- The resident's cognitive status, including their ability to correctly name their medications and know what conditions they are taken for;
- The resident's capability to follow directions and tell time to know when medications need to be taken;
- The resident's comprehension of instructions for the medications they are taking, including the dose, timing, and signs of side effects, and when to report to facility staff.
- The resident's ability to understand what refusal of medication is, and appropriate steps taken by staff to educate when this occurs.
- The resident's ability to ensure that medication is stored safely and securely.

Appropriate notation of these determinations must be documented in the resident's medical record and care plan. If a resident is self-administering medication, review the resident's record to verify that this decision was made by the IDT, including the resident. The decision that a resident has the ability to self-administer medication is subject to periodic assessment by the IDT, based on changes in the resident's medical and decision-making status. If self-administration is determined not to be safe, the IDT should consider, based on the assessment of the resident's abilities, options that allow the resident to actively participate in the administration of their medications to the extent that is safe (i.e., the resident may be assessed as not able to self-administer their medications because they are not able to manage a locked box in their room, but they may be able to get the medications from the nurse at a designated location and then safely self-administer them).

Medication errors occurring with residents who self-administer should not be counted in the facility's medication error rate and should not be cited at §483.45(f)(1) F759 and §483.45(f)(2) F760, Medication Errors. However, this may call into question the judgment of facility staff in allowing self-administration of medication for that resident.

PROCEDURES AND PROBES §483.10(c)(7)
Determine that facility staff have a process to demonstrate that the resident has taken the self-administered medication.

- Ask residents if they requested to self-administer medications and if they received a response.
- How do staff determine if a resident is able to safely self-administer medications?
- If the interdisciplinary team has determined that the resident can safely self-administer medications, was this request honored?

If the interdisciplinary team was not involved in determining whether the self-administration of medications was clinically appropriate, cite here at F554. If other concerns related to care planning are identified, see guidance at §483.21, Comprehensive Person-Centered Care Planning.

F555

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.10(d) Choice of Attending Physician.
The resident has the right to choose his or her attending physician.

§483.10(d)(1) The physician must be licensed to practice, and

§483.10(d)(2) If the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation as specified in paragraphs (d)(4) and (5) of this section to assure provision of appropriate and adequate care and treatment.

§483.10(d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care.

§483.10(d)(4) The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options.

§483.10(d)(5) If the resident subsequently selects another attending physician who meets the requirements specified in this part, the facility must honor that choice.

DEFINITIONS §483.10(d)(1)-(5)
"Attending physician" refers to the primary physician who is responsible for managing the resident's medical care. This does not include other physicians whom the resident may see periodically, such as specialists.

GUIDANCE §483.10(d)(1)-(5)
The right to choose a personal physician does not mean that a resident is required to do so. It also does not mean that the physician the resident chose is obligated to provide service to the resident. If a resident or his or her representative declines to designate a personal physician or if a physician of the resident's choosing fails to fulfill their responsibilities, as specified in §483.30, F710, Physician Services, or elsewhere as required in these regulations, facility staff may choose another physician after informing the resident or the resident's representative. Before consulting an alternate physician, the medical director must have a discussion with the attending physician. Only after a failed attempt to work with the attending physician or mediate differences may facility staff request an alternate physician.

Facility staff may not interfere in the process by which a resident chooses his or her physician. If a resident does not have a physician, or if the resident's physician becomes unable or unwilling to continue providing care to the resident, facility staff must assist the resident or the resident's representative in finding a replacement.

If it is a condition for admission to a nursing home contained within a Continuing Care Retirement Community (CCRC), the requirement for free choice is met if a resident chooses a personal physician from among those who have practice privileges at the CCRC.