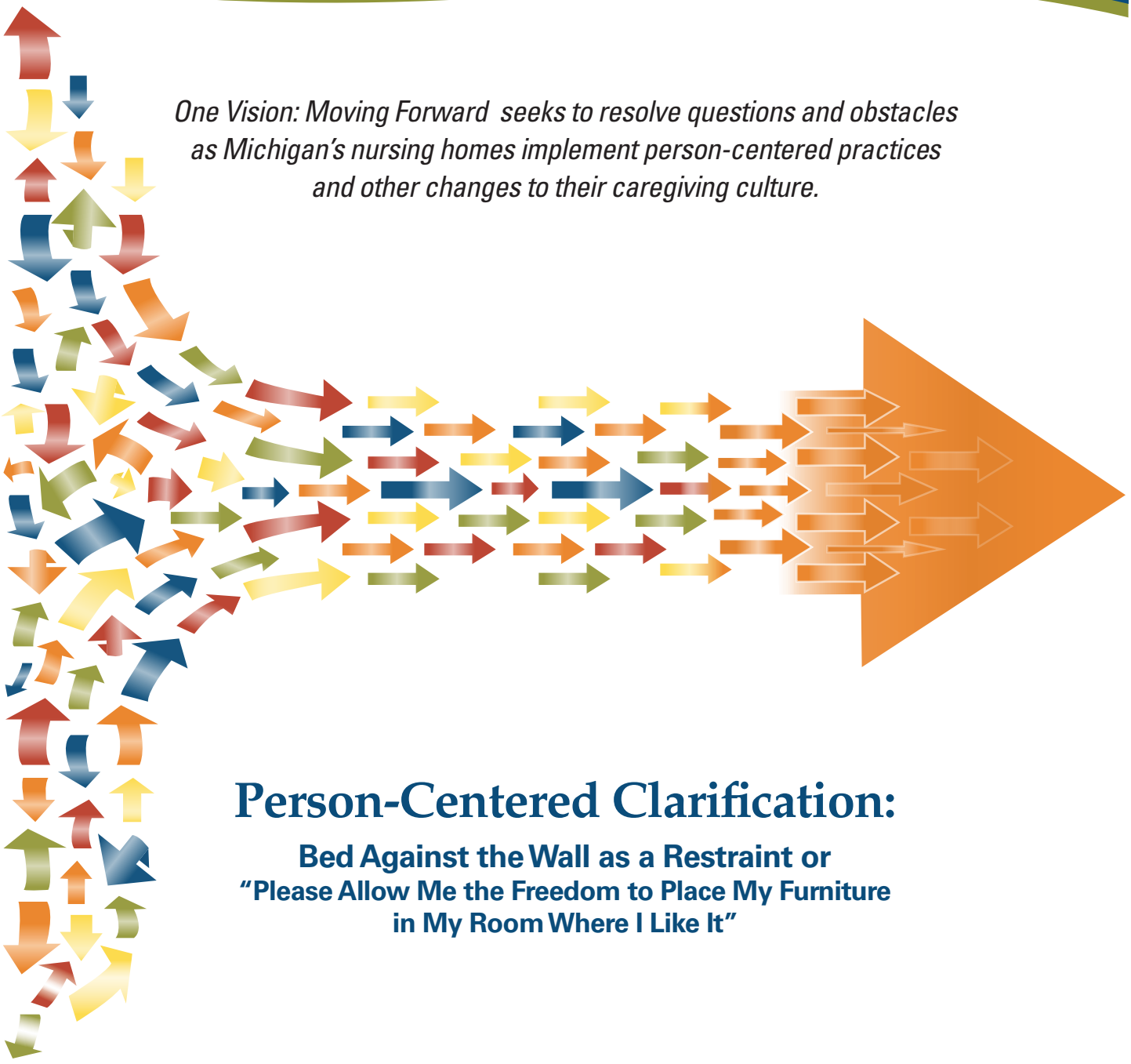
One Vision: Moving Forward

One Vision: Moving Forward seeks to resolve questions and obstacles as Michigan's nursing homes implement person-centered practices and other changes to their caregiving culture.



Person-Centered Clarification:

Bed Against the Wall as a Restraint or "Please Allow Me the Freedom to Place My Furniture in My Room Where I Like It"

This document is part of a series of clarifications available at www.PHInational.org/onevision.

One Vision: Moving Forward

OneVision: Moving Forward Stakeholders:

- Advancing Excellence in America's Nursing Homes, Michigan LANE
- Alzheimer's Association – Greater Michigan Chapter and Michigan Great Lakes Chapter
- Health Care Association of Michigan
- LeadingAge Michigan
- Medical Services Administration Michigan Department of Community Health
- Michigan Department of Licensing and Regulatory Affairs
  - The Bureau of Health Systems
  - The Bureau of Fire Services
- Michigan Alliance for Person Centered Communities
- Michigan Campaign for Quality Care
- Michigan County Medical Care Facilities Council
- Michigan Office on Services to the Aging
- Michigan Star Forum
- Michigan State Long Term Care Ombudsman
- MPRO
- NADONA-Michigan Chapter

"They all wanted to move the field forward, but no one wanted to take the risks of doing it."

– University of Pennsylvania Alzheimer's researcher

One Vision: Moving Forward seeks to resolve questions and obstacles to implementation of person-centered practices and other culture change initiatives in Michigan's nursing homes, and to address aspects of the wide array of culture change initiatives that pose challenges to the state's regulatory roles and responsibilities.

With the support of civil monetary penalty funding granted by the Michigan Department of Community Health, PHI[1] has been facilitating a work group of committed stakeholders — representing resident advocates, government agencies, provider associations, employee organizations, and culture change champions.

The stakeholders have, through consensus, developed a framework that is being used to address, clarify, and resolve current and future challenges to a person-centered approach in Michigan's nursing homes. As the results of this effort unfold, the stakeholder group is sharing them with the larger long-term supports and services community in documents such as this.

The ultimate goal of the One Vision: Moving Forward initiative is to make it possible for all Michigan's nursing home residents to experience more person-centered caregiving practices and for homes to improve the quality of care, exceeding the already high regulatory standards established by the State of Michigan.

1 PHI (**www.PHInational.org**) is a national nonprofit working to transform eldercare and disability services. We foster dignity, respect, and independence – for all who receive care, and all who provide it. The nation's leading authority on the direct-care workforce, PHI promotes quality direct-care jobs as the foundation for quality care.

Person-Centered Clarification: Bed Against the Wall as a Restraint or "Please Allow Me the Freedom to Place My Furniture in My Room Where I Like It"

Date of Consensus Agreement: October 15, 2013

This clarification seeks to resolve questions and obstacles to implementation of person-centered practices and other culture change initiatives in Michigan's nursing homes. It was developed through a consensus process involving Michigan state agencies, nursing home organizations, resident advocates, organizations that serve nursing home staff, and organizations promoting person-centered services and culture change. This document is not meant or designed to cover every possible example or scenario. This information is shared with the intent of supporting and promoting high-quality person-centered services in Michigan's nursing homes.

Topic or question from resident's point of view:

A Resident's room is his/her castle. In many cases, living areas have been reduced from a full home or apartment that was personalized to his/her taste and life preferences to a small room often shared with an unrelated roommate. Re-arranging furniture can provide extra living space and better suit the Resident's wants, needs, tastes and lifestyle. What, if anything, gets in the way of personalizing furniture placement in a Resident's room?

Clarifications of person-centered practices and approaches:

- How are the Resident's right to self-determination balanced or actualized with a facility's responsibility for the least restrictive environment?
- Under what circumstances can a Resident place his/her bed against the wall?

Several regulations support a Resident's right to arrange furniture according to his/her preference. According to *F-246, "Accommodation of Needs, a Resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered";* and *F-242, "Self Determination and Participation, the Resident has the right to (3) make choices about aspects of his or her life in the facility that are significant to the Resident."* Finally, *F-280, "The resident has the right to — unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment."* This right should be honored by the facility.

Other regulations are perceived as a barrier or deterrent to the Resident's ability to arrange his/her room in the preferred way. M-tag R325.21311(b) requires not less than 3 feet of clearance available on both sides and the foot of the bed.

Additionally, according to the Federal F-tag 221/42 CFR 483 13(a), "*The Resident has the right to be free from any physical or chemical restraints imposed for the purposes of discipline or convenience and not required to treat the Resident's medical symptoms.*" Assessment tools created by the federal government that are used in care planning also refer to a bed placed against the wall when a Resident cannot freely exit the bed as a "restraint." As a result, surveyors and nursing home managers many times refer to a bed placed against a wall as a "restraint."

1. How is the Resident's right to self-determination to arrange furniture in his/her room balanced or actualized with a facility's responsibility for the least restrictive environment?

Upon reading the regulations, there does not appear to be a barrier to allowing the bed placement against the wall, provided the facility's policy reflects the desire for individualized care and the Resident's individualized care plan reflects the desire for the bed to be placed against the wall.

Many traditional nursing homes fear that a resident's bed placed against the wall could be considered a restraint; however, when taken as a whole, the regulations do not necessarily suggest this.

Chapter 3 of the book outlining how assessments are to be conducted defines a restraint as *"any manual method or physical or mechanical device, material or equipment attached to or adjacent to the Resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body" (also outlined in the State Operations Manual, Appendix PP).* Under this definition, a bed placed against the wall would be considered a restraint if the Resident had some physical or mental disability prohibiting his/her free movement or exit from the bed. If the Resident prefers and is able to exit from the open side of the bed, a bed placed against the wall is not a restraint.

Key factors in fulfilling a Resident's desires for furniture placement:

1. No piece of furniture can ever block any door used to enter or exit the room.
2. The Resident's choice is included in the care plan.
3. The Resident's abilities are outlined in the care plan.
4. Safety issues are considered.
5. The Resident's preferred placement for lighting and call bells are honored.
6. Electric bed, lighting, and call bell cords are secured to avoid trip hazards and severing, which can cause electric shock or fire.
7. Any other factors—such as roommate preferences, picture placement, etc.—that may directly affect quality of life and quality of care of the Resident are addressed.

2. Under what circumstances can a Resident place his/her bed against the wall?

As long as no door is blocked, a Resident should be able to have his/her bed placed against the wall in keeping with all the key factors outlined above.

Resources and tools to better actualize Resident preferences or needs within the intent of the regulatory standards:

Definition of Person-Centered Planning

"'Person-centered planning' means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities." MCL 330.1700(g)

The Michigan Department of Community Health (MDCH) and the Department of Licensing and Regulatory Affairs (LARA) hope to facilitate innovation that will increase individual quality of life and satisfaction with service delivery by implementing person-centered planning across all long-term care supports and services. The elements of Person-Centered Planning (PCP) as adopted by the departments are:

- **Person-Directed** –The individual controls the planning process.
- **Capacity Building** – Planning focuses on an individual's gifts, abilities, talents, and skills rather than deficits.
- **Person-Centered** – The focus is continually on the individual's life with whom the plan is being developed and not on fitting the person into available services and supports in a standard program.

- **Outcome-Based** –The planning process focuses on increasing the experiences identified as valuable by the individual during the planning process..
- **Presumed Competence** – All individuals are presumed to have the capacity to actively participate in the planning process (even individuals with cognitive and/or mental disabilities are presumed to have capacity to participate).
- **Information** – A PCP approach must address the individual's need for information, guidance, and support.
- **Facilitation** – Individuals may choose to have an independent advocate/champion to act as facilitator. Facilitation may include pre-planning and conducting the planning meetings. This may be done more effectively by someone outside of the provider organization.
- **Participation of Allies** – For most individuals, person-centered planning relies on the participation of allies chosen by the individual, based on who they feel is important to be there to support them.
- **Health and Welfare** –The needs of the individual must be addressed in a person-centered manner; strategies to address identified health and welfare needs must be supported to allow the individual to maintain his/her life in the setting of his/her choice.
- **Documentation** –The planning results should be documented in ways that are meaningful to the individual and useful to people with responsibilities for implementing the plan.

More clarifications about residents' right to participate in meaningful activities and maintain control are available to assist residents, their families and advocates, facilities and others are available. Go to: **www.phinational.org/onevision**.

Related Federal and State provisions:

M-tag R325.21311(b) requires not less than 3 feet of clearance available on both sides and the foot of the bed.

F-tag 221/42 CFR 483 13(a) The Resident has the right to be free from any physical or chemical restraints imposed for the purposes of discipline or convenience and not required to treat the Resident's medical symptoms.

F-246 Accommodation of Needs. A Resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other Residents would be endangered.

F-280, A resident has the right to — unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.

MDS RAI manual, chapter 3, Restraints.