Room Change

Policy & Procedure

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**Room Change Policy**

**PREFACE**

It is the policy of this facility to promote a resident’s right to make choices and to promptly receive written notice of a room change or change in an assigned roommate. The facility supports the resident’s right to refuse a room change made for the purpose of moving the resident into or out of a SNF or NF certified distinct part of the facility, solely for the staff’s convenience. The facility moves residents in a composite distinct part of the facility only within that building unless the resident volunteers to move to another composite distinct part of the facility.

The facility understands that moving rooms or changing roommates may be stressful for the resident and will make every effort to minimize the resident’s stress during room or roommate changes. The facility staff will monitor the resident’s health and well-being following a room or roommate change to identify and minimize or resolve potential negative impact for the resident and/or the new roommate.

**OBJECTIVE OF THE ROOM CHANGE POLICY**

The objective of the room change policy is to ensure that the resident is informed of an impending room change or assigned roommate. The intent of the room change policy supports each resident’s right to refuse a room change in specific circumstances. The policy provides guidance to facility practices for room and roommate management and notification to residents and the resident representative

**CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS) – DEFINITIONS**

The following are CMS definitions or clarifications from the Draft State Operations Manual Appendix PP effective November 28, 2016

**“Resident representative”** The term resident representative means any of the following:

* An individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;
* A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;
* Legal representative, as used in section 712 of the Older Americans Act; or.
* The court-appointed guardian or conservator of a resident.
* Nothing in this “rule” is intended to expand the scope of authority of any resident representative beyond that authority specifically authorized by the resident, State or Federal law, or a court of competent jurisdiction.

**Transfer and discharge**includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.

**Composite distinct part** means noncontiguous rooms or components of the facility that are not located within the same campus.

**OVERVIEW OF REGULATORY REQUIREMENT COMPONENTS FOR THIS POLICY**

**§ 483.10 Resident Rights.** The facility must also promptly notify the resident and the resident representative, if any, when there is a change in room or roommate assignment as specified in § 483.10(e)(6);The right to receive written notice, including the reason for the change, before the resident’s room or roommate in the facility is changed. The right to refuse to transfer to another room in the facility, if the purpose of the transfer is: To relocate a resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or to relocate a resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF, Solely for the convenience of staff. A resident’s exercise of the right to refuse transfer does not affect the resident’s eligibility or entitlement to Medicare or Medicaid benefits.

**§ 483.15 Admission, transfer, and discharge rights.**

A facility that is a composite distinct part must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under § 483.15(c)(9). *Room changes in a composite distinct part.* Room changes in a facility that is a composite distinct part (as defined in § 483.5) are subject to the requirements of § 483.10(e)(7) and must be limited to moves within the particular building in which the resident resides, unless the resident voluntarily agrees to move to another of the composite distinct part’s locations.

**PROCEDURE**

1. **Identification**

The Interdisciplinary Team (IDT) consistently reviews residents’ care needs and resident and representatives’ satisfaction with their room and roommates. Additionally, the facility manages the placement of new residents or residents with a change of status into the appropriate area of the facility, based on care needs.

* 1. The IDT discusses a resident’s clinical status and room and roommate preferences and with the resident and representative at the time of admission.
  2. A member of the IDT periodically asks the resident and representatives’ about their satisfaction with their room and roommate.

1. **Room Change (Transfer Room to Room)**
   1. The facility will review and assess the potential need for a room change or a room to room transfer including, but not limited to the following:
      1. Necessary to promote the resident’s well-being
      2. Roommate incompatibility
      3. Temporary need due to repairs or renovations
      4. Clinically assessed need
      5. Potential admission to permit the admission of a resident of the opposite sex
      6. Resident no longer needs specialized medical equipment that cannot be moved from the resident’s room, another resident needs access to that equipment and the transfer would improve the well-being of the resident being transferred
      7. The resident no longer requires the specialized services or programming in the focus area of the facility in which the resident is located and the transfer would improve the resident’s well-being
      8. Roommate passing
      9. Temporary transfer is necessary because of an emergency
      10. Resident or resident representative request a transfer
   2. The interdisciplinary team, in coordination with the residents primary care physician, will:
      1. Assess the need for the potential room change
      2. Assess the potential for relocation stress syndrome and identify interventions to mitigate potential negative outcomes. Care plan those interventions as agreed upon
      3. Meet with the resident and resident representative based upon assessment of room change need and determination of next steps.
      4. Roommate passing - The facility will support a resident whose roommate has passed away by providing a little time to adjust (a couple days if possible) before moving another person into the room, depending on the resident’s level of connection to the previous roommate.
         1. The facility will provide necessary social services for a resident who is grieving over the death of a roommate.
   3. If the resident and representative requests a room or roommate change, the IDT reviews the request and informs the resident and representative of the feasibility and appropriateness of the room or roommate change. The facility staff makes every effort to accommodate room or roommate requests that are safe and appropriate for all concerned residents’ health and well-being.
   4. The facility staff will inform the resident and representative if the request can be accommodated and issue a room or roommate notice to the resident and representative.
      1. The issuance of the notice and room or roommate change arrangements will be documented in the resident’s record.
   5. The facility staff will inform the resident and representative if the request cannot be accommodated or is not in the best interest of the residents’ health and well-being.
      1. The reason will be explained and reasonable alternatives will be offered if available.
         1. The reason for denial of the resident’s request and reasonable alternatives offered will be documented in the resident’s record.
   6. If the facility requests the resident to move to a different room, within the provisions of Federal and State regulations, the facility will give prompt notice to the resident and representative.
      1. The issuance of the notice, the reason for the room change and the resident’s and representative’s response to the move will be documented in the resident’s record.
2. **Timing of the notice**
   1. The room change or roommate assignment change notice will be issued promptly upon knowledge of the need for the change.
   2. Documentation of the notice and response will be included in the medical record.
3. **Contents of the Room Change Notice**
   1. The notice contains the reason for the room or change, the effective date of the change and the location to which the resident will be moved.
4. **Contents of the Room Change Notice**
   1. The notice contains the effective date of the roommate change and the new roommate’s name.

# Documentation

* 1. The facility staff will document issuance of room and roommate change notices in the record of the resident who moves and the new roommate, if applicable; including the contents of the notice and the residents’ and representatives’ responses to the notices.

1. **Monitoring of resident’s response to new rooms or roommates**
   1. The facility will provide the resident with orientation to the new room location, the characteristics of the location in the facility, and introduce the staff that routinely works in that location.
      1. The facility will make every effort to minimize unnecessary and avoidable anxiety or depression for the resident.
   2. The facility will provide relevant information to the staff who will care for resident or roommate who moved to ensure continuity of care.
   3. The facility staff will monitor the health and well-being of the residents involved in the room or roommate change and will document any changes in the residents’ records.
   4. Significant changes in the health and well-being of the residents will be assessed and reported according to the facility’s policies and procedures.

**References**

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities 10/04/16:

<https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

CMS Memo Ref: S&C 17-07-NH: Advance Copy – Revisions to State Operations Manual (SOM), Appendix PP- Revised Regulations and Tags, 11/09/16:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf>