

The call system must be accessible to residents while in their bed or other sleeping accommodations within the resident's room.

The call system must be accessible to the resident at each toilet and bath or shower facility. The call system should be accessible to a resident lying on the floor.

POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION

Issues related to the timeliness of calls being answered should be referred to and examined for sufficient staffing under §483.35 Nursing Services.

PROBES: §483.90(g)(1) and (g)(2)

Is there a functioning communication system from rooms, at the bedside, toilets, and bathing facilities in which resident calls are received and answered by staff? Is the call system accessible if the resident were lying on the floor?

If a resident has disabilities that make use of the facility's communication system inaccessible, are alternatives, auxiliary aids, or services available to meet this requirement and to meet the resident's needs as identified in the resident's assessment or plan of care?

Residents and their representatives should be interviewed about whether calls are being answered.

- Has the call system been in need of repair recently? If yes, ask:
 - What did the facility do if the call system was not working?
 - How many times was the call system non-functional/not operating?
 - Were any needed repairs made timely?
 - How long was the call system non-functional/not operating?

Does the facility have process to routinely ensure the call system for residents is operational?

During a loss of power, will the resident call system be operational or is an alternate means of communicating with the staff put into place?

F920

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

§483.90(h) Dining and Resident Activities

The facility must provide one or more rooms designated for resident dining and activities.

These rooms must--

§483.90(h)(1) Be well lighted;

§483.90(h)(2) Be well ventilated;

§483.90(h)(3) Be adequately furnished; and

§483.90(h)(4) Have sufficient space to accommodate all activities.

GUIDANCE: §483.90(h)(1), (h)(2), (h)(3) and (h)(4)

“Well lighted” is defined as levels of illumination that are suitable to tasks performed by a resident.

“Well ventilated” is defined as good air circulation, avoidance of drafts at floor level, and adequate smoke and odor exhaust removal.

Reference ASHRAE Standard 179 for ventilation requirements in nursing homes activity and dining areas.

An “adequately furnished” dining area accommodates different residents’ physical and social needs. An adequately furnished organized activities area accommodates the needs, interests and preferences of its residents.

“Sufficient space to accommodate all activities” means that there is enough space available and it is adaptable to a variety of uses and residents’ needs.

PROBES: §483.90(h)(1), (h)(2), (h)(3) and (h)(4)

Are there adequate and comfortable lighting levels?

Are illumination levels appropriate to tasks with little glare?

Does lighting support maintenance of independent functioning and task performance?

Is the space well ventilated, providing for good air circulation and adequate smoke exhaust removal?

Ask residents if furnishings are adequate for their needs?

Are furnishings structurally sound and functional (e.g., chairs of varying sizes to meet varying needs of residents, wheelchairs can fit under the dining room table)?

Is space sufficient for all resident activities?

Are spaces adaptable for all intended uses?

Is resident access to space limited?

Do residents and staff have maximum flexibility in arranging furniture to accommodate residents who use walkers, wheelchairs, and other mobility aids, including space for empty wheelchairs if a resident prefers to sit in a regular chair?