

## MDS Alert

### Reader Question: Understand 'Alternative Sleep Furniture'

**Question:** One of our residents has chronic obstructive pulmonary disease (COPD) and was sleeping in a recliner before moving to our facility. We do everything we can to accommodate residents' rights and to make our facility feel as much like home as possible. I know the MDS mentions "alternate sleep furniture," but how do I need to care plan this?

New Jersey Subscriber

**Answer:** Specific regulations vary by state, but, with patient-centered care, it's crucial for the facility to do its best in accommodating residents' preferences. If the resident is alert and mobile, sleeping in a recliner probably presents fewer potential issues.

You should make sure that the recliner is functioning properly, especially that it opens, reclines, returns to a sitting position, and closes smoothly and safely.

As for medical conditions and care planning, make sure the resident knows about the risks and realities of skin issues like pressure injuries, as she probably will not be able to move around much while sleeping. Don't forget to care plan the COPD, including whether sleeping in a recliner seems to have any effect on easing any breathing trouble. Document carefully, especially the fact that using a recliner to sleep is the resident's preference and run everything by the resident and/or the resident's representative or family. Help the resident understand that a bed is always available if requested as well. See whether you can work out with the resident and/or her family a plan for the point at which the recliner may no longer be a safe alternative to a bed.

Depending on your state's regulations and your individual institution's rules, you may not be able to remove the bed from the resident's room.

If your resident is not very mobile or alert, tread much more carefully. Surveyors may consider a recliner a physical restraint or even as a device that can be used to contribute to a resident's outright neglect or punishment.

The State Manual of Operations Appendix PP explains that surveyors can cite F604 (Respect and Dignity; The resident has the right to be free from any chemical or physical restraint ...) if they believe a resident has been placed in a recliner as a means of preventing the resident from getting up independently.

"The restraining effects to the resident may have been caused intentionally or unintentionally by staff and would indicate an action of discipline or convenience. In the case of an unintentional physical restraint, the facility did not intend to restrain a resident, but a device is being used that has that same effect and is not being used to treat a medical symptom. These effects may result in convenience for the staff, as the resident may require less effort than previously required," Appendix PP explains.