- Determine how facility staff addressed questions or concerns raised by a resident or his or her representative, including if they are addressed at times when it would be beneficial to the resident, such as when they are expressing concerns or raising questions.
- Determine if the resident and representative were unable to participate, did facility staff consult them in advance about care and treatment changes.
- Interview staff to determine how they inform residents or their representative of their rights and incorporate their personal preferences, choices, and goals into their care plan.
- When the resident request is something that facility staff feels would place the individual at risk (i.e., the resident chooses not to use the walker, recommended by therapy), is there a process in place to examine the risk/benefit and guide decision-making?
- Review the resident's medical record to determine if facility staff included an assessment of the resident's strengths and needs and whether these, as well as the resident's personal and cultural preferences, were incorporated when developing his or her care plan.
- Determine how facility staff observes and responds to the non-verbal communication of a resident who is unable to verbalize preferences (i.e., if the resident spits out food, is this considered to be a choice and alternative meal options offered).

POTENTIAL TAGS FOR ADDITIONAL CONSIDERATION
If facility staff do not provide access to the care plan within 24 hours (excluding weekends and holidays) or provide, if requested, a copy of the care plan in written or electronic form within two working days of the request, see §483.10(g)(2)-(3), F573, Right to Access/Purchase Copies of Records.

If facility staff do not provide a summary of the baseline care plan to the resident and their representative, see §483.21(a), F655, Baseline Care Plans.

Also refer to §483.21(b), F656, Comprehensive Care Plans for more information on Care Plans.

F554
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§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate.

GUIDANCE §483.10(c)(7)
If a resident requests to self-administer medication(s), it is the responsibility of the interdisciplinary team (IDT) (as defined in §483.21(b), F657, Comprehensive Care Plans) to determine that it is safe before the resident exercises that right. A resident may only self-administer medications after the IDT has determined which medications may be self-administered.

When determining if self-administration is clinically appropriate for a resident, the IDT should at a minimum consider the following:
- The medications appropriate and safe for self-administration;
- The resident's physical capacity to swallow without difficulty and to open medication bottles;