

F605 Chemical Restraints



With new surveyor guidance effective October 24, 2022, psychotropic use remains a continued focus of CMS. F605 of the CMS State Operations Manual Appendix PP provides guidance to surveyors for long-term care (LTC) facilities regarding chemical restraints.



What's Required

Per CMS

§483.12(a)(2) "[The facility must] ensure that the resident is free from physical or **chemical restraints** imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints."

Intent

The intent of this requirement is for each person to attain and maintain their **highest practicable well-being** in an environment that **prohibits** the use of **chemical restraints**:

- For discipline or convenience; and
- Not required to treat a resident's medical symptoms.

Definition

A **chemical restraint** can be defined as any medication that restricts the resident's movement or cognition, or sedates or subdues the resident, and which is not an accepted standard of practice for a resident's medical or psychiatric condition.

When a medication is indicated to treat a medical symptom, the facility must:

- Use the least restrictive alternative for the least amount of time;
- Provide ongoing re-evaluation of the need for the medication; and
- Not use the medication for discipline or convenience.

Risks and Psychosocial Impacts Related to Use of Chemical Restraints

A medication that is used for discipline or convenience and not required to treat medical symptoms may cause the resident to be:

- Subdued, sedated, or withdrawn;
- Asleep during hours that they would not ordinarily be asleep; or
- Limited in their functional capacity.

Additional effects resulting from sedating or subduing a resident may include, but are not limited to, the following:

- Loss of autonomy, dignity, self-respect, and orientation;

- Confusion, cognitive decline, withdrawal, depression;
- Decreased activity levels, including social activities; and,
- Weight loss if missing meals.

When would a surveyor investigate for chemical restraints?

- If an allegation of use of a chemical restraint is received; or
- The survey team determines noncompliance with F757 and/or F758, and the resident was or is receiving an unnecessary medication that restricts movement, or sedates or subdues the resident.

Can the facility be cited for both F605 and F757 for a medication being used 'unnecessarily' as a chemical restraint?

- No, if the survey team identifies an unnecessary medication that is acting as a chemical restraint (sedating or subduing a resident), the noncompliance is cited at F605 (Chemical Restraints) and not cited at F757 (Unnecessary Medications). Both tags shall not be cited for the same noncompliance.

Continued on next page

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Steps to Facility Compliance

- Review current policies and procedures for alignment with regulations per SOM Appendix PP.
- Evaluate staff practices for compliance with the regulation as detailed above.
- Leverage your PharMerica pharmacist to educate staff as needed.



How PharMerica Can Help

- Provide routine Gradual Dose Reduction recommendations when appropriate, collaborating with facility staff/caregivers to ensure optimal dosing.
- Attend behavioral meetings, participating in collaborative discussion with facility care team.
- Remain cognizant of warning signs for over sedation (e.g., unintentional weight loss, cognitive decline, lethargy, withdrawal) during routine MRRs and Nursing Note reviews and to report and provide corrective action plans when chemical restraint potential is identified.