

Long-Term Care Survey Alert

What Do You Think? ~ Do The Regs Practically Forbid Restraining Residents?

The answer is no, not if ...

Facilities should definitely show restraint when restraining residents. For example, if surveyors believe your facility has restrained a resident for staff's convenience or without assessing the resident's need for the restraint, all bets are off for whether it will end up with serious F tags.

But while some facilities may implement a restraint-free environment, the **Centers for Medicare & Medicaid Services** doesn't forbid restraint use in all cases. A restraint "may be the correct intervention" to address a resident's medical symptoms, according to the RAI manual, notes **Marilyn Mines, RN, BC**, director of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL. But the facility must "assess the resident's need [for a restraint] properly," she says. And "the care staff must implement plans to reduce or eliminate the symptom(s) that caused" the need for the restraint in the first place, if possible," she adds.

Johns Hopkins University geropsychiatrist **Adam Rosenblatt** agrees "with the goals of restraint reduction, which has been shown to reduce injuries and falls." But you can imagine scenarios where staff might care plan a brief period of physical restraint as part of a treatment, Rosenblatt tells **Eli**.

Example: A resident with oral hygiene problems battles staff trying to help him clean his teeth. Staff have tried and documented various approaches to enlist his cooperation, but he continues to combat the procedure. Then they figure out that the resident will sit quietly and permit staff to clean his teeth if he's in a Geri-chair for a few minutes daily. But if the resident can't get out of the Geri-chair, "it would count as a restraint," says Rosenblatt. Even so, "that might be the best way to ensure the person receives care with the least resistance," he says. And that strategy would "certainly be preferable to putting him on a round-the-clock medication to try to make him more compliant" with the care, he adds.

Watch out: Sometimes you'll see situations where a resident sits in a Geri-chair for meals which acts as a restraint and is care planned as such, says **Nancy Augustine, MSN, RN**, a consultant with **LTCQ Inc.** in Lexington, MA. "But then hours later you see the person is still in the chair." And that practice runs afoul of the RAI manual requirements.