs that lighting does not meet their needs. If these are observed, question the resident (if they are able to converse) as to how the lighting situation assists or hinders their pursuit of activities and independence.

F463

§483.70(f) Resident Call System

The nurses' station must be equipped to receive resident calls through a communication system from--

- (1) Resident rooms; and**
- (2) Toilet and bathing facilities.**

Intent: §483.70(f)

The intent of this requirement is that residents, when in their rooms and toilet and bathing areas, have a means of directly contacting caregivers. In the case of an existing centralized nursing station, this communication may be through audible or visual signals and may include "wireless systems." *In those cases in which a home has moved to decentralized nurse areas, the intent may be met through other electronic systems that provide direct access from the resident to the caregivers.*

Interpretive Guidelines: §483.70(f)

This requirement is met only if all portions of the system are functioning (e.g., system is not turned off at the nurses' station, the volume too low to be heard, the light above a room or rooms is not working).

Probes: §483.70(f)

Is there a functioning communication system from rooms, toilets, and bathing facilities?

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