Q: What are the requirements for residents that want to drink alcohol at meals or at a weekly Happy Hour?

A: There is no specific requirement or regulations for the nursing home to develop policies or have restrictions on the consummation of alcohol by elders.

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§483.10(a) Exercise of Rights
§483.10(a)(1) The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.
§483.10(a)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.

Essentially it is a resident’s choice if they want to have an alcoholic beverage and this choice should be considered an activity, therefore, a policy or a physician’s order is NOT needed. A resident should be able to consume alcohol as long as they: 1) are not taking medications that would interact poorly with alcohol, 2) have a medical condition that needs to have special consideration, and 3) are over the age of 21.

As an activity, just document that they attended the activity (not the amount or type of drink). Some homes have an “unwritten” 2 drink maximum - but they bend the rules depending on the elder and the situation. Residents should be able to consume alcohol with their meals without any specific policies or restrictions.

There are some medications and medical conditions that recommend abstaining from alcohol. If this type resident still wants to consume, it is probably good practice to let the physician and pharmacist know the resident’s desire and get approval. As long as the physician documents this approval, whether in an order or elsewhere in the clinical record, that should be sufficient. It would also be a good idea to add this “choice” to the care plan.

As with any choice, the individual should be informed of the risk and allowed to make his/her choice. The home should do what it can to mitigate any risk without unduly regulating the individual’s life.

It also needs to be emphasized that facilities should use the evaluation and care plan process regarding resident alcohol use and just like with any care plan, it should be reviewed and evaluated by the interdisciplinary team. I also agree that even though an actual physician order is not necessary I would expect the resident’s physician be aware and have some documentation in the clinical record to validate this acknowledgement. While is important that the facility respects the residents’ right to drink alcohol, they are also responsible to provide a safe environment.