DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-12-25
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C- 09-31

DATE: **April 10, 2009**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: **Nursing Homes -** Issuance of Revisions to Interpretive Guidance at Several Tags, as Part of Appendix PP, State Operations Manual (SOM), and Training Materials

Memorandum Summary

- Revisions have been made to Guidance to Surveyors at several Tags in Appendix PP of SOM concerning Quality of Life and Environment.
- Tag F255 (closets) is deleted and regulatory language and Guidance moved to F461.
- A training document with speaker notes for Centers for Medicare & Medicaid Services (CMS) Regional Offices (ROs) and State Survey Agencies (SAs) to use to train surveyors in this revision to the SOM is included in this memorandum.
- Power point slides will be issued to ROs and SAs under a separate communication.

We made changes to the Guidance to Surveyors for several Quality of Life and Environment section Tags in Appendix PP of the SOM in response to public recommendations from the 2008 CMS/Pioneer Network Environment Symposium. These changes add clarifications to assist surveyors in determining compliance with these Tags. Regulatory language is unchanged.

We deleted F255, which contained language about closets and have moved the regulatory text and guidance from F255 to F461 which also covers closets. In addition, since the release of guidance for F371 Sanitary Conditions, we received many questions regarding a Note in the Guidance about compliance with the food procurement requirements at this Tag when residents accept food brought in by visitors. We have made a change to this Note to clarify that the food procurement regulations for providers are not intended to diminish the right of residents to accept food from visitors. Since F371 is a long Tag and the change is only to one sentence, for the Advance Copy, we have reprinted only a portion of F371 where this sentence resides. A notice has been placed in the Advance Copy that specifies that all other language at F371 remains the same.

This revision will be implemented June 17, 2009. At that time, a final copy of this new guidance will be available at http://www.cms.hhs.gov/Transmittals/ and ultimately incorporated into Appendix PP of the State Operations Manual.

Here, we are providing an advance copy of the revised guidance. All new language is presented in red and italics.

Also attached to this memo are training materials for the revised Tags. This training packet is to be utilized in assuring that all surveyors who survey nursing homes are trained in the revised guidance by the implementation date. These materials were presented and discussed in a teleconference with ROs on March 31, 2009. We encourage training to be conducted in person with group discussion to optimize learning. However, if this is not feasible to meet the needs of your surveyors, it is acceptable to use other methods. This guide may also be used to communicate with provider groups and other stakeholders.

RO training coordinators will document the completion of training on this new guidance for all RO and State nursing home surveyors within their region.

Enclosed with this memorandum are the following files:

- Transmittal Sheet describing changes;
- Advance copy of surveyor guidance revision;
- Guidance Training Instructor Guide outline in Microsoft Word; and
- Article on person-centered word usage to accompany F241 Dignity revision.

Powerpoint slides will be made available to ROs and SAs under a separate communication.

For questions on this memorandum, please contact Karen Schoeneman at 410-786-6855 or via email at karen.schoeneman@cms.hhs.gov).

Effective Date: June 17, 2009. The SA should disseminate this information within 30 days of the date of this memorandum.

Training: The materials should be distributed immediately to all SAs and training coordinators.

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

Attachments

CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS)

Transmittal **ADVANCE COPY** **Date:**

SUBJECT: Guidance to Surveyors of Long Term Care Facilities

I. SUMMARY OF CHANGES: State Operations Manual, Appendix PP, Guidance to Surveyors for several regulatory Tags (list below) is revised. Regulatory language is unchanged. Tag F255 is deleted and regulatory language is moved to F461.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: Upon Issuance
IMPLEMENTATION DATE: Upon Issuance

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix PP/483.10(j), F172 Access and Visitation Rights
R	Appendix PP/483.10(m), F175 Married Couples
R	Appendix PP/483.15(a), F241 Dignity
R	Appendix PP/483.15(b), F242 Self-Determination and Participation
R	Appendix PP/483.15(e)(1), F246 Accommodation of Needs
R	Appendix PP/483.15(e)(2), F247 Notice Before Room or Roommate Change
R	Appendix PP/483.15(h), F252 Safe, Clean, Comfortable and Homelike Environment
D	Appendix PP/483.15(h)(4), F255 Private Closet Space – regulatory language moved to F461
R	Appendix PP/483.15(h)(5), F256, Adequate and Comfortable Lighting
R	Appendix PP/483.35(i), F371 Sanitary Conditions
R	Appendix PP/483.70(d)(2)(iv), F461 Resident Rooms (closet space)
	Appendix PP/483.70(f), F463 Resident Call System

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

	Business Requirements
x	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

ADVANCE COPY

F172

(Rev.)

§483.10(j) Access and Visitation Rights

§483.10(j)(1) The resident has the right and the facility must provide immediate access to any resident by the following:

(i) Any representative of the Secretary;

(ii) Any representative of the State;

(iii) The resident's individual physician;

(iv) The State long term care ombudsman (established under section 307 (a)(12) of the Older Americans Act of 1965);

(v) The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);

(vi) The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);

(vii) Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and

(viii) Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.

§483.10(j)(2) The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.

Interpretive Guidelines: §483.10(j)(1) and (2)

The facility must provide immediate access to any representative of the Secretary of the Department of Health and Human Services, the State, the resident's individual physician, the State long term care ombudsman, or the agencies responsible for the protection and advocacy of *individuals with developmental disabilities or mental illness.* The facility cannot refuse to permit residents to talk with surveyors. Representatives of the Department of Health and Human Services, the State, the State *long term care* ombudsman system, and protection and advocacy

agencies for *individuals with developmental disabilities or mental illness* are not subject to visiting hour limitations.

Immediate family or other relatives are not subject to visiting hour limitations or other restrictions not imposed by the resident. *Likewise, facilities must provide 24-hour access to other non-relative visitors who are visiting with the consent of the resident. These other visitors are subject to "reasonable restrictions" according to the regulatory language. "Reasonable restrictions" are those imposed by the facility that protect the security of all the facility's residents, such as keeping the facility locked at night; denying access or providing limited and supervised access to a visitor if that individual has been found to be abusing, exploiting, or coercing a resident; denying access to a visitor who has been found to have been committing criminal acts such as theft; or denying access to visitors who are inebriated and disruptive.* The facility may change the location of visits to assist care giving or protect the privacy of other residents, if these visitation rights infringe upon the rights of other residents in the facility. For example, a resident's family visits in the late evening, which prevents the resident's roommate from sleeping.

An individual or representative of an agency that provides health, social, legal, or other services to the resident has the right of "reasonable access" to the resident, which means that the facility may establish guidelines regarding the circumstances of the visit, such as location. *If there are problems with the facility's provision of reasonable privacy for a resident to meet with these representatives, refer to §483.10(e), Privacy and Confidentiality F164.*

Procedures: §483.10(j)(1) and (2)

Do residents and family members know that they are able to visit 24-hours a day? *Do non-relative visitors know they are also able to visit 24-hours a day but* subject to reasonable restrictions as defined above? If you identify problems during *resident, family, or group* interviews, determine how the facility ensures *24-hour* access to:

- Representatives of the State;
- Representatives of the U.S. Department of Health and Human Services;
- The resident's individual physician;
- Representatives of the State long-term care ombudsman;
- Representatives of agencies responsible for protecting and advocating rights of persons with mental illness or developmental disabilities;
- *Immediate* family or *other* relatives; and
- Other visitors, *subject to reasonable restrictions as defined above*.

F175

(Rev.)

§483.10(m) Married Couples

The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

Interpretive Guidelines: §483.10(m)

The right of residents who are married to each other to share a room does not give a resident the right, or the facility the responsibility, to compel another resident to relocate to accommodate a spouse. The requirement means that when a room is available for a married couple to share, the facility must permit them to share it if they choose. If a married resident's spouse is admitted to the facility later and the couple want to share a room, the facility must provide a shared room as quickly as possible. However, a couple is not able to share a room if one of the spouses has a different payment source for which the facility is not certified (if the room is in a distinct part, unless one of the spouses elects to pay for his or her care). *This regulation does not prohibit the facility from accommodating residents who wish to room with another nursing home resident of their choice. For issues of residents being prohibited from rooming with persons of their choice, use §483.15(b)(3), Self-determination and Participation, F242: "The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.*"

F241

(Rev.)

§483.15(a) Dignity

The facility 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.

Interpretive Guidelines: §483.15(a)

"Dignity" means that in their interactions with residents, staff carries out activities that assist the resident to maintain and enhance his/her self-esteem and self-worth. *Some* examples *include (but are not limited to):*

- *Grooming residents as they wish to be groomed (e.g., maintaining the resident's personal preferences regarding hair length/style, facial hair for men, removal of facial hair for women, and clothing style). NOTE: for issues of failure to keep*

residents' faces, hands, fingernails, hair, and clothing clean, refer to Activities of Daily Living (ADLs) F310, 311, or 312;

- *Encouraging and* assisting residents to dress in their own clothes appropriate to the time of day and individual preferences *rather than hospital-type gowns;*

- Labeling each resident's clothing in a way that respects his or her dignity (e.g., placing labeling on the inside of shoes and clothing);

- Promoting resident independence and dignity in dining such as avoidance of:

  - Day-to-day use of plastic cutlery and paper/plastic dishware;
  - Bibs *(also known as clothing protectors)* instead of napkins *(except by resident choice);*
  - *Staff standing over residents while assisting them to eat;*
  - *Staff interacting/conversing only with each other rather than with residents, while assisting residents;*

- Respecting residents' private space and property (e.g., not changing radio or television station without resident's permission, knocking on doors and requesting permission to enter, closing doors as requested by the resident, not moving or inspecting resident's personal possessions without permission);

- Respecting residents *by* speaking respectfully, addressing the resident with a name of the resident's choice, *avoiding use of labels for residents such as "feeders,"* not excluding residents from conversations or discussing residents in community setting*s in which others can overhear private information*;

- *Maintaining an environment in which there are no signs posted in residents' rooms or in staff work areas able to be seen by other residents and/or visitors that include confidential clinical or personal information (such as information about incontinence, cognitive status). It is allowable to post signs with this type of information in more private locations such as the inside of a closet or in staff locations that are not viewable by the public. An exception can be made in an individual case if a resident or responsible family member insists on the posting of care information at the bedside (e.g., do not take blood pressure in right arm). This does not prohibit the display of resident names on their doors nor does it prohibit display of resident memorabilia and/or biographical information in or outside their rooms with their consent or the consent of the responsible party if the resident is unable to give consent. (This restriction does not include the CDC isolation precaution transmission-based signage for reasons of public health protection, as long as the sign does not reveal the type of infection);*

- *Maintaining resident privacy of body including keeping residents sufficiently covered, such as with a robe, while being taken to areas outside their room, such as the bathing area (one method of ensuring resident privacy and dignity is to transport*

residents while they are dressed and assist them to dress and undress in the bathing room). NOTE: For issues of lack of visual privacy for a resident while that resident is receiving ADL care from staff in the bedroom, bathroom, or bathing room, refer to§483.10(e), Privacy and Confidentiality F164. Use Dignity F241 for issues of visual privacy while residents are being transported through common areas or are uncovered in their rooms and in view of others when not receiving care; and

- *Refraining from practices demeaning to residents such as keeping urinary catheter bags uncovered, refusing to comply with a resident's request for toileting assistance during meal times, and restricting residents from use of common areas open to the general public such as lobbies and restrooms, unless they are on transmission-based isolation precautions or are restricted according to their care planned needs. An exception can be made for certain restrooms that are not equipped with call cords for safety.*

Procedures: §483.15(a)

For a sampled resident, use *resident and family interviews as well as information from* the Resident Assessment Instrument (RAI) to consider the resident's former life style and personal choices made while in the facility to obtain a picture of *the* resident*'s individual needs and preferences*.

Throughout the survey, observe: Do staff show respect for residents? When staff interact with a resident, do staff pay attention to the resident as an individual? Do staff respond in a timely manner to the resident's requests for assistance? *Do they explain to the resident what care they are doing or where they are taking the resident? Do staff groom residents as they wish to be groomed?*

In group activities, do staff *members* focus attention on the group of residents? Or, do staff *members* appear distracted when they interact with residents? For example, do *they* continue to talk with each other while doing a "task" for a resident(s) as if *the resident* were not present?

Are residents restricted from using common areas open to the public such as the lobby or common area restrooms? If so, determine if the particular area is restricted to the resident for the resident's safety. For example, does the rest room lack a call cord for safety? If so, that restroom may be restricted from resident use. Are there signs regarding care information posted in view in residents' rooms? If these are observed, determine if such signs are there by resident or family direction. If so, these signs are allowable. If a particular resident has been restricted from common areas by the care team, confer with staff to determine the reason for the restriction.

Do staff members communicate personal information about residents in a way that protects the confidentiality of the information and the dignity of residents? This includes both verbal and written communications such as signage in resident rooms and lists of residents with certain conditions such as incontinence and pressure ulcers (or verbal staff reports of these confidential

matters) at nursing stations in view or in hearing of residents and visitors. This does not include clinical information written in a resident's record.

Determine if staff *members respond in a dignified manner to* residents with cognitive impairments, such as *not contradicting* what residents are saying, and addressing what residents are trying to express *(the agenda)* behind their behavior. *For example, a resident with dementia may be attempting to exit the building in the afternoon, but the actual intent is a desire to meet her children at the school bus, as she did when a young mother. Allowing the behavior under supervision such as walking with the resident without challenging or disputing the resident's intent and conversing with the resident about the desire (tell me about your children) may assist the behavior to dissipate, and the staff member can then invite the resident to come along to have a drink or snack or participate in a task or activity. For more information about "agenda" behavior, see Rader, J., Tornquist, E, Individualized Dementia Care: Creative, Compassionate Approaches, 1995, New York: Springer Publishing Company, or Fazio, S. Seman, D., Stansell, J., Rethinking Alzheimer's Care. Baltimore: Health Professions Press, 1999.*

If the survey team identifies potential compliance issues regarding the privacy of residents during treatment, refer to *§483.10(e), Privacy and Confidentiality F164*.

F242

(Rev.)

§483.15(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.

Intent: §483.15(b)

The intent of this requirement is to specify that the facility must create an environment that is respectful of the right of each resident to exercise his or her autonomy regarding what the resident considers to be important facets of his or her life. *This includes actively seeking information from the resident regarding significant interests and preferences in order to provide necessary assistance to help residents fulfill their choices over aspects of their lives in the facility.*

Interpretive Guidelines: §483.15(b)

Many types of choices are mentioned in this regulatory requirement. The first of these is choice over "activities." It is an important right for a resident to have choices to participate in preferred activities, whether they are part of the formal activities program or self-directed. However, the regulation at §483.15(f) Activities, F248 covers both formal and self-directed activities. For issues concerning choices over activities, use F248.

The second listed choice is "schedules." Residents have the right to have a choice over their schedules, consistent with their interests, assessments, and plans of care. Choice over "schedules" includes (but is not limited to) choices over the schedules that are important to the resident, such as daily waking, eating, bathing, and the time for going to bed at night. Residents have the right to choose health care schedules consistent with their interests and preferences, and the facility should gather this information in order to be proactive in assisting residents to fulfill their choices. For example, if a resident mentions that her therapy is scheduled at the time of her favorite television program, the facility should accommodate the resident to the extent that it can.

If the resident refuses a bath because he or she prefers a shower *or a different bathing method such as in-bed bathing*, prefers it at a different time of day or on a different day, does not feel well that day, is uneasy about the aide assigned to help or is worried about falling, the staff member should make the necessary adjustments realizing the resident is not refusing to be clean but refusing the bath under the circumstance provided. The facility staff should meet with the resident to make adjustments in the care plan to accommodate his or her preferences.

NOTE: For issues regarding choice over arrangement of furniture and adaptations to the resident's bedroom and bathroom, see §483.15(e)(1), Accommodation of Needs, F246.

According to this requirement at §483.15(b)(3), residents have the right to make choices about aspects of their lives that are significant to them. One example includes the right to choose to room with a person of the resident's choice if both parties are residents of the facility, and both consent to the choice.

If a facility changes its policy to prohibit smoking, it must allow current residents who smoke to continue smoking in an area that maintains the quality of life for these residents. Weather permitting, this may be an outside area. Residents admitted after the facility changes its policy must be informed of this policy at admission. (See §483.10(b)(1)).

Procedures: §483.15(b)

During resident and family interviews, determine if the resident is able to exercise her/his choices regarding personal activities, including whether the facility provides assistance as needed to the resident to be able to engage in their preferred activities on a routine basis.

During resident and family interviews, determine what time the resident awakens and goes to sleep, and whether this is the resident's preferred time. Also determine whether the facility is

honoring the resident's preferences regarding the timing (morning, afternoon, evening and how many times a week) for bathing and also the method (shower, bath, in-bed bathing). Obtain further information as necessary from observations and staff interviews. If the resident is unaware of the right to make such choices, determine whether the facility has actively sought information from the resident and/or family (for a resident unable to express choices) regarding preferences and whether these choices have been made known to caregivers.

F246

(Rev.)

§483.15(e) Accommodation of Needs

A resident has the right to --

§483.15(e)(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

Interpretive Guidelines: §483.15(e)(1)

"Reasonable accommodations of individual needs and preferences," means the facility's efforts to individualize the resident's *physical* environment. *This includes the physical environment of the resident's bedroom and bathroom, as well as individualizing as much as feasible the facility's common living areas.* The facility's physical environment and staff behaviors should be directed toward assisting the resident in maintaining and/or achieving independent functioning, dignity, and well-being to the extent possible in accordance with the resident's own *needs and* preferences.

NOTE: For issues regarding the psychosocial environment experienced by the resident, such as being ignored by staff, being made to feel unwelcome, or that their care needs are burdensome to staff, refer to §483.15(a), F241 Dignity.

The facility is responsible for evaluating each resident's unique needs and preferences and ensuring that the environment accommodates the resident to the extent reasonable and does not endanger the health or safety of individuals or other residents. This includes making adaptations of the resident's bedroom and bathroom furniture and fixtures as necessary to ensure that the resident can (if able):

- *Open and close drawers and turn faucets on and off;*
- *See her/himself in a mirror and have toiletry articles easily within reach while using the sink;*

- *Open and close bedroom and bathroom doors, easily access areas of their room and bath, and operate room lighting;*

- *Use bathroom facilities as independently as possible with access to assistive devices (such as grab bars within reach) if needed; and*

- *Perform other desired tasks such as turning a table light on and off, using the call bell; etc.*

NOTE: If a resident cannot reach her/his clothing in the closet, if the resident does not have private closet space, or if the resident does not have needed furniture (such as a chair) refer to §483.15(h)(4) and §483.70(d)(2)(iv), F461.

The facility should strive to provide reasonably sufficient electric outlets to accommodate the resident's need to safely use her/his electronic personal items, as long as caution is maintained to not overload circuits. The bedroom should include comfortable seating for the resident and task lighting that is sufficient and appropriate for the resident's chosen activities. The facility should accommodate the resident's preferences for arrangement of furniture to the extent space allows, including facilitating resident choice about where to place their bed in their room (as long as the roommate, if any, concurs). There may be some limitations on furniture arrangement, such as not placing a bed over a heat register, or not placing a bed far from the call cord so as to make it unreachable from the bedside.

The facility should also ensure that furniture and fixtures in common areas frequented by residents are accommodating of physical limitations of residents. Furnishings in common areas should enhance residents' abilities to maintain their independence, such as being able to arise from living room furniture. The facility should provide seating with appropriate seat height, depth, firmness, and with arms that assist residents to arise to a standing position. One method of accommodating residents of different heights and differing types of needs in common areas is through the use of different sizes and types of furniture.

NOTE: If residents are prohibited from using common area restrooms, the lobby, or dining rooms outside of meal times, refer to §483.15(a), F241, Dignity. For issues of sufficient lighting, refer to §483.15(h)(5), F256, Adequate and Comfortable Lighting.

Staff should strive to reasonably accommodate the resident's needs and preferences as the resident makes use of the physical environment. This includes ensuring that items the resident needs to use are available and accessible to encourage confidence and independence (such as grooming supplies reachable near the bathroom sink), needed adaptive equipment (such as door handle grippers) are maintained in place and functional furniture is arranged to accommodate the resident's needs and preferences, etc. This does not apply to residents who need extensive staff assistance and are incapable of using these room adaptations.

Staff should interact with the resident in a way that takes into account the physical limitations of the resident, assures communication, and maintains respect; for example, getting down to eye level with a resident who is sitting, speaking so a resident with limited hearing who reads lips

can see their mouth when they speak, utilizing a hearing amplification device such as a pocket-talker if the resident has such a device, etc. Residents who use glasses, hearing aids, or similar devices should have them in use (except when the resident refuses), clean, and functional.

Procedures: §483.15(e)(1)

Observe the resident using her/his room and common areas and interview the resident if possible to determine if the environment has been adapted as necessary to accommodate the resident's needs and preferences, as described above. Observe staff/resident interactions to determine if staff members adapt their interactions so that a resident with limited sight or hearing can see and hear them. Are hearing aids and glasses in use, clean, and functional? Determine if staff keep needed items within the resident's reach and provide necessary assistance (set up) to help maintain the resident's independent use of their environment to the maximum extent possible for the resident. Determine if the resident has the call system within reach and is able to use it if desired. (This does not include a resident who is too severely impaired to comprehend or is comatose.) Some residents need adaptations for limited hand dexterity or other physical limitations, such as larger buttons that can be pushed by a fist or bright colors to accommodate visual limitations.

Review the extent to which the facility adapts the physical environment to enable residents to maintain unassisted functioning. These adaptations include, but are not limited to:

- Furniture and adaptive equipment that enable residents to stand independently, transfer without assistance (e.g., arm supports, correct chair height *and depth*, firm support), maintain body symmetry, participate in resident-preferred activities, and promote mobility and independence for residents in going to the bathroom (e.g., grab bars, elevated toilet seats).

- Easily useable fixtures, drawer handles, faucets, etc.;

- Personal items kept within reach for independent use in the bathroom; and

- Bedroom furniture arranged to the residents' preferences as much as possible.

Determine if staff use appropriate measures to facilitate communication with residents who have difficulty communicating. *For example, do staff communicate at eye level, and do they remove a resident from noisy surroundings if that resident is having difficulty hearing what is said?*

If the facility has outdoor smoking areas, how have they accommodated residents when the weather is inclement?

F247

(Rev.)

A resident has a right to—

§483.15(e)(2) Receive notice before the resident's room or roommate in the facility is changed.

Interpretive Guidelines §483.15(e)*(2)*

The facility should be sensitive to the trauma a move or change of roommate causes some residents, and should attempt to be as accommodating as possible. This includes learning the resident's preferences and taking them into account when discussing changes of rooms or roommates and the timing of such changes. For a resident who is being moved at the facility's request, a staff member should explain to the resident the reason for the move and support the resident by providing the opportunity to see the new location and meet the new roommate, and to ask questions about the move. For a resident who is receiving a new roommate, a staff member should give the resident as much notice and information about the new person as possible, while maintaining confidentiality regarding medical information. The facility should support a resident whose roommate has passed away by providing a little time to adjust (a couple days if possible) before moving another person into the room, depending on the resident's level of connection to the previous roommate. The facility should provide necessary social services for a resident who is grieving over the death of a roommate. If the survey team identifies potential compliance issues related to social services, refer to §483.15(g)(1), Social Services F250.

F252

(Rev.)

§483.15(h) Environment

The facility must provide--

§483.15(h)(1) A safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;

Interpretive Guidelines: §483.15(h)(1)

For purposes of this requirement, "environment" refers to any environment in the facility that is frequented by residents, including *(but not limited to)* the residents' rooms, bathrooms, hallways, *dining areas, lobby, outdoor patios,* therapy areas and activity areas. A determination of "homelike" should include the resident's opinion of the living environment.

A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A personalized, homelike environment recognizes the individuality and

autonomy of the resident, provides an opportunity for self-expression, and encourages links with the past and family members. *The intent of the word "homelike" in this regulation is that the nursing home should provide an environment as close to that of the environment of a private home as possible. This concept of creating a home setting includes the elimination of institutional odors, and practices to the extent possible. Some good practices that serve to decrease the institutional character of the environment include the elimination of:*

- Overhead paging and piped-in music throughout the building;
- *Meal service in the dining room using trays (some residents may wish to eat certain meals in their rooms on trays);*
- *Institutional signage labeling work rooms/closets in areas visible to residents and the public;*
- *Medication carts (some innovative facilities store medications in locked areas in resident rooms);*
- *The widespread and long-term use of audible (to the resident) chair and bed alarms, instead of their limited use for selected residents for diagnostic purposes or according to their care planned needs. These devices can startle the resident and constrain the resident from normal repositioning movements, which can be problematic. For more information about the detriments of alarms in terms of their effects on residents and alternatives to the widespread use of alarms, see the 2007 CMS satellite broadcast training, "From Institutionalized to Individualized Care," Part 1, available through the National Technical Information Service and other sources such as the Pioneer Network;*
- *Mass purchased furniture, drapes, and bedspreads that all look alike throughout the building (some innovators invite the placement of some residents' furniture in common areas); and*
- *Large, centrally located nursing/care team stations.*

Many facilities cannot immediately make these types of changes, but it should be a goal for all facilities that have not yet made these types of changes to work toward them. A nursing facility is not considered non-compliant if it still has some of these institutional features, but the facility is expected to do all it can within fiscal constraints to provide an environment that enhances quality of life for residents, in accordance with resident preferences.

A "homelike" or homey environment is not achieved simply through enhancements to the physical environment. It concerns striving for person-centered care that emphasizes individualization, relationships, and a psychosocial environment that welcomes each resident and makes her/him comfortable.

In a facility in which most residents come for a short-term stay, the "good practices" listed in this section are just as important as in a facility with a majority of long term care residents. A

resident in the facility for a short-term stay would not typically move her/his bedroom furniture into the room but may desire to bring a television, chair or other personal belongings to have while staying in the facility.

Although the regulatory language at this tag refers to "safe," "clean," "comfortable," and "homelike," for consistency, the following specific F-tags should be used for certain issues of safety and cleanliness:

- F*or issues of safety of the environment, presence of hazards and hazardous practices, use §483.25(h), Accidents F323;*

- *For issues of fire danger, use §483.70(a) Life Safety from Fire F454;*

- *For issues of cleanliness and maintenance of common living areas frequented by residents, use §483.15(h)(2), Housekeeping and Maintenance F253;*

- *For issues of cleanliness of areas of the facility used by staff only (e.g., break room, medication room, laundry, kitchen, etc.) or the public only (e.g., parking lot), use §483.70(h) F465 Other Environmental Conditions; and*

- *Although this Tag can be used for issues of general comfortableness of the environment such as furniture, there are more specific Tags to use for the following issues:*

    - *For issues of uncomfortable lighting, use §483.15(h)(5), F256 Adequate and Comfortable Lighting;*

    - *For issues of uncomfortable temperature, use §483.15(h)(6),F257 Comfortable and Safe Temperature Levels; and*

    - For issues of uncomfortable noise levels, use §483.15(h)(7), F258 Comfortable Sound Levels.

Procedures: §483.15(h)(1)

During interviews, ask residents and families whether they think the facility is striving to be as homelike as possible, and whether they have been invited to bring in desired personal property items (within space constraints). Observe bedrooms of sampled residents for personalization. By observing the residents' surroundings, what can the survey team learn about their everyday life and interests? Their life prior to residing in the facility? Observe for family photographs, books and magazines, bedspreads, knickknacks, mementos, and furniture that belong to the residents. For residents who have no relatives or friends, and have few assets, determine the extent to which the *facility* has assisted these residents to make their rooms homelike, if they so desire. *If potential issues are discovered, ask responsible staff about their efforts to provide a homelike environment and to invite residents to bring in personal belongings.*

NOTE: Many residents who are residing in the facility for a short-term stay may not wish to personalize their rooms nor bring in many belongings. If they express no issues regarding homelike environment or personal property during interviews, there is no need to conduct further investigations for those residents.

F256

(Rev.)

§483.15(h)(5) Environment

The facility must provide –

§483.15(h)(5) Adequate and comfortable lighting levels in all areas;

Interpretive Guidelines §483.15(h)(5)

"Adequate lighting" means levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform.

"Comfortable lighting" means lighting *that* minimizes glare and provides maximum resident control, where feasible, over the intensity, location, and direction of illumination so that visually impaired residents can maintain or enhance independent functioning.

As a person ages, their eyes usually change so that they require more light to see what they are doing and where they are going. An adequate lighting design has these features:

- *Sufficient lighting with minimum glare in areas frequented by residents;*
- *Even light levels in common areas and hallways, avoiding patches of low light caused by too much space between light fixtures, within limits of building design constraints;*
- *Use of daylight as much as possible;*
- *Elimination of high levels of glare produced by shiny flooring and from unshielded window openings (no-shine floor waxes and light filtering curtains help to alleviate these sources of glare);*
- *Extra lighting, such as table and floor lamps to provide sufficient light to assist residents with tasks such as reading;*
- *Lighting for residents who need to find their way from bed to bathroom at night (e.g., red colored night lights preserve night vision); and*

- *Dimming switches in resident rooms (where possible and when desired by the resident) so that staff can tend to a resident at night with limited disturbances to them or a roommate. If dimming is not feasible, another option may be for staff to use flashlights/pen lights when they provide night care.*

Some facilities may not be able to make some of these changes due to voltage or wiring issues. For more information about adequate lighting design for long term care facilities, a facility may consult the lighting guidance available from the Illuminating Engineering Society of North America, which provides authoritative minimum lighting guidance.

The following are additional visual enhancements a facility should consider making as fiscal constraints permit in order to make it easier for residents with impaired vision to see and use their environment:

- *Use of contrasting color between flooring and baseboard to enable residents with impaired vision to determine the horizontal plane of the floor;*

- *Use of contrast painting of bathroom walls and/or contrasting colored toilet seats so that residents with impaired vision can distinguish the toilet fixture from the wall; and*

- *Use of dishware that contrasts with the table or tablecloth color to aid residents with impaired vision to see their food.*

Procedures: §483.15(h)(5)

Ask residents who receive resident interviews if they have sufficient lighting in all the areas they frequent in the facility that meets their needs, including (but not limited to):

- *Available task lighting if this is desired;*

- *Elimination of excessive glare from windows and flooring;*

- *Wayfinding nighttime lighting for those residents who need it to find the bathroom);*

- *Lights that can be dimmed, if desired, to eliminate being awakened by staff who are tending to their roommate.*

Observe sampled residents throughout the survey and note if they are having difficulty reading or doing tasks due to insufficient lighting, or if they are wearing sunglasses or visors indoors due to glare, if they have difficulty seeing food on their plate, experiencing squinting or shading their eyes from glare or other signs that lighting does not meet their needs.

If these are observed, question the resident (if they are able to converse) as to how the lighting situation assists or hinders their pursuit of activities and independence. Discuss with staff these issues, their efforts to alleviate the problems, and any electrical issues in the building's design that prevent making some of these changes.

F371

(Rev.)

§483.35(i) Sanitary Conditions

The facility must –

§483.35(i)(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and

§483.35(i)(2) Store, prepare, distribute and serve food under sanitary conditions

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NOTE FOR ADVANCE COPY – WE HAVE REPRINTED ONLY A PORTION OF THIS TAG THAT CONTAINS A CHANGE TO A NOTE, THE REMAINDER OF TEXT CURRENTLY AT THIS TAG REMAINS AS IS

FACTORS IMPLICATED IN FOODBORNE ILLNESSES

Many pathogens contribute to foodborne outbreaks in facilities. Several factors that cause pathogen growth include, but are not limited to:

- Poor personal hygiene - Employee health and hygiene are significant factors in preventing foodborne illness. This has been demonstrated in the population at large[3], commercial food service establishments[4], and in nursing facilities[5]. Foodborne illness in nursing homes has been associated with Norovirus. Because "infectious" individuals (persons capable of transmitting an infection or communicable disease whether they be colonized or infected) are a source of Norovirus, proper hand washing techniques and exclusion of infectious workers from handling food are critical for prevention of foodborne illness.

- Inadequate cooking and improper holding temperatures - Poorly cooked food promotes the growth of pathogens that may cause foodborne illness. The PHF/TCS foods require adequate cooking and proper holding temperatures to reduce the rapid and progressive growth of illness producing microorganisms, such as Salmonellae and Clostridium botulinum.

- Contaminated equipment - Equipment can become contaminated in various ways including, but not limited to:

    - Poor personal hygiene;
    - Improper sanitation; and

- Contact with raw food (e.g., poultry, eggs, seafood, and meat).

- Unsafe food sources - Unsafe food sources are sources not approved or considered satisfactory by Federal, State, or local authorities. Nursing homes are not permitted to use home-prepared or home-preserved (e.g., canned, pickled) foods for service to residents[3].

NOTE: *The food procurement requirements for facilities are not intended to restrict resident choice. All residents have the right to accept food brought to the facility by any visitor(s) for any resident.*

REMAINDER OF TEXT UNCHANGED

F461

(Rev.)

§483.70(d)(1)(vi) Resident Rooms

Bedrooms must --

§483.70(d)(1)(vi) Have at least one window to the outside; and

Interpretive Guidelines **§483.70(d)(1)(vi)**

A facility with resident room windows, as defined by section *18.3.8 of the 2000* edition of the Life Safety Code, or that open to an atrium in accordance with Life Safety Code can meet this requirement for a window to the outside.

In addition to conforming with the Life Safety Code, this requirement was included to assist the resident's orientation to day and night, weather, and general awareness of space outside the facility. The facility is required to provide for a "safe, clean, comfortable and homelike environment" by deemphasizing the institutional character of the setting, to the extent possible. Windows are an important aspect in assuring the homelike environment of a facility. *The allowable window sill height shall not exceed 36 inches. The window may be operable.*

Probes: §483.70(d)(1)(vi)
Is there at least one window to the outside?

§483.70(d)(1)(vii) Have a floor at or above grade level.

Interpretive Guidelines **§483.70(d)(1)(vii)**
"**At or above grade level**" means a room in which *the room* floor is at or *above the surrounding exterior* ground level.

Probes: §483.70(d)(1)(vii)

Are the bedrooms at or above ground level?

§483.70(d)(2) The facility must provide each resident with--

(i) A separate bed of proper size and height for the convenience of the resident;

(ii) A clean, comfortable mattress;

(iii) Bedding, appropriate to the weather and climate; and

Probes: §483.70(d)(2)(i), (ii), and (iii)

Are mattresses clean and comfortable?

Is bedding appropriate to weather and climate?

§483.70(d)(2)(iv) Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident.

§483.15(h)(4) Private closet space in each resident room, as specified in §483.70 (d)(2)(iv) of this part;

Interpretive Guidelines: §483.70(d)(2)(iv) ***and §483.15(h)(4)***

"Functional furniture appropriate to the resident's needs" means that the furniture in each resident's room contributes to the resident attaining or maintaining his or her highest practicable level of independence and well-being. In general, furnishings include a place to put clothing away in an organized manner that will let it remain clean, free of wrinkles, and accessible to the resident while protecting it from casual access by others; a place to put personal effects such as pictures and a bedside clock, and furniture suitable for the comfort of the resident and visitors (e.g., a chair).

For issues with arrangement of room furniture according to resident needs and preferences, see §483.15(e), Accommodation of Needs F246.

"*Clothes racks and* shelves accessible to the resident" means that residents can get to and *reach* their *hanging* clothing whenever they choose.

"Private closet space" means that each resident's clothing is kept separate from clothing of roommate(s).

The term "closet space" is not necessarily limited to a space installed into the wall. For some facilities without such installed closets, compliance may be attained through the use of storage furniture such as wardrobes. Out-of-season items may be stored in alternate locations outside the resident's room.

Probes: §483.70(d)(2)(iv) and §483.15(h)(4)

Functional furniture: Is there functional furniture, appropriate to resident's needs?

Closet space: Is there individual closet space with accessible clothes racks and shelves? *If the resident is able to use a closet, can the resident get to and reach her/his hanging clothing as well as items from shelves in the closet?*

§483.70(d)(3) CMS, or in the case of a nursing facility the survey agency, may permit variations in requirements specified in paragraphs (d)(1)(i) and (ii) of this section relating to rooms in individual cases when the facility demonstrates in writing that the variations--

(i) Are in accordance with the special needs of the residents; and

(ii) Will not adversely affect residents' health and safety.

Interpretive Guidelines: §483.70(d)(3)

A variation must be in accordance with the special needs of the residents and must not adversely affect the health or safety of residents. Facility hardship is not part of the basis for granting a variation. Since the special needs of residents may change periodically, or different residents may be transferred into a room that has been granted a variation, variations must be reviewed and considered for renewal whenever the facility is certified. If the needs of the residents within the room have not changed since the last annual inspection, the variance should continue if the facility so desires.

Interpretive Guidelines: §483.70(d)(1)(i):

As residents are transferred or discharged from rooms with more than four residents, beds should be removed from the variance until the number of residents occupying the room does not exceed four.

F463

(Rev.)

§483.70(f) Resident Call System

The nurses' station must be equipped to receive resident calls through a communication system from--

(1) Resident rooms; and

(2) Toilet and bathing facilities.

Intent: §483.70(f)

The intent of this requirement is that residents, when in their rooms and toilet and bathing areas, have a means of directly contacting caregivers. In the case of an existing centralized nursing station, this communication may be through audible or visual signals and may include "wireless systems." *In those cases in which a facility has moved to decentralized nurse/care team work areas, the intent may be met through other electronic systems that provide direct communication from the resident to the caregivers.*

Interpretive Guidelines: §483.70(f)

This requirement is met only if all portions of the system are functioning (e.g., system is not turned off at the nurses' station, the volume too low to be heard, the light above a room or rooms is not working)*, and calls are being answered*. *For wireless systems, compliance is met only if staff who answer resident calls have functioning devices in their possession and are answering resident calls.*

Probes: §483.70(f)

Is there a functioning communication system from rooms, toilets, and bathing facilities *in which resident calls are received and answered by staff*?

Slide 1

Quality of Life and Environment Tag Changes

CMS Division of Nursing Homes
Survey and Certification Group
3/2009

Slide 2

Training Objectives

- Describe changes to the interpretive guidelines for several Quality of Life and Environment Tags.
- Describe merging of language regarding closets from two Tags into one, and deletion of Tag 255.
- Be able to discuss the change to F371 regarding food brought in by visitors.

Slide 3

F172 Access and Visitation Rights

- Adds guidance that facilities must provide 24-hour access to any visitor who is visiting with consent of resident.
- "Reasonable restrictions" regulatory language is defined as those restrictions that keep the home's residents safe -
  - Keeping home locked at night
  - Restricting persons who are disruptive
  - Providing alternate locations for visits (other than bedroom) in order to minimize disruptions to roommate.

Instructor Notes

Access to visitors at times convenient for the resident is part of creating an environment like that of one's home. The key for surveyors is individualization and consent of the resident to the visitor and visiting schedule. For example, if a particular resident has a history of enjoying late-night television with a friend or family member who gets off work at 11p.m., the facility should provide access to that visitor. For the convenience of a roommate who may be sleeping, that access may be to another area of the home, and not the bedroom.

The guidance states that the home has the right to "reasonable restrictions" including keeping doors locked at night, and denying access or providing limited and supervised access to certain visitors if they have been found to be exploiting the resident or other residents, or denying access to persons who are inebriated and disruptive. **The facility's right to reasonable restrictions does not include limiting visiting hours.**

According to the regulatory language, the facility must grant "immediate" access to the list of visitors named in the regulation, including various State and Federal officials, protection and advocacy agency representatives, and family. Surveyors are to follow up if they discover access issues through interviews. Surveyors should follow up if the facility has signs posted indicating visiting hours less than 24 hours or has told residents visiting hours are restricted. For issues of privacy during visits, refer to F164 Privacy.

Slide 4

F175 Married Couples

- Permissive sentence added that this regulation does not prohibit the home from accommodating residents who wish to room with a person of their choice.
- Refers surveyors to F242 Self-determination and Participation for right to make choices.

Instructor Notes

The language at this tag refers only to married couples sharing a bedroom. The regulation is not intended to restrict any resident's choice to share a room with a person of their choice. This might include a mother and son or other family members, or two friends of opposite or same gender, or an unmarried couple.

If concerns are voiced by residents during interviews that they are not being permitted to share a room with a person of their choice, refer to F242 Self-determination and Participation. Language has been added at F242 on this issue.

The home may be unable to immediately honor a resident's request if they are waiting for a suitable vacancy. If the resident expresses this concern, investigate to determine if the home is aware of the resident's request and what their plans are to fulfill the request.

Slide 5

F241 Dignity

- The definition of Dignity was retained almost verbatim:
  - "Dignity means that in their interactions with residents, staff carry out activities that assist residents to maintain and enhance their self-esteem and self-worth."
- The original first bullet about grooming was deleted as it crossed over into ADL care. It was replaced with a bullet emphasizing style of grooming according to individual preferences.

Instructor Notes

This definition echoes the regulatory language which speaks to maintaining and enhancing "each resident's dignity and respect in full recognition of his or her individuality. The dignity regulation is a key component of the OBRA '87 law, which mandated equal emphasis on quality

of care and quality of life. The regulatory concept of individuality was written to emphasize that residents are individuals with differing life histories, attitudes, preferences, and desires, as well as differing care needs, and that the facility should come to know each person and recognize these important differences.

The original first bullet under dignity referred to grooming and mixed the dignity of the style of grooming with issues of general cleanliness, which should go under ADL care. This bullet was replaced with new language emphasizing the dignity aspects of how a resident who needs assistance with grooming is groomed. This includes respecting individual preferences, such as for long hair, for beards and mustaches, and for clothing style. The bullet adds a note that refers surveyors to consider ADLs (Tags 310, 311, or 312) for issues of cleanliness such as dirty faces and hair, stained clothing, broken and dirty nails.

Slide 6

F241 Dignity (Cont.)

- Second bullet – Language added to **encourage** and assist residents to wear their own clothing **rather than hospital-type gowns.**
- Original third bullet of assisting residents to attend activities was deleted as this is covered at F248 Activities.
- Third bullet is now current language on dignity in labeling clothing.

Instructor Notes

- Second bullet – staff should both **encourage** and assist residents to dress in their own clothing **rather than hospital-type gowns**. This was added since residents who have been living in an institutionalized environment that characteristically clothes everyone in gowns can become used to this practice and often need encouragement as well as assistance to make the switch back to clothing. .Of course, residents with certain conditions may need to be in gowns, but this should be the exception rather than the customary practice for everyone.
- Originally the third bullet under Dignity was to assist resident to attend activities. When the activities guidance was significantly enhanced in 2006, the issue of providing assistance to attend activities was addressed as being part of that Tag, F248.
- Now the third bullet under Dignity is current language about putting the labels on clothing on the inside to preserve dignity. This bullet was made necessary by the old practice in some homes in the 1980s of labeling clothing with markers on the outside of the clothing. Hopefully this practice has been changed in every nursing home.

Slide 7

Dignity (Cont.)

- 4th bullet - refrain from use of bibs **(also known as clothing protectors)** instead of napkins **(except by resident choice)**, refrain from standing over resident while assisting to eat, and from ignoring residents while giving care.
- 5th bullet – respecting residents' space, not changing radio or TV station to suit staff, knocking, keeping belongings were resident likes them.

Instructor Notes

In the 4th bullet, clarification is added regarding bibs (also known by the euphemism "clothing protectors." To increase normalcy, bibs should be avoided in favor of napkins. A caveat is added here "except by resident choice." This allows for a particular resident to continue using a bib if the bib is specifically desired and if the home has available napkins which the resident refuses. In addition this bullet states that staff should refrain from standing while assisting a resident to eat, since dining is and should be a social setting. Staff sitting with the residents is more sociable and adds to dignity. The bullet also mentions that staff should be **interacting/conversing with residents rather than only with each other while assisting residents.** This is not limited to dining, but holds true of all instances of caregiving. It is a violation of dignity for staff to ignore residents while providing care, talking only to each other as if the resident does not exist.

The 5th bullet is the original language about respect and covers the issue of staff who change the resident's TV or radio station to suit themselves, rather than setting it to what the resident wants. It also covers the concept of knocking on the door before entering a resident's room AND requesting permission to enter. Although it has become much more widespread to see staff knocking since this guidance was originally written in 1992, surveyors should note if staff are knocking and immediately entering, without giving a resident the chance to respond. (Naturally, this does not apply for a resident who is comatose, or unable to make any response.) Also covered in this bullet are closing bedroom doors if the resident wishes, and refraining from moving a resident's belongings around to suit the staff, if this is contrary to what the resident wants.

Slide 8

Dignity (Cont.)

The 6th bullet addresses speaking respectfully to residents, focusing on them as individuals and addressing them as individuals. A clarification to the mostly existing language here is the addition of **avoiding the use of labels for residents such as "feeders."**

Instructor Notes

The 6th bullet contains mostly existing language, focusing on some specifics of treating residents with respect through how staff speak to them, using the name the resident prefers. For example, if a resident likes to be addressed as Mr. Jones, staff should do that rather than calling this resident by a first name or by a pet name such as "honey" which many residents find to be demeaning. In certain cases, a resident may have come to have a very close relationship with a

particular staff member and may have asked that staff member to use their first name. Another resident may insist that all staff use her first name. The surveyor should determine from the resident if this is the case, if this is observed. In general, staff should be using last names (Ms. Fields) rather than first names to convey respect, unless invited to use the first name.

Language has been added that staff should avoid use of undignified labeling of residents (using the negative example of a label – "feeders"). Surveyors should be alert to this use of institutionalized language, since it is demeaning to the dignity of residents. Resident advocates have long advocated the change from institutional language to what they call "person-first" language. In this more dignified language terms like "wheelchair-bound resident" become "a person who uses a wheelchair," placing the person first and the characteristic after it. **Surveyors should be modeling this dignified language while they converse with staff, residents, and families.** See the attachment to this presentation, "The Language of Culture Change," which has a list of institutional words and more appropriate and dignified alternatives. Share this article with surveyors and discuss appropriate and inappropriate word usage.

Slide 9

F241 Dignity (Cont.)

- 7th bullet addresses use of signage in bedrooms and where public can view:
  - Not compliant to place signage with confidential resident information where it can be readily seen by visitors and other residents.
  - Clarifies resident names on doors and resident memorabilia are allowable with consent.
  - Addresses CDC signage for infection control.

Instructor Notes

Seventh bullet under Interpretive Guidelines addresses signage in detail:

- Goal is that confidential resident information is not on view by visitors or other residents.
- This applies to resident bedrooms and staff work areas (such as nursing stations) if the information there can be seen by visitors and residents. It is alright to post information in staff areas out of sight of visitors and residents. Surveyors should observe both resident bedrooms and staff work areas to determine if confidential information is on view.
- Information can be posted on inside of closet.
- Exception is made when resident or responsible party insists on posting a sign by bedside about a key aspect of care (e.g., do not take blood pressure in right arm).
- It is all right to post resident names on their doors.
- It is all right WITH CONSENT OF RESIDENT OR RESPONSIBLE PERSON to display resident memorabilia or biographical information.
- Exception is made for isolation precaution signage mandated by CDC but sign should not display the exact type of infection.

Slide 10

F241 Dignity (Cont.)

Eighth bullet covers privacy of body while residents are in public areas:

- Keeping residents sufficiently covered when in public.
- Adds guidance on when to use F241 for bodily privacy and when to use F164.

Instructor Notes

Eighth bullet on bodily privacy – when residents are in public areas, they need to be sufficiently covered, such as with a robe. It is not sufficient to be transported in a hospital gown with an opening in the back.

Guidance states that one method of ensuring bodily privacy is to take residents to bathing rooms in their clothing, and change them there, but this is not required. Homes can use various methods. Surveyors should be alert to this issue throughout the survey.

Language at F164, Privacy mandates that staff provide visual privacy while providing care. Therefore, if a resident does not have visual privacy while receiving care in bedroom, bathroom, or bathing room, use F164. If a resident lacks visual privacy of body while being transported through a public area, use F241, Dignity. Although the language at this Tag is new, this has been CMS guidance provided to surveyors during BASIC training for many years. It has now been added to F241 guidance. Being insufficiently covered in public is a violation of a person's dignity, whether or not the particular resident realizes they are uncovered, and whether or not the resident is sufficiently cognitively intact to feel embarrassment.

Use the psychosocial outcome severity guide in Appendix P to determine severity for deficiencies cited.

Slide 11

F241 Dignity (Cont.)

Final bullet covers demeaning practices – examples include:

- Uncovered urinary catheter bags.
- Refusing to comply with a resident's request to receive toileting assistance during meal times.
- Restricting residents from use of common area restrooms.
    - Exception made for certain restrooms and for residents who are restricted from common areas.

Instructor Notes

Ninth bullet covers the topic of undignified staff practices. It provides examples, but this is not an exhaustive list. Surveyors may determine additional undignified practices that demean residents.

The first example – leaving urinary catheter bags uncovered is an institutional practice and one that would be considered embarrassing to most people. The next example describes a home with a practice of refusing to provide toileting assistance to a resident while in the dining room. This is usually done because staff are busy assisting with dining. However, it may result in a resident having a toileting accident in this public space, which would be humiliating to the average person. Surveyors should be alert to this practice when they observe dining. The final example is restricting residents from restrooms in the lobby or other common areas. This is usually through signage that states the restroom is for visitors only or for staff only. If the restroom is in a public area (as opposed to a staff area), the restroom should be able to be used by residents. Exceptions are made for certain restrooms that are either too small for certain residents who use wheelchairs or other mobility devices to enter, that do not have a call system in place for emergencies, or for certain residents who are restricted in general from this area, either due to infection control or because the resident is in a locked unit or household. In some cases, the restriction is not due to signage, but due to the need to obtain a key from some other area or person, which makes the restroom use inconvenient for the resident. The key to determining compliance with this aspect of dignity is whether the surveyor observes or is told by residents that they do not use the common area as they are not permitted to use the restroom

Slide 12

F241 Dignity (Procedures)

Additions have been made to the Procedures section to have surveyors take note of interactions between staff and residents, grooming issues, keeping residents clean, restrictions from common areas or restrooms in these areas.

Instructor Notes

Dignity Procedures section has been enhanced with additional language. In addition to language already present regarding observing staff/resident interactions, new language directs surveyors to also observe whether:

- Staff explain what they are doing when giving care.
- They assist residents with grooming in manner they prefer including:
    - Hair combed.
    - Removal of facial hair.
    - Nails clean and trimmed.
    - Personal preferences followed in hair length/style, men’s beards and mustaches, clothing style.
    - Hands and faces kept clean.
- Residents are being restricted from common areas open to the public, including common area restrooms. If so, surveyor is to investigate further to determine if care team has specific reason for restricting a specific resident, or for exempting a certain restroom due to lack of accommodation (call cord).

- Signage that can be viewed by the public and residents contains confidential information. Investigate further regarding signage to determine if the resident or family insists on a particular sign providing care information to be placed where it can be seen by others.

Slide 13

F241 Dignity (Procedures)

- Note whether staff are verbalizing confidential resident information in locations where it can be overheard by other residents or the public.
- Note if staff are attempting to address “agenda” behavior in a dignified manner.

Instructor Notes

Surveyors should note throughout the survey if staff are communicating confidential information to each other or discussing confidential matters with residents or responsible parties where they can be overheard by other residents or by the public.

Surveyors should observe staff work areas to determine if confidential information about residents (such as a list of residents with pressure ulcers) are viewable by residents and/or the public.

See guidance on agenda behavior example to determine if staff are treating the resident in a dignified manner, not contradicting the resident’s agenda, even if it does not match reality, and gently redirecting when appropriate in order to prevent a catastrophic reaction.

Slide 14

F242 Self-Determination and Participation

- The regulation has always contained the following rights to make choices over:
  - Activities.
  - Schedules.
  - Health care.
  - Interactions with members of the community.
  - Aspects of his or her life that are significant to the resident.
- New language clarifies some of these choices.
- Intent adds language for home to actively seek resident preferences in order to help them fulfill their choices.

Instructor Notes

The intent has added language that directs that the home is responsible to create an environment respectful of the residents’ rights to make choices, and that this includes actively seeking information from residents about their interests and preferences in order to provide necessary assistance for them to fulfill their choices.

Slide 15

F242 Self-Determination and Participation (Cont.)

- Guidelines specify citation of deficiencies regarding failure to meet activity needs, including choices over activities, should be at F248, Activities.
- Choices over schedules is specified to include schedules of waking, eating, bathing, and going to bed at night, as well as health care schedules.

Instructor Notes

The guidelines first paragraph discusses choice over activities, which is mentioned here and at F248, Activities. The guidance written at F248 covers the broad range of activity issues, including formal programs and self-directed activities. The guidance at F248 directs that all activity failures be cited at F248. The guidance added here at F242 clarifies and echoes that surveyors are directed to select F248 for failures of the home to meet residents' activity needs.

Choices over schedules is specified as noted above in slide. This guidance means that a home should be accommodating residents who want to sleep late, residents who want to stay up late, and generally individualizing schedules to accommodate resident's individual choices. There is a caveat that the home should accommodate "to the extent that it can" such things as schedules for physical therapy. The guidance makes it clear that the home is responsible to find out what are the residents' preferences so they can honor them.

Slide 16

F242 Self-Determination and Participation (Cont.)

- Language has been added to make it clear that choice over health care extends to method of bathing (bath, shower, in-bed method) as well as to timing.
- Note has been added to direct surveyors to F246 Accommodation of Needs for choices over arrangement of furniture and adaptations to bedroom and bathroom.

Instructor Notes

The guidance enhances choices over bathing from language already present regarding timing and what day of the week, to add choice over bathing method. As we have seen in the CMS broadcast (2002) introducing the Bathing Without a Battle method of in-bed cleansing, this method is often superior for certain residents who find showers and tub baths to be frightening or painful. The care team should be assessing residents and adding the in-bed method as one of their bathing options.

The guidance Note directs surveyors to F246 for the above-listed choices in resident bedrooms and bathrooms.

Slide 17

F242 Self-Determination and Participation (Cont.)

- Language is added regarding the right to make choices over matters that are significant, that one example is choosing to room with a person of the resident's choice.
- This echoes the language written at Tag 175 Married Couples that directs surveyors to F242 for issues regarding this choice of roommate. F175 only covers spouses.

Instructor Notes

The choice over rooming with a friend or family members of one's own choosing is discussed in the guidance. The issue is not limited to romantic partners, but extends to anyone who resides in the home with whom the resident wishes to room, if both residents agree.

This echoes language at F175 that directs surveyors to F242 if the choice is regarding a person who is not a spouse. For example, if two residents are mother and son who wish to room together, and this wish is not being honored by the home, the correct tag to use is F242. If the residents in question are husband and wife, use F175. This conforms to long-time CMS guidance to use the most specific Tag that covers the issue in question.

Slide 18

F242 Self-Determination and Participation (Procedures)

- Language is added to note during interviews if there are issues with residents being prevented from exercising their rights to choices over schedules.
- If there are issues, has the home actively sought information about preferences and choices and attempted to accommodate them.

Instructor Notes

New language has been added to the Procedures section cueing surveyors to take note during resident and family interviews of any issues regarding lack of choices, including choice over schedules as described in the guidelines. If the resident's preferences are not being accommodated, determine if the home sought the resident's preferences, and what their explanation is for not accommodating them.

This does not apply only to residents who are verbally able to express a preference. It applies to all residents, insofar as it can be determined what they desire. If a resident who has dementia and is not able to verbally communicate has a history of getting up late after 10am, and that resident is routinely being awakened at 7am, the surveyor should investigate to determine if the home solicited this history from the family and why they are not accommodating the resident.

Staff should be aware of resident preferences and should individualize care and schedules to accommodate individual preferences. Many homes already have set systems in place to accomplish this, and it should be the norm in all homes. Regulatory language of choice over schedules has been in place since the original OBRA regulations were issued in 1990.

Slide 19

F246 Accommodation of Needs

- Guidelines stress that this tag's focus should be on the physical environment:
  - Bedroom, bathroom plus some degree of individualization in common areas.
- Language added that facility should be accommodating NEEDS and preferences:
  - Facility needs to assess both needs and preferences of each resident and accommodate to extent reasonable, so long as others are not endangered.

Instructor Notes

The focus of 246 on the physical environment is to avoid confusion with the choices listed at 242, Self-determination and Participation. F246 should be considered when investigating issues of individualization of the physical environment. This most commonly refers to the resident's bedroom and bathroom. Language also stresses the concept of the facility attempting to add some individualization to the environment in common areas. This could be by placing some of a resident's furnishings that don't fit into the bedroom in common areas with their permission to the extent reasonable. It is not a regulatory requirement that homes install resident furniture in common areas, it is just a good idea to be encouraged.

Slide 20

F246 Accom. of Needs (Cont.)

Note is added to refer surveyors to F241 Dignity for issues regarding the psychosocial environment, that is, the atmosphere of the home in terms of staff behaviors.

Instructor Notes

The note's mention of staff behavior includes behaviors that make a resident feel unwelcome to reside in the home, or that they are a burden to staff due to their care needs. This is best covered at the Dignity tag.

Slide 21

F246 Accom. of Needs (Cont.)

Specifics provided about individualizing the bedroom and bathroom to assist resident to:

- Open/close drawers, turn faucets on/off.
- See self in bathroom mirror, have toiletries at hand.
- Open/close doors, operate room lighting.
- Use bathroom facilities (access grab bars, etc.).
- Other – use call bell, turn table light on/off.

Instructor Notes

The guidance adds some specifics for surveyors to observe and cover in interviews, concerning ways in which a specific resident with specific needs is being accommodated to the extent reasonable. The concept of reasonableness is to be determined on a case by case basis by the survey team. A certain resident may need an adaptive handle cover installed over a door knob, another may need to have a bathroom mirror lowered or tilted (if possible) so they can see themselves while seated at the sink. Thus, the home does not need to install such adaptations except where needed by the resident. And the surveyor should take into account the varying needs of a roommate in determining what is reasonable to do for a particular resident.

Slide 22

F246 Accom. of Needs (Cont.)

- Note has been added to direct surveyors to F461 for closet issues and lack of needed furniture. Regulatory text regarding closets had been split into Quality of Life and Environment sections, but language at F255 has been moved to F461 and the F255 tag deleted.
- Guidance covers sufficient electrical outlets, comfortable seating, task lighting, furniture arrangement.

Instructor Notes

The Note regarding closets fixes a redundancy that came from having regulatory text about closets at two different tags in two different sections of the regulation. The language has all been merged into one tag, F461. The deletion of F255 from the ASPEN system will proceed on the schedule of the next ASPEN release. Surveyors should be directed to cease citing F255 as of the date of implementation of this transmittal.
After the Note paragraph, the next paragraph discusses the issues listed in the second bullet above. Again, it is only when a specific resident has a specific need that the home should strive to fulfill it to the extent reasonable. For example, a resident who uses various personal electronics would need sufficient outlets to the extent this is reasonable in the building. Another resident who does not have personal electronics will not have this need.

Slide 23

F246 Accom. of Needs (Cont.)

- Facility should furnish common areas with furniture that enhances residents' abilities to maintain their independence in sitting down and arising, and should strive to accommodate residents of different heights through different sizes and types of seating choices.
- Note added to direct surveyors to Dignity and to Lighting for certain issues.

Instructor Notes

Surveyors should observe common areas that residents frequent, such as lobbies and lounges, and should note if residents are having difficulty sitting down and especially getting up due to problems with furniture such as couches and easy chairs being too soft, too low, of lacking sturdy arms to use in getting up.

The Note refers surveyors to Dignity for issues of residents being prohibited from using the lobby, or using dining rooms outside of meal times. Surveyors are directed to Lighting F256 for issues of a lack of sufficient lighting, rather than to this more general tag at F246. The most specific tag that covers the issue in question is considered by CMS as the most preferable Tag when there is some question as to which Tag is appropriate. The surveyors should, as a general rule, review the regulatory language of both Tags if the "which Tag is it" question arises general rule, review the regulatory language of both Tags if the "which Tag is it" question arises

Slide 24

F246 Accom. of Needs (Cont.)

- Next par. stresses the concept of reasonableness and includes residents having needed items such as toiletries at hand, adaptive equipment added (door handle gripper) where needed, furniture arranged to accommodate needs and preferences.
- Last par. stresses staff interactions to accommodate visual and hearing deficits.

Instructor Notes

The last two paragraphs of guidance cover the general concept of reasonableness, that accommodations should be specific to the particular resident, and that staff interactions should accommodate communication needs of residents who have difficulty seeing or hearing, by getting to eye level, making sure glasses and hearing aids are in place and functional.

Slide 25

F246 Accom. of Needs - Procedures

- Surveyors should observe residents in their rooms and in common areas and should interview residents to note if needs and preferences are being accommodated to the extent reasonable.
- Some specifics from the Guidance are covered as things to observe and ask about.
- Do outdoor smoking areas accommodate residents?

Instructor Notes

Surveyors should keep alert to the issue of accommodating specific resident needs throughout the survey. This includes noting or inquiring about residents' abilities to maximize their independence. For example, if a resident who is seated in a wheelchair, can that resident (if they are physically mentally able) reach clothing in the closet, see self in the bathroom mirror during grooming, open and close drawers, door, turn a table light on and off, etc? Adaptive devices are widely available that can be utilized by the facility to aid a resident with limited strength or hand dexterity in maintaining as much independence as possible, which contributes greatly to quality of life.

A final sentence has been added that if the facility's smoking areas are all outdoors, what does the facility do to accommodate residents when the weather is inclement?

Slide 26

F247 Room/Roommate Change

- Regulation language: Receive notice before the resident's room or roommate in the facility is changed.
- Guidance added to make this more specific and to encourage home to be sensitive to resident needs when moving to a new room or getting a new roommate.

Instructor Notes

Residents may be affected emotionally by being moved to a different room if they did not request the move. The facility has the right to move residents, but they should consider the particular resident and the situation and should "attempt to be as accommodating as possible." This includes such things as explaining the move to the resident, supporting the resident by offering to show the new room before the move, or to introduce the resident to the new roommate before the other resident moves to their room. In addition, it is desirable to give as much notice as possible and try to accommodate residents who are having emotional difficulty with the change, by listening to them, acknowledging their emotions and worries, and attempting to alleviate their concerns as much as possible.

In the case of the death of a resident, the roommate may be experiencing loss and if possible, it is encouraged to give the resident a little time (a couple days) to allow for them to begin to adjust and grieve, if they and their roommate were close.

The guidance refers surveyors to also consult F250 Social Services if issues arise with providing medically related social services to a resident who is upset concerning the death of their roommate.

Slide 27

F252 Environment

- Examples of places frequented by residents has been expanded – with addition of dining areas, lobby, outdoor patios.
- Text is added to explain intent of the word “homelike” in the regulation language – close to that of the environment of a private home as possible, eliminating odors and institutional practices as much as possible.

Instructor Notes

The additions to the examples already there of areas that residents frequent was made to make it clear that the lobby, dining rooms, and patios are areas that should be accessible to residents, as part of their home.

The “homelike” word explanation stresses the concept of a setting as close to home as possible. This language has been added since some people have commented, “My home is not like yours, how can this be judged?” Those people are referring to décor, and not to the essence of home, which includes a sense of ownership – I can sit on this couch, I can get something from the refrigerator, hang a picture on my wall, open my front door to a knock or ignore it, etc. A sense of feeling at home can be achieved in a nursing home once residents have a sense that they indeed can sit on the nice couch in the lobby, they can keep their bedroom door shut if they wish, and many more things that together constitute a sense that I’m at home here, this is my place where I live. Since usually there are many residents living in the same building, it is not possible to totally accommodate every resident’s preferences for décor choices but the facility should strive to increase the feeling of home through eliminating institutional odors and institutional practices. The next slide describes some of these institutional practices that should be eliminated as much as possible.

Slide 28

F252 Environment (Cont.)

- Institutional practices that homes should strive to eliminate:
  - Overhead paging (this language has been there since 1990).
  - Meals served on trays in dining room.
  - Institutional signage labeling rooms.
  - Medication carts.
  - Widespread use of audible seat and bed alarms.
  - Mass purchased furniture.
  - Nursing stations.
- Most homes can’t eliminate these quickly, this is a goal rather than a regulatory mandate.

Instructor Notes

Overhead paging bullet has been there for many years but the rest of the bullets are new

Meals on trays is considered institutional. Preferable is plate service like one would have in a restaurant. Exception can be made for a resident wishing to dine in bedroom, since the meal must be transported to the room, it can be on a tray.

Institutional signage, such as that labeling closets and work rooms detracts from the homelike character of the environment. It should be eliminated or minimized as much as possible.

Medications delivered by large carts is also institutional. Innovative homes are storing medications in locked areas in resident rooms or using other means to eliminate the cart. The institutional look of the cart was brought up in the CMS 2002 Innovations in Quality of Life: The Pioneer Network broadcast.

Audible alarms, as discussed in Part 1 of the CMS From Institutional to Individualized Care broadcasts, are often quite annoying to residents, who try not to move at all to keep their alarms from going off, which diminishes their ability to make movements to relieve pressure from their skin.

Furniture and draperies and bedspreads that all look alike make a home seem more like a hotel than a home. Some innovators are inviting residents to bring in furniture for common areas as well as their bedrooms.

The most egregious of the institutional devices is the large nursing station. Many homes have eliminated it in favor of having staff work in living room settings with lockable cabinets for files and password protected computer stations.

GUIDANCE SAYS THAT MOST HOMES CANNOT MAKE THESE CHANGES RIGHT AWAY BUT SHOULD STRIVE TOWARD THEM. IT IS NOT CONSIDERED A DEFICIENCY IF THESE REMAIN.

Slide 29

F252 Environment (Cont.)

- Part of creating a homelike environment is emphasizing individualization, relationships, and a welcoming atmosphere that makes residents comfortable.
- Homes where residents stay a short time would also benefit from elimination of institutional practices. These residents will not likely want to bring in major furniture items but may want their TV, chair, etc.

Instructor Notes

Surveyors should be alert to the psychosocial atmosphere of the home. Do staff stop and talk with residents, do they know the residents and respond pleasantly to their conversation and fulfill requests? Are residents being prohibited from sitting in the lobby (except for residents who are in locked areas)?

If the home has many or most residents staying there for only a few weeks, it is not likely surveyors will notice any resident furniture. But the elimination of institutional practices such as audible alarms, medication carts, nursing stations is still desirable. Although it is not a deficiency if there is still a nursing station, homes are to be encouraged to move towards a more homelike environment.

Slide 30

F252 Environment (Cont.)

Although regulatory language is "safe, clean, comfortable, and homelike environment" there are more specific Tags that are preferable for some of these issues:

- For safety, use F323 Accidents.
- For fire danger, use F454 Life Safety from Fire.
- For cleanliness, use F253 Housekeeping and Maintenance.
- For cleanliness of staff areas, use F465 Other Environmental Conditions.
- For lighting, temperature, and noise use those Tags.

Instructor Notes

Guidance directs surveyors away from using this Tag as a catch-all, when there are more specific places to consider for certain specific issues. The list above is self-explanatory. The main focus that remains with F252 consists of two issues:

1. General comfortableness of the environment, such as furniture that is damaged and causes discomfort; and
2. Homelike environment.

Slide 31

F252 Procedures

- Ask residents and families whether they think the home is trying to be as homelike as possible, and observe for personalization.
- If potential problems arise, ask staff what they have done to provide homelike environment.
- Some residents there for short stay may not wish to bring belongings.

Instructor Notes

The Procedures section directs surveyors to ask residents and families during interviews whether the facility is striving to make the environment homelike, including inviting them to bring in belongings. If a resident does not wish to bring in any possessions, this is not a problem.

In observing the resident's room, are there signs that the space has been personalized with mementos of the resident. Especially be alert to residents with no involved family to determine whether the facility is assisting this resident to make their space as homelike as possible.

If issues are noted, follow up with staff to determine what the facility's efforts have been for the resident to personalize their space and make the environment as homelike as possible.

Some residents, especially if there for a short stay, may not wish to bring in any belongings. This is not a problem and there is no need for further investigation for those residents.

Slide 32

F256 Lighting

- Regulation language addresses both adequate and comfortable lighting
- Describes features of adequate lighting design:
  - Sufficient light with minimal glare.
  - Even light levels in common areas.
  - Use of daylight as much as possible.
  - Elimination of glare from shiny floors and unshielded windows.

Instructor Notes

Definitions already at this tag address that adequate lighting means "levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform." This definition encompasses both resident need and staff need. A resident might need lighting to read a book, to apply makeup, to distinguish foods on her plate, to find the bathroom at night, to use the telephone book to look up a number by the pubic telephone, etc. Staff need sufficient light to provide care, to be able to notice problems such as bruises while dressing or bathing a resident. They need sufficient light to do charting, pour liquid medication up to a mark in a container, etc.

The second definition for comfortable lighting defines it as minimizing glare, providing maximum resident control over light intensity, location, and direction of illumination to enable residents with visual impairment to maintain or enhance independent functioning. One resident may need more light than another, one may be more sensitive to glare than another, etc. Whether lighting is comfortable for a resident can only be ascertained from the resident, through interviews where a resident is able to be interviewed, and through observations if the resident cannot provide this information. There are non-shiny or minimally shiny floor waxes that minimize floor glare.

It is generally accepted that as people age, they need more light to be able to see well. The guidance continues with a list of components of adequate lighting design. Glare can be a disabling problem for many residents. This can be worse in late afternoon, when sunlight comes in windows at an angle and makes shiny floors and other shiny objects blindingly bright. If residents are wearing sunglasses and/or visors indoors, this can be a sign they are troubled by glare. In some hallways there is so much distance between light fixtures that there are alternating areas of lighted and relatively unlighted spaces, which is troubling to some residents. Daylight is excellent for resident health, and should be encouraged where feasible.

Slide 33

F256 Lighting (Cont.)

More features of adequate lighting design:

- Extra lighting available for tasks – table or floor lamps.
- Wayfinding light to help residents find their way to their bathroom at night.
- Dimmers where possible and where resident desires them gives more control over light level:
  - Staff can also use them for care at night.
- Some homes cannot make lighting changes.

Instructor Notes

The other features of good lighting include task lighting being available – for example, a resident doing a puzzle or reading or doing crafts may need an extra table or floor lamp with bright enough lighting to assist the resident to see well.

Wayfinding lighting may be needed by some residents who want to find their way during the night to the bathroom. The guidance makes note that red colored night lights are good as they preserve night vision. This was a good practice mentioned by a lighting designer who presented at the CMS/Pioneer Network 2008 Environment Symposium.

Dimmers give residents more control over the light level in their bedrooms and bathrooms. They may not be possible in certain older homes, depending on the home's wiring. But where feasible and desired, they are to be encouraged, and are useful to staff as well when providing care at night. Staff who do not have dimming available should be using penlights or flashlights rather than turning on the room's overhead lights when providing care at night, so as to minimize disruption to residents.

Some older homes cannot change their basic lighting design due to voltage or wiring issues, but even those homes can minimize glare and provide extra task lighting as needed.

Slide 34

F256 Lighting (Cont.)

- Guidance advises facilities to consult lighting guidance from the authoritative source – the Illuminating Engineering Society of North America.
- Guidance also addresses additional issues of helping residents to see better:
  - Contrasting colors between
    - Floor/baseboard.
    - Bathroom fixtures/walls.
    - Dishes/table.

Instructor Notes

The 2008 Environment Symposium highlighted that there is a nationally respected source of good practice information on lighting, as listed above.

In addition to issues of lighting itself, text has been added to cue homes and surveyors about the use of contrasting coloring to enhance residents' ability to distinguish surfaces from each other. Particularly problematic for some residents is having baseboards the same color as the floors, since some resident with visual limitations may find the floor to resemble a bowl, rather than a flat surface. It is greatly preferable to use a contrasting color for the baseboard, in order to draw a sharp line between the horizontal floor and the vertical walls.

Some residents with visual deficits have difficulty locating white bathroom fixtures in front of white or very light colored walls, making it difficult for them to maintain independence in using the toilet and sink. For those residents, the use of a contrasting color behind the fixture makes it much easier to see.

Another area in which some residents have difficulty is being able to find a white plate on a white tablecloth or a white tray. Some residents may be actually unable to see their plate. For this resident, a contrasting colored table covering enhances visual ability.

Slide 35

F256 Procedures

- Ask residents if they have sufficient lighting, in all areas they frequent:
  - If they need task lighting, is it available.
  - Are there any glare problems at any time of day.
  - Can they find their way to the bathroom at night (for resident capable of this).
  - Are they troubled by staff turning on room overhead lights to provide care at night.
- Observe residents and ask staff about issues.

Instructor Notes

Procedures give some specifics to ask, as listed above. Also conduct observations throughout the survey, especially noting glare problems in the afternoon, residents who are showing signs of having insufficient light or being blinded by glare (such as wearing visors or sunglasses). Follow up on issues with staff to discover what the facility has done to alleviate lighting and glare problems as much as possible, depending on the capabilities of the facility's lighting system.

Slide 36

F371 Sanitary Conditions

- Recent release of new guidance at this Tag has caused some questions about residents accepting food from visitors.
- We are revising a sentence at this Tag to make it clear that this regulation concerns facility procurement and does not limit the rights of residents to accept food from visitors.

Instructor Notes

The sentence that had caused problems was a Note that said the regulation does not prohibit family or visitors from bringing in food for **THAT** resident's consumption. We received many questions regarding whether we were prohibiting a resident's roommate from accepting something from the visitor. The new sentence makes it clear that any resident has the right to accept food brought in by any visitors.

Slide 37

F461 Resident Rooms

- Updated LSC reference to 2000 Edition.
- Language from LSC added for windows:
  - Sill height not to exceed 36 inches.
  - Window may be operable.
- Floor at grade level clarified.
- Closet regulation language from 483.15, F255 brought to this Tag and F255 deleted.

Instructor Notes

This Tag had contained a reference to an outdated edition of the Life Safety Code from the 1980s; this was updated to 2000 Edition currently accepted by CMS.

Questions had been arising about the window language at this Tag. Wording from the LSC was added here to clarify that the height of the window sills in resident rooms is not to exceed 36 inches. This is so a resident in bed can see the environment out the window. A second question has been inquiries about whether the window can be one that is operable – yes it can open and close.

Language was clarified for the regulation phrase "floor at or above grade level." The revision makes it clear that the floor of the bedroom needs to be at or above the surrounding exterior ground level.

There had been regulation language about "private closet space at F255 and "individual" closet space at F461. These regulation sentences were moved together at F461 and F255 was deleted.

Slide 38

F461 Rooms (Cont.)

- Surveyors are referred to F246 for furniture arrangement.
- Closet space guidance and probes from F255 brought to F461.

Instructor Notes

Although F461 covers the presence of functional furniture, if there are issues with the **arrangement** of furniture in the room according to resident needs and preferences, surveyors are referred to F246 Accommodation of Needs. F461 is considered if needed furniture such as a chair is not present at all.

The guidance regarding closets makes it clear that the clothes racks and shelves (if any) need to be accessible to the resident, meaning the resident can get to and reach the clothing. If a resident who uses a wheelchair cannot reach clothing as the rod is too high, F461 is the correct Tag to consider. Even though F246 Accommodation of Needs covers other issues of using the bedroom and bathroom fixtures, since there is a specific closet use Tag, that is the better choice for closet issues, according to CMS general guidance to use the most specific Tag related to the issue at hand.

Closets also include free standing furniture such as wardrobes. If the facility is using wardrobes, the racks and shelves need to be accessible to the resident.

Slide 39

F463 Call System

Language has been added to address homes that do not have nursing stations and homes that use wireless systems

Instructor Notes

The language in the Intent already permitted wireless systems that signaled the nursing station. Language has been added to address homes that have moved to decentralized work areas instead of stations. In those homes, the intent of the regulatory language can be met through wireless systems that provide direct communication from the resident to the caregivers.

The guidance adds language that to be in compliance, the system must not merely be functional, but it must be actually being used, that is, calls must be answered. And language was added that for wireless systems, the devices in possession of staff must be functional and in use, and calls are being answered. This language was added as CMS was finding that some systems, although electrically operable were being rendered useless when staff would set their devices down instead of carrying them, or would have dead batteries or have the batteries removed. The system is only in compliance if it is effectively functional, functioning, and staff are actually responding to calls.

The Language of Culture Change

"Mayday"

by Karen Schoeneman

I've always been a fan of words. When I was young, I'd spend hours browsing through a 20-pound unabridged dictionary that gave the histories of words as well as their meanings. I've just recently found out why people shout "Mayday" when their ship or plane is in trouble. It's a misspelling of the French, "m'aidez" which means "help me," and is pronounced "mayday." Well, today, I'd like to shout "Mayday" for help with my words.

I've worked 30 years in long-term care. Over that time, I've come to realize that much of the language we use is in need of replacement because it unintentionally demeans people, contributing to a hierarchical sense of "us and them" or a dehumanizing institutional culture instead of a nurturing community with respect for its members.

When I started working in long-term care in 1972, I worked in a "State School and Hospital" with "inmates" who were called "retarded" and categorized as "moron," "idiot," "imbecile," "mongoloid." Those words were not intended as insults, just diagnoses. We've already come a long way from there, but we still have far to go. And those of us who came from a past that accepted words like these need help—your help—to upgrade our institutionalized brains.

Part of transforming long-term care practice is finding new words to describe staff, programs, parts of the building, and the "industry" itself. As I've attended Pioneer and Eden conferences, I've been immersed in a new type of language called "person-centered." The idea behind person-centered language is to acknowledge and respect long-term care residents as individuals. Using person-centered language, I've learned, is often as simple as reversing common phrases to put the person first and the characteristic second. "A wheelchair-bound resident," for instance, becomes "a person who uses a wheelchair for mobility," and "a feeder" becomes "someone who needs assistance with dining."

A few years ago I wrote an article about this subject for Provider magazine and invited readers to e-mail me words and phrases they thought were outdated, along with their suggestions for what to use instead. Look at the word "therapy," for instance. Why does everything have to be therapy once you live in a nursing home? If I liked to paint before I moved into the nursing home and I paint now that I'm there, why is my hobby now "art therapy?" I mean no insult to the wonderful folks who call themselves therapists and their work, their special training, or their skills. In fact, I'm a massage therapist myself. But in this context, "therapy" is another of those separating words.

This list below is a collection of suggestions culled from the many responses I received from readers of Provider, along with some additions from friends and colleagues and a few thoughts of my own. The list is not definitive, and I am not its keeper. It's not up to me to say whether these words are our best or only choices, but I do know they're a start, so I'm sharing them in hopes that they'll spur more thinking and discussion. If you have words to add to the list, please send them to Christie.Dobson@PioneerNetwork.net the Pioneer Network. Entries will be added below.

The language of long-term care belongs to all of us—not only the "us" who work in this field but, at least as importantly, the elders and others with disabilities who require long-term care services, their families, and the public at large. The most urgent task we face may be agreeing which "bad" old words to throw away.

Finding new ones should be easier. After all, that's just a matter of choosing words that are both accurate and respectful, and that unabridged dictionary is full of good words.

Old Word	Suggestions
“victim of . . .” or “suffering from . . .”	“has . . .” or “with . . .”
wing, unit	household, street, neighborhood, avenue
allow	encourage, welcome
diaper	pad, brief, disposable brief, brand names, incontinence garment
the elderly	elders; older adults, people, or individuals
patient	resident (some think this is passé), individual, elder
a feeder/the feeders, feeder table	person who needs/ people who need assistance with dining, dining table
a diabetic, a quad, a CVA	a person who has (whatever condition)
nurse aide, CNA, nursing assistant, front line staff (sounds like war)	resident assistant, certified resident assistant
admit, place	move in
discharge	move out
lobby, common area	living room, parlor, foyer
nurses’ station	work area, desk
facility, institution, nursing home	home, life center, living center
100-bed facility	100 people live in this home/center
housekeeping, housekeepers	environmental services, homemakers
long-term care industry	long-term care profession or field
eloped, escaped, elopement	left the building, unescorted exiting
dietary services, food service	dining services
problem residents, behavior problems	person with behavioral symptoms
agitated	active, communicating distress
ambulation, wandering	walking

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More words.....

People	Grandma, Mommy, Kid, Sweetie, Honey, Girls, old Timer	Resident's name/ Mr./Mrs./Ms.
	Wheelchairs/Walkers	People who use a wheelchair/walker
	The Elderly	Elders
	Bed (i.e. - A 100-bed facility)	Resident
	Residents Identified by Diagnosis	Their name -- Learn it!
	Wanderers	People who like to walk
	Disabled	Person needing support/ What their abilities are
	Toilet Resident	needs help in the bathroom
	Activity Director	Community Life Coordinator
	Non-nursing/Ancillary staff	(name) from (department)
	New Admit	Someone offered a home here, New Neighbor
	Feeder/Feedy	Person who needs help eating
	Patient	Resident, Participant, Client, Neighbor
	Resident	My Friend

	Dementia/Demented	Person with cognitive losses
	Girl, Guy (CNA)	Their name, My Friend
	I	We/ The Team
	Food Service Worker, Hey You	Their Name
Places	Facility, Nursing Home	Community, Home, Care Community, Life Center
	Agency	Supplemental Staffing
	Bath	Spa
	Ward	Village
	Nurses' Station	Work Station, Den, Support Room
	Storeroom	Pantry
	Solarium	Living room
	Unit	Neighborhood
	Tray Line	Fine Dining
Things	Activities	Meaningful things to do
	Mechanical Soft Food	Chopped Food
	Nourishment	Snack
	Bibs	Napkin, Clothing Protector
	Diaper, Pampers, Pull-ups	Briefs, Panties, Attends
	Hospital Gown	Pajamas, Nightgown
Actions	Transport	Assist to…
	Admit/Place	Move in
	Ambulate	Walk
	MIA, Elopement	Taking a walk
	Toileting	Using the bathroom
	Baby-sit	Resident interaction
	Allow	Help/Facilitate
	Claims	States, Says
Attitudes	You are fat	You are thick or curvy
	Care Plan Problem	Resident Strength
	"I didn't know my resident could do that."	"I love it when my resident does that!"
	Problem	Challenge/Opportunity
	"You need to…"	"Would you like to...?"
	"Sit down, you'll fall."	"Let's walk!"
	"Trays are here."	"Dinner is served."/ "It's dinnertime!"
	"He's on the pot."	"He's not available right now."
	Long-Term Care Industry	Long-Term Care Community
	A two-assist	requires two helpers
	"We're already doing that."	"We need to REALLY do that."
	"We tried that."	"Let's try again."
	"That's not my job."	"I'll take care of that."
	Industry	Mission
	14-hour rule	Freedom of Choice
	Old ways	Change in order
	Can't escape	Would like to go outside
Conditions	Short-staffed	Adequate staffing
	Confined to wheelchair	Uses a wheelchair