

Promising Practices in Dining and the Environment

The CMS Interpretive Guidelines and Creating Home

F – 246 Accommodation of Needs and the Environment

Portions of new text related to Promising Practices in Dining and the Environment are highlighted in yellow.

§483.15(e) F 246 - Accommodation of Needs

A resident has the right to –

§483.15(e)(1) - Reside and receive services in the facility with reasonable accommodation 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,” means 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 individualizing as much as feasible the facility’s common living areas.* 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), Tag 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 reasonable and does not endanger the health or safety of individuals or other residents. This includes making adaptations of the resident’s bedroom and bathroom furniture and fixtures, as necessary to ensure that the resident can (if able):

o Open and close drawers and turn faucets on and off;

o See her/himself in a mirror and have toiletry articles easily within reach while using the sink;

o Open and close bedroom and bathroom doors, easily access areas of their room and bath, and operate room lighting;

o Use bathroom facilities as independently as possible with access to assistive devices (such as grab bars within reach) if needed; and

o 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, if the resident does not have private closet space, or if the resident does not have needed furniture (such as a chair) refer to §483.15(h)(4) and §483.70(d)(2)(iv), Tag F461.*

The facility should strive to provide reasonably sufficient electric outlets to accommodate the resident's need to safely use her/his electronic personal items, as long as caution is maintained to not overload circuits. 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). There may be some limitations on furniture arrangement, such as not placing a bed over a heat register, or not placing a bed far from the call cord so as to make it unreachable from the bedside.

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, such as being able to arise from living room furniture. The facility should provide seating with appropriate seat height, depth, firmness, and with arms that assist residents to arise to a standing position. One method of accommodating residents of different heights and differing types of needs in common areas is through the use of different sizes and types of furniture.

NOTE: *If residents are prohibited from using common area restrooms, the lobby, or dining rooms outside of meal times, refer to §483.15(a), Tag F241, Dignity. For issues of sufficient lighting, refer to §483.15(h)(5), Tag F256, Adequate and Comfortable Lighting.*

Staff should strive to reasonably accommodate the resident's needs and preferences 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. This does not apply to residents who need extensive staff assistance and are incapable of using these room adaptations.

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 who is sitting, 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. Residents who use glasses, hearing aids, or similar devices should have them in use (except when the resident refuses), clean, and functional.