The attached Centers for Medicare and Medicaid Services (CMS), Regional Survey and Certification (RS&C) Letter was issued on December 2, 2005. This letter, which was distributed by e-mail on December 5th, is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 06-01 – The Use of Identification Wristbands in Nursing Homes

If you have any questions, please contact Bevo Morris, Program Specialist, Policy Development and Support, at (512) 438-2363.

[signature on file]

Michelle Dionne-Vahalik

MDV:bbm

Attachment
December 2, 2005

REGIONAL SURVEY AND CERTIFICATION LETTER NO. 06-01

TO: All State Survey Agencies (Information)
    All Title XIX Single State Agencies (Information)

SUBJECT: The Use of Identification Wristbands in Nursing Homes

BACKGROUND:

The Dallas Regional Office (RO) recognizes the need to properly identify residents for medication administration. One proposal recently presented to this office requested approval for the use of identity wristbands for nursing home residents.

Nursing homes have used self-identification, room numbers, name plates outside the room and/or on the bed, and photographs to identify residents. These systems may be adequate, as long as the facility updates them as needed to reflect transfers, discharges, and changes in cognitive function and physical appearance of the residents and evaluates the effectiveness of these systems.

Given the Quality of Care regulations, the facility must provide sufficient evidence that the resident’s health and safety would be endangered if the resident did not wear an identity wristband and that the resident and/or family was involved in this care planning decision. This is already done for residents who wear electronic wander bands, where the resident’s need for safety overrides the resident’s preference and the resident and/or family concur. The facility could not use an identity wristband, unless the individual’s need for safety override the facility’s responsibility to sustain an environment that humanizes each resident. Not only is the facility required to assess residents at least quarterly to determine if they have the cognitive capacity to verbally identify themselves, the facility must evaluate the resident’s environment to determine if facility procedures and systems could contribute to the misidentification of the resident. Only then can a facility determine that the identity wristband is the only way the facility can safely identify the resident. Even if the facility were to utilize a discrete system to identify residents, where the resident does not feel singled out, the State Agency would still verify that the resident was afforded an opportunity to express his/her preferences or needs and that the resident's preferences were taken into consideration in the care planning process, as required at §483.20(g) and (k) and §483.10(d)(3). This does not preclude residents from wearing personalized wristbands, bracelets, or other items as a means of personal expression.
CONCLUSION:

General policies and procedures which do not include resident input, resident assessment and resident care planning and which result in the use of identity wristbands or other devices attached to the resident or his/her clothing represent noncompliance in comprehensive assessment, care planning, resident dignity and resident choice. The survey agency should consider citations at Quality of Life, Resident Rights, and Resident Assessment. The facility would be in compliance as long as the resident and family are involved in the comprehensive assessment and care planning and they are allowed to make choices.

If you have any questions, please call Susana Cruz at (214) 767-2077 or email susana.cruz@cms.hhs.gov.

Sincerely,

/s/

Calvin Cline
Associate Regional Administrator
Division of Survey and Certification