

solely for the purpose of assuring eligibility for Medicare payments. Such moves are only appropriate only when they occur at the request of a resident.

A resident also has the right to refuse transfer if that transfer is solely for the convenience of staff. For example, a resident may experience a change in condition that requires additional care. Facility staff may wish to move the resident to another room with other residents who require a similar level of services, because it is easier for staff to care for residents with similar needs. The resident would have the right to stay in his or her room and refuse this transfer.

### **PROBES §483.10(e)(7)-(8)**

For residents moved between Medicare or Medicaid approved distinct parts:

- Was the resident moved to a different room because of a change in payment source or staff convenience?
- Did facility staff give the resident the opportunity to refuse the transfer?

### **POTENTIAL TAGS FOR ADDITIONAL CONSIDERATION**

- 42 CFR §483.10(e)(6), F559, Notification of Roommate Change.
  - Determine if the resident received prior notification of a room change.
- 42 CFR §483.10(g)(17), F582, Medicare/Medicaid Coverage.
  - Determine if the resident was notified of changes in eligibility for Medicare or Medicaid covered services, what the resident's financial responsibility may be, and their appeal rights.
- For additional guidance regarding admission to, discharges, or transfers from a SNF or NF, including bed-hold policies and therapeutic leave, see §483.15, F620 Admission, Transfer, and Discharge Rights.

### **F561**

**(Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22)**

#### **§483.10(f) Self-determination.**

**The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.**

**§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.**

**§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.**

**§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.**

**§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.**

**INTENT §483.10(f)(1)-(3) and (8)**

The intent of this requirement is to ensure that each resident has the opportunity to exercise his or her autonomy regarding those things that are important in his or her life. This includes the residents' interests and preferences.

**GUIDANCE §§483.10(f)(1)-(3), (8)**

It is important for residents to have a choice about which activities they participate in, whether they are part of the formal activities program or self-directed. Additionally, a resident's needs and choices for how he or she spends time, both inside and outside the facility, should also be supported and accommodated, to the extent possible, including making transportation arrangements.

Residents have the right to choose their schedules, consistent with their interests, assessments, and care plans. This includes, but is not limited to, choices about the schedules that are important to the resident, such as waking, eating, bathing, and going to bed at night. Choices about schedules and ensuring that residents are able to get enough sleep is an important contributor to overall health and well-being. Residents also have the right to choose health care schedules consistent with their interests and preferences, and information should be gathered to proactively assist residents with the fulfillment of their choices. Facilities must not develop a schedule for care, such as waking or bathing schedules, for staff convenience and without the input of the residents.

Examples that demonstrate the support and accommodation of resident goals, preferences, and choices include, but are not limited to:

- If a resident shares that attendance at family gatherings or external community events is of interest to them, the resident's goals of attending these events should be accommodated, to the extent possible.
- If a resident mentions that his or her therapy is scheduled at the time of a favorite television program, the resident's preference should be accommodated, to the extent possible.
- If a resident refuses a bath because he or she prefers a shower or a different bathing method, such as in-bed bathing, prefers to bathe 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 resident's preferences must be accommodated.

If a facility changes its policy to prohibit smoking (including electronic cigarettes), it should allow current residents who smoke to continue smoking in an area that maintains the quality of life for these residents and takes into account non-smoking residents. The smoking area may be an outside area provided that residents remain safe. Residents admitted after the facility changes its policy must be informed of this policy at admission. (See §483.10(g)(1) and §483.10(g)(16)) For further explanation of safety concerns, refer to §483.25(d), F689. For information on smoking policies, refer to §483.90(i)(5), F926.

### **PROCEDURES §483.10(f)(1)-(3) and (8)**

During interviews with residents or their family and/or representative(s), determine if they are given the opportunity to choose and whether facility staff accommodate his or her preferences for:

- Activities that interest them;
- Their sleep cycles;
- Their bathing times and methods;
- Their eating schedule;
- Their health care options; and
- Any other area significant to the resident.

Interview facility staff about what the resident's goals, preferences, and choices are and the location of that information. Interview facility staff to determine how they sought information from the resident's family and/or representative(s) regarding a resident's preferences and choices for residents who are unable to express their choices. Additionally, the resident's preferences should be accommodated by facility staff and reflected through adjustments in the care plan. Ask the social worker or other appropriate staff how they help residents pursue activities outside the facility.

Examples of noncompliance may include, but are not limited to:

- Residents are not given the opportunity to choose activities that interest them.
- Facility staff have a set schedule for waking residents or putting residents in bed, without consideration of resident preference.
- Facility staff have a practice of showering all residents when a bath is available and preferred by a resident.
- Residents are not afforded the opportunity to choose among offered healthcare options.
- Restriction of any one of these rights are placed on any resident, including a justice involved resident solely based on their status as a justice involved individual, without consideration of how exercising their rights affected the rights of other residents.

### **POTENTIAL TAGS FOR ADDITIONAL CONSIDERATION**