employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

(2) The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures.

(3) The facility management must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

(4) The results of all investigations must be reported to the administrator or the designated representative and to other officials in accordance with State law within 5 working days of the incident, and appropriate corrective action must be taken if the alleged violation is verified.


(The Office of Management and Budget has approved the information collection requirements in this section under control number 2900–0160)

§ 51.100 Quality of life.

A facility management must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident’s quality of life.

(a) Dignity. The facility management must promote care for residents in a manner and in an environment that maintains or enhances each resident’s dignity and respect in full recognition of his or her individuality.

(b) Self-determination and participation. The resident has the right to—

(1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;

(2) Interact with members of the community both inside and outside the facility; and

(3) Make choices about aspects of his or her life in the facility that are significant to the resident.

(c) Resident Council. The facility management must establish a council of residents that meet at least quarterly. The facility management must document any concerns submitted to the management of the facility by the council.

(d) Participation in resident and family groups. (1) A resident has the right to organize and participate in resident groups in the facility;

(2) A resident’s family has the right to meet in the facility with the families of other residents in the facility;

(3) The facility management must provide the council and any resident or family group that exists with private space:

(4) Staff or visitors may attend meetings at the group’s invitation;

(5) The facility management must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings;

(6) The facility management must listen to the views of any resident or family group, including the council established under paragraph (c) of this section, and act upon the concerns of residents, families, and the council regarding policy and operational decisions affecting resident care and life in the facility.

(e) Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. The facility management must arrange for religious counseling by clergy of various faith groups.

(f) Accommodation of needs. A resident has the right to—

(1) Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and

(2) Receive notice before the resident’s room or roommate in the facility is changed.

(g) Patient Activities. (1) The facility management must provide for an ongoing program of activities designed to
§ 51.110

Resident assessment.

The facility management must conduct initially, annually and as required by a change in the resident’s condition a comprehensive, accurate, standardized, reproducible assessment of each resident’s functional capacity.

(a) Admission orders. At the time each resident is admitted, the facility management must have physician orders for the resident’s immediate care and a medical assessment, including a medical history and physical examination, within a timeframe appropriate to the resident’s condition, not to exceed 72 hours after admission, except when an examination was performed within five days before admission and the findings were recorded in the medical record on admission.

(b) Comprehensive assessments. (1) The facility management must make a comprehensive assessment of a resident’s needs:

(i) Using the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument Minimum Data Set, Version 2.0; and

(ii) Environment. The facility management must provide—

1. A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;

2. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;

3. Clean bed and bath linens that are in good condition;

4. Private closet space in each resident room, as specified in § 51.200(d)(2)(iv) of this part;

5. Adequate and comfortable lighting levels in all areas;

6. Comfortable and safe temperature levels. Facilities must maintain a temperature range of 71–81 degrees Fahrenheit; and

7. For the maintenance of comfortable sound levels.


The Office of Management and Budget has approved the information collection requirements in this section under control number 2900–0160.

65 FR 968, Jan. 6, 2000, as amended at 74 FR 19434, Apr. 29, 2009

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