

- A resident was observed standing in her doorway asking what day of the week it was. Two staff members were within hearing distance, but did not reply to the resident. The surveyor also noticed that there was no calendar in the resident's room.

Review of the resident's record showed that she had a diagnosis of dementia. The care plan noted that the resident has a tendency to forget what day of the week it is and can become anxious when not reminded. Interventions include that staff are to ensure that a current calendar is on her bedroom wall and remind the resident what day it is when she wakes up each morning and when facility staff are asked.

The facility failed to support the resident and implement care planned interventions to reduce her confusion, which had the potential to cause the resident anxiety.

Severity Level 1: No Actual Harm with Likelihood for Minimal Harm

Severity Level 1 does not apply for this regulatory requirement because any facility practice that results in a reduction of psychosocial well-being diminishes the resident's quality of life. Because more than minimal harm is likely, any deficiency for this requirement is at least a Severity Level 2. For additional guidance, see also the Psychosocial Outcome Severity Guide at the CMS Nursing Homes Survey Resources website that can be accessed by visiting <https://www.cms.gov/files/zip/survey-resources-10262022.zip>.

NOTE: If there are indications that a resident is in a secured/locked area without a clinical justification and/or placement is against the will of the resident, their family, and/or resident representative, review regulatory requirements at §483.12 and §483.12(a) (F603), Involuntary Seclusion. [End of Tag F744.]

F745

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§483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.

INTENT §483.40(d)

To assure that sufficient and appropriate social services are provided to meet the resident's needs.

DEFINITIONS §483.40(d)

Definitions are provided to clarify terminology related to behavioral health services and the attainment or maintenance of a resident's highest practicable well-being.

“Medically-related social services” means services provided by the facility’s staff to assist residents in attaining or maintaining their mental and psychosocial health.

GUIDANCE §483.40(d)

All facilities are required to provide medically-related social services for each resident. Facilities must identify the need for medically-related social services and ensure that these services are provided. It is not required that a qualified social worker necessarily provide all of these services, except as required by State law.

If there are concerns about requirements involving qualified social workers, refer to §483.70(o) (F850), Social worker.

Examples of medically-related social services include, but are not limited to the following:

- Advocating for residents and assisting them in the assertion of their rights within the facility in accordance with §483.10, Resident Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Transitions of Care, §483.20, Resident Assessments (PASARR), and §483.21, Comprehensive Person-Centered Care Planning;
- Assisting residents in voicing and obtaining resolution to grievances about treatment, living conditions, visitation rights, and accommodation of needs;
- Assisting or arranging for a resident’s communication of needs through the resident’s primary method of communication or in a language that the resident understands;
- Making arrangements for obtaining items, such as clothing and personal items;
- Assisting with informing and educating residents, their family, and/or representative(s) about health care options and ramifications;
- Making referrals and obtaining needed services from outside entities (e.g., talking books, absentee ballots, community wheelchair transportation);
- Assisting residents with financial and legal matters (e.g., applying for pensions, referrals to lawyers, referrals to funeral homes for preplanning arrangements);
- Transitions of care services (e.g., assisting the resident with identifying community placement options and completion of the application process, arranging intake for home care services for residents returning home, assisting with transfer arrangements to other facilities);
- Providing or arranging for needed mental and psychosocial counseling services;
- Identifying and seeking ways to support residents’ individual needs through the assessment and care planning process;
- Encouraging staff to maintain or enhance each resident’s dignity in recognition of each resident’s individuality;
- Assisting residents with advance care planning, including but not limited to completion of advance directives (For additional information pertaining to advance directives, refer to §483.10(g)(12) (F578)), Advance Directives);
- Identifying and promoting individualized, non-pharmacological approaches to care that meet the mental and psychosocial needs of each resident; and