

Promising Practices

The CMS Interpretive Guidelines:

F – 242

Self-Determination and Participation

Below is the full text of the CMS Interpretive Guidelines changes for the tags related to resident lifestyle choices. *The CMS revisions are in red italics.*

Portions of the new text related to Promising Practices in Dining and Resident Choice are boxed in yellow.

The full revisions beyond the resident lifestyle choices can be accessed at:
http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09_31.pdf

F - 242

§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. **This includes actively seeking information from the resident regarding significant interests and preferences in order to provide necessary assistance to help residents fulfill their choices over aspects of their lives in the facility.**

Interpretive Guidelines: §483.15(b)

Many types of choices are mentioned in this regulatory requirement. The first of these is choice over “activities.” It is an important right for a resident to have choices

to participate in preferred activities, whether they are part of the formal activities program or self-directed. However, the regulation at §483.15(f) Activities, F - 248 covers both formal and self-directed activities. For issues concerning choices over activities, use F - 248.

The second listed choice is “schedules.” Residents have the right to have a choice over their schedules, consistent with their interests, assessments, and plans of care. Choice over “schedules” includes (but is not limited to) choices over the schedules that are important to the resident, such as daily waking, eating, bathing, and the time for going to bed at night. Residents have the right to choose health care schedules consistent with their interests and preferences, and the facility should gather this information in order to be proactive in assisting residents to fulfill their choices. 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 or a different bathing method such as in-bed bathing, 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 §483.15(e)(1), Accommodation of Needs, F246.

According to this requirement at §483.15(b)(3), residents have the right to make choices about aspects of their lives that are significant to them. One example includes the right to choose to room with a person of the resident’s choice if both parties are residents of the facility, and both consent to the choice.

If a facility changes its policy to prohibit 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)).