**SELF SURVEY MODULE**
**483.13 RESIDENT BEHAVIOR & FACILITY PRACTICES**

**TAG F221**

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**REGULATION: F221 (a) Restraints**
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.

**F221** is used for deficiencies concerning physical restraints.
**F222** is used for deficiencies concerning chemical restraints.

**INTENT:** The intent of this requirement is for each person to reach his/her highest practicable well-being in an environment that prohibits the use of restraints for discipline or convenience and limits restraint use to circumstances in which the resident has medical symptoms that warrant the use of restraints.

**DATA COLLECTION:**
**OBSERVATIONS:**

1. How does the device enable the resident to have a higher functional or activity level?
2. Self-releasing device -- can resident release it?
3. Type of restraint (belt, vest, etc.)
4. Type of chair
5. Type of pillows
6. Siderails position
7. Device applied properly
8. Device clean and in good repair
9. Behavior of resident -- cognitive status
10. Verbalization of resident
11. Ambulatory status
12. Bed mobility
13. Transfer status (ambulated to dining room; ambulated to bathroom, etc.)
14. Medical treatment being rendered
15. Visible injuries, especially on extremities
16. Contracture status
17. Staff's conduct in relation to releasing device (positioning resident, etc.)
18. Observation frequency by staff
19. Does resident appear comfortable?
20. What is the resident doing while restrained?
21. How does resident react when approached by others?
22. Is resident interacting with others?

**DOCUMENTATION:**
Documentation should include assessment, observation, interview, interventions, results, plans of care, and re-evaluations.

A. Assessment data includes the MDS and summary of restraint RAP guidelines. The

guidelines focus on need, problem, and risk factor. Information from the guidelines that should be documented include, but not limited to the following:

1. Reason the restraint is used
    a. What medical symptom is being treated?
    b. Is it a behavioral problem? If so, what is the behavior?
    c. Is there danger of falling? If so, what physical factor contributes to this danger?
    d. Is the resident interfering with medical treatment? If so, what specifically does the resident do?
    e. Is the resident's ability to be more self-sufficient enhanced? If so, how?
2. Resident's response to the restraint
    a. What is the resident's behavior while restrained?
    b. How does this behavior differ from behavior when not restrained?
3. Alternative to restraints
    a. Alternatives to restraints that have been used to treat the problem identified above, over what period of time, and under what circumstances?
    b. What was done to change/control behavior before the restraint was applied?
    c. What treatment has been provided to prevent falls before a restraint was applied?

*** Refer to the Restraint RAP Guidelines for a complete guide to assessment.

B. Observation documentation should include the results from observations as indicated under the "Observation" section of this module.

C. Interview documentation should include the families, staff, and resident concerns. Does the resident accept or reject? How were these issues addressed?

D. Documentation of interventions include the alternatives to restraints and the less restrictive restraints actually used as well as the period of time, time of day, and circumstances in which they were used. This information could be covered in the documentation of assessment.

E. Documentation of the results of restraint use should include the actual restraint used, during what time of day it was used, where the resident is located when restrained, who is with the resident at the time, and what actively is occurring in resident's immediate vicinity at the time of the restraint? Result would include the status of the actual problem for which resident was restrained.

Example: Is the desired behavior exhibited? Has the physical danger been eliminated? Is treatment proceeding as desired?

F. Documentation of Plans should include plan to re-evaluate for use of alternatives and/or less restrictive devices. The care plan should document:
    1. The medical symptom for which the restraint is used.
    2. The plan for reducing the restraint. Example: gradually increasing the time for ambulation and muscle strengthening.
    3. The intervention to prevent complications from restraint use or risks of decline.

4. The interpretive guidelines for Tag F221 list the following interventions that the facility might incorporate in the care planning process:
    - Providing restorative care to enhance abilities to stand safely and to walk;
    - A trapeze to increase bed mobility;
    - Placing the bed lower to the floor and surrounding the bed with a soft mat;
    - Equipping the resident with a device that monitors attempts to arise;
    - Providing frequent staff monitoring at night with periodic assisted toileting for residents attempting to arise to use the bathroom; and/or
    - Furnishing visual and verbal reminders to use the call bell for residents who are able to comprehend this information.

G. Documentation of re-evaluating would include all the factors in the initial evaluation.

**INTERVIEWS:**

**RESIDENT INTERVIEWS:**

1. What is this device? (pointing to the restraint)
2. Why do you have this device on?
3. Has anyone talked with you about using this device?
4. Do you know why the facility wants you to use this?
5. Do you know what a restraint is?
6. Do you understand the risks of using a restraint?
7. Do you understand how a restraint can help you?
8. Has anyone told you what choices/types you have if you do not use a restraint?
9. Do you feel that you have a choice of whether you will be restrained or not?
10. How do you feel about using the restraint?
11. When do you wear this device?

**FAMILY INTERVIEWS:**

1. Why is your loved one restrained? For what reason, explain.
2. At what times of the day is your family member typically restrained?
3. When does your family member wear the device?
4. How often is your family member checked on while restrained?
5. What do staff do at this time?
6. What options to restraining were explored prior to the use of the restraint?
7. Do you believe that the least restrictive type of restraint is being used?
8. Were you consulted prior to the use of the restraint?
9. Were you informed of the benefits/risks associated with restraints?
10. Was your family member informed of the benefits/risks associated with restraints?
11. What does your family member do while being restrained? Specifically, activities/behaviors?
12. Can your loved one walk? Does the staff allow/assist him/her to walk?
13. How does your family member respond?
14. Does the staff take your family member to the bathroom?

15. Have you noticed any change in your loved one (physically/emotionally)?
16. Does he/she wander?
17. How long have restraints been used?
18. How do you feel about the restraint?

**EMPLOYEE INTERVIEWS:**

**CHARGE NURSES: DIRECTORS OF NURSING:**

1. How long have you worked with the resident?
2. What medical symptom is being treated?
3. What alternatives have been attempted?
4. What behaviors has the resident exhibited?
5. Is the resident restrained at night? What behavior does the resident exhibit at night?
6. When was the restraint last evaluated?
7. Is the resident incontinent? How often is the resident toileted?
8. What input/involvement has the resident had, family had?

**NURSE AIDES:**

1. How long have you worked with the resident?
2. Why is the resident restrained?
3. How often do you restrain the resident? Is there any type of restraint schedule for this resident?
4. Is this resident incontinent? How often do you toilet the resident?
5. Do you restrain the resident at night? Is the resident toileted at night?
6. What have you noticed the resident does when the resident is restrained? – During the day? At night?
7. Have you noticed any changes in the resident (physically or emotionally)?

**SOCIAL WORKERS:**

1. Why is the resident restrained?
2. What type of participation have you had in helping reduce the resident's restraint?
3. What behavior does the resident exhibit?
4. Why do you think the resident attempts to walk unassisted? Wander out of the building? To go to the bathroom?
5. What past experiences might contribute to the wandering?
6. Is there any time of day that the resident attempts to wander?
7. Tell me why the resident is restrained?
8. When does the behavior occur (day, night, at all times)?
9. Why do you think the resident does this?

**THERAPISTS:**

1. Why is the resident restrained?
2. Have you been involved in the restraint use or reduction of the restraint for this resident?
3. What types of least restrictive measures have been made?
4. What type of schedule is the resident on for restraints?
5. What is the resident's functional status?
6. Can the resident ambulate or has the resident ever been evaluated for ambulating?

**ACTIVITY DIRECTORS:**

1. Why is the resident restrained?
2. Have you been involved in restraint use and/or reduction?
3. Is the resident restrained all the time?
4. What behavior have you observed the resident exhibiting that would warrant restraint use?
5. What type of programming have you provided for this resident while restrained? When not restrained?