Person Centered Care rises to the Level of Regulation Part 1

Carmen Bowman, Regulator turned Educator

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CMS REFORM OF REQUIREMENTS FOR LTC FACILITIES: FINAL RULE

CMS Executive Summary

- Since the current requirements were developed, **significant innovations in resident care and quality assessment practices have emerged**. In addition, the population of LTC facilities has changed, and has become more diverse and more clinically complex. Over the last two to three decades, extensive, evidence-based research has been conducted and has enhanced our knowledge about resident safety, health outcomes, **individual choice**, and quality assurance and performance improvement. In light of these changes, we recognized the need to evaluate the regulations on a comprehensive basis, from both a structural and a content perspective

CMS Benefits of Final Rule

- This final rule will implement comprehensive changes intended to **update** the current requirements for LTC facilities and create new efficiencies and flexibilities for facilities. In addition, these changes will support **improved resident quality of life and quality of care**.
- Quality of life in particular can be difficult to translate into dollars saved. However, **there is a body of evidence suggesting the factors that improve quality of life may also increase the rate of improvement in quality and can have positive business benefits** for facilities. **Many of the quality of life improvements changes in this final rule are grounded in the concepts of person centered care and culture change**. These changes not only result in improved quality of life for the resident, they can result in **improvements in the caregiver's quality of work life** and in **savings** to the facility.

CMS Reform of Requirements for LTC Facilities: Final Rule

- Phase 1: Nov. 28, 2016
- Phase 2: Nov. 28, 2017
- Phase 3: Nov. 29, 2019

- New Interpretive Guidance issued June 30, 2017
- Into effect with Phase 2: Nov. 28, 2017

- New Survey Process (Combination QIS and Traditional)
- Into effect with Phase 2: Nov. 28, 2017

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 17-36-NH

DATE: **June 30, 2017**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues

Memorandum Summary

- **Revised Interpretive Guidance:** In September 2016, the Centers for Medicare & Medicaid Services (CMS) released revised Requirements for Participation under the Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities rule. CMS is releasing revised Interpretive Guidance to be effective November 28, 2017.
- **Revised F Tags**: The revisions to the regulations caused many of the prior regulatory citations to be re-designated. As such, CMS was required to re-number the F-Tags used to identify each regulatory part. Those new F-Tags are described here.
- **Training Resources:** CMS is providing several training resources on our website and on an MLN Connect call on July 25, 2017 from 1:30 to 3:00pm EST.
- **Enforcement and Nursing Home Compare Considerations:** To address concerns related to the scope and timing of the changes, CMS will be providing limited enforcement remedies for certain Phase 2 provisions and will be holding constant the Nursing Home Compare health inspection rating for one year.

No CMPs, denial of payment or terminations; directed POC or staff training instead.

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 18-04-NH

DATE: **November 24, 2017**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Temporary Enforcement Delays for Certain Phase 2 F-Tags and Changes to *Nursing Home Compare*

Memorandum Summary

- **Temporary moratorium on imposing certain enforcement remedies for specific Phase 2 requirements:** CMS will provide an 18 month moratorium on the imposition of certain enforcement remedies for specific Phase 2 requirements. This 18 month period will be used to educate facilities about specific new Phase 2 standards.
- **Freeze Health Inspection Star Ratings:** Following the implementation of the new LTC survey process on November 28, 2017, CMS will hold constant the current health inspection star ratings on the *Nursing Home Compare* (NHC) website for any surveys occurring between November 28, 2017 and November 27, 2018.
- **Availability of Survey Findings:** The survey findings of facilities surveyed under the new LTC survey process will be published on NHC, but will not be incorporated into calculations for the *Five-Star Quality Rating System* for 12 months. CMS will add indicators to NHC that summarize survey findings.
- **Methodological Changes and Changes in Nursing Home Compare:** In early 2018, NHC health inspection star ratings will be based on the two most recent cycles of findings for standard health inspection surveys and the two most recent years of complaint inspections.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

State Operations Manual

Appendix PP - Guidance to Surveyors for Long Term Care Facilities

Table of Contents

(Rev. 173, 11-22-17)

Knowing regulations is foundational. You are held accountable to them when survey takes place each year.

Today is your time to study them and think.

Today is an overview and focus on person-centered care and culture change wins, links and leverages.

Definitions §483.5

- **Person-centered care**. For purposes of this subpart, person-centered care means **to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives**.
- Is person-centered care the same as culture change?

- **Resident representative**. Includes any person chosen by resident to one with legal authority.

Resident rights §483.10

- **Combines all residents' rights.** (Largest section.)
- All (but one notification) required in Phase 1 (by Nov. 2016)
- A facility must treat each resident with **respect and dignity** and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her **quality of life**, recognizing each resident's individuality. The facility **must protect and promote the rights of the resident.**
- The **resident's wishes and preferences must be considered in the exercise of rights by the representative**.

- The right to be informed in advance, by the physician or other practitioner or professional, of the **risks and benefits of proposed care**, of treatment and treatment **alternatives or treatment options** and **to choose the alternative or option he or she prefers.**
- The right to **request, refuse, and/or discontinue treatment**, to participate in or refuse to participate in experimental research, and to formulate an advance directive.
- Lean on the New Dining Practice Standards. Covered in Part 2

- The right to participate in the development and implementation of his or her **person centered plan of care**, including but not limited to:
- The right to **participate in the planning process**, including the right to **identify individuals or roles to be included in the planning process**, the right to **request meetings** and the right to **request revisions** to the person-centered plan of care.

- The right to participate in **establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care**.
- The right to be informed, in advance, of **changes** to the plan of care.
- The right to **receive the services** and/or items included in the plan of care.
- The right to **see the care plan**, including the **right to sign after significant changes** to the plan of care.
  "Allowing the resident to sign the care plan after changes are made documents the resident's involvement."

All About Me

- The facility shall inform the resident of the **right to participate in his or her treatment** and shall **support the resident in this right**. The planning process must--
- **Facilitate inclusion of resident and/or representative**.
- Include assessment of resident's **strengths and needs.**
- Incorporate resident's **personal and cultural preferences in developing goals** of care.
- The right to be **informed, in advance,** of the **care to be furnished and the type of care giver or professional** that will furnish care.

Whose goals are they anyway?

- Ask residents what their goals are. It's their life.
- **Quote them: "I want to stay in my room."**
- **Takes the onus off your team**. No one can argue with it.
- Anyone tired of making up goals for another person?
- Ask families what **the person's goals** would be, **not theirs**.
- Don't dismiss your own observations, you know the person now.

Institutional Care Planning

Problem	Goal	Intervention
Alteration in Nutrition Related To: Diabetes Mellitus As Manifested By: Non compliance with 1800 cal ADA diet	1. Resident will eat only foods approved in ordered diet.	1. Educate resident regarding diabetes, her diet, and impact to her health if non compliant. 2. Notify nurse of food hidden in room. 3. Monitor for s/s hypo and hyper glycemia. 4. Check blood sugar 6 am and 8 pm. 5. Administer insulin as ordered.

Individualized "I" Care Planning

Need/Concern	MY Goals	Approaches
I have diabetes and I take insulin. I am aware of recommended dietary restrictions and I choose to exercise my right to eat what I enjoy.	I will make informed food choices which will meet my food cravings and my nutritional needs but may not always comply with an ADA diet.	1. Please provide me a regular diet with no concentrated sweets. 2. Ask me prior to each meal what I would like. Honor my requests. 3. Provide low carb, low sugar choices when I request. 4. Avoid daily arguments about food which can anger me. 5. Check my blood sugar daily at 6 am and 8 pm. If it is too low or too high, I will discuss with the nurse what I ate that day, and will take responsibility to make better choices. 6. Administer my insulin as ordered.

*What needs to happen to improve resident care planning?

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Respect and dignity. The right to:

1. be free from any physical or chemical restraints imposed for purposes of discipline or convenience…
2. retain and use personal possessions…
3. reside/receive services w/ reasonable accommodation
4. share a room with his or her spouse …
5. share a room with roommate of choice …
6. receive written notice, including reason for the change, before the resident's room or roommate is changed.
7. refuse room change if for reasons like staff convenience
8. exercise of the right to refuse transfer does not affect eligibility/entitlement to Medicare or Medicaid benefits.

Self-determination.

- **Right to choose activities, schedules (including sleeping and waking times),** health care and providers of health care services consistent with his or her interests, assessments, plan of care and other applicable provisions of this part.
- **Right to make choices about aspects of his or her life in the facility that are significant to the resident.**
- Right to interact with members of the community and participate in community activities both inside and outside.

- When it comes to sleep, what is true choice?

DO YOU STILL WAKE RESIDENTS UP?

Why?

- *How many of us would rather be sleeping?*

Glorious Sleep

"SLEEP IS LIKE MEDICINE"

"SLEEP IS BETTER THAN MEDICINE"

What is it like to wake people up?

What is a ***blissful morning*** to you?

The Benefits of Being Well Rested

- Less depression
- Less anxious
- More alert
- More energy
- Builds up immune system
- Protein synthesis, tissue repair, muscle growth
- Better cognition, thinking
- No "behaviors"
- Better mood
- Fewer falls
- Everything is better
- So, why would we wake people?

Eating when one wants leads to better outcomes

- Arbitrary "breakfast" time
- Breakfast drives our pattern of waking people up
- "Get up list," "the get ups"
- How many of you do not even eat breakfast?
- What would happen to us?
- Open dining times become the answer
  - Choice- Tag?
  - Less rush for everyone, more relaxed, better

Open dining is easy – you basically already have it

TRUE CHOICE = YOUR BODY DECIDES

*What can you do to promote sleep?

Self-determination.

- **Right to receive visitors** of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.

- The facility must provide immediate access to a resident by immediate family and other relatives of the resident, **subject to the resident's right to deny or withdraw consent at any time**;
- The facility must provide immediate access to a resident by others who are visiting **with the consent of the resident**, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;

- The facility must provide **reasonable access to a 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; and
- The facility must have **written policies and procedures regarding the visitation rights of residents**, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.

- A facility must meet the following requirements:
- **Inform each resident of his or her visitation rights and related facility policy and procedures**, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section.
- Inform each resident of the right, subject to his or her consent, **to receive the visitors whom he or she designates**…
- **Not restrict, limit, or otherwise deny** visitation privileges …
- Ensure that **all visitors enjoy full and equal visitation privileges consistent with resident preferences**.

- Right to organize and participate in resident groups.
- **The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility**.
- The facility must be able to **demonstrate** their response and rationale for such response.
- This should **not be construed to mean that the facility must implement** as recommended every request of the resident or family group.

Daily Community Meeting

- Parkview Care Center, Denver, CO
- Budget
- Products
- "We run this place."
- Now in place of Resident Council
- Deal with issued in real time as a community

Community Meetings

Community Meetings
Sandalwood, Lakewood, CO

Also on Artifacts tool
Barry and Debbie Barkan

- *Builds community*
- *Creates connection*
- *Explores meaning*
- *Gathering as a community to discuss things of mutual interest and concern, to celebrate, to remember and to mourn.*
- ***Hypothesis** that residents could learn and grow when they become involved in meaningful experiences.*

Celebrate Residents

- Communally acknowledge and celebrate residents at every opportunity
  - illness and recovery from illness
  - losses, gains/progress
  - return from absences
  - the role they take on in the community
  - birthdays
  - landmark life events
  - just showing up
  - the way someone looks today
  - remembering residents
  - living life together

Clear Creek Care Center's Community Meeting

- Birthdays/Landmark Life events celebrated
- Announcements/Upcoming events
- Planning events/holidays/decorations
- Honored residents attending for first time
- Jokes
- New residents and staff introduced – give the mic
- Visitors introduced
- Residents moving, Residents dying
- Policy review
- Open forum for questions, comments, announcements
- Resident closed with a devotion

"resident care and life"

SELF-DIRECTED *LIVING*

Independent *Living*
Assisted *Living*
Long Term *Care*

*What can you do to promote increased decision making by residents?

Resident Rights §483.10

- Information and communication. The right to receive:
- Information and contact information for state and local advocacy organizations, Medicare and Medicaid eligibility information, Aging and Disability Resources Center and Medicaid Fraud Control Unit.
  (Only part of Resident Rights required in Phase 2)

- Information and communication.
- The resident has the right to be informed of his or her rights and of all **rules** and regulations governing resident conduct and responsibilities during his or her stay in the facility.

- House Rules?
- Code of Conduct
- For families as well?
- Great QAPI PIP project

Tag 550 Resident Rights, treated with respect and dignity:

- *Staff should* address residents with *the* name *or pronoun* of the resident's choice, avoid*ing the* use of labels for residents such as **"feeders" *or "walkers."*** *Residents should* not *be* exclud*ed* from conversations *during activities or when care is being provided…*

feeder: Definition from Answers.com
feeder n. One that supplies food: a bird **feeder** on a window ledge. ...
feeder young sows and calves

Language Creates Culture

- Community or home (instead of facility)
- Individual/person, people (instead of patient, even resident, elder?)
- Home, real home (instead of homelike)
- Meaningful engagement (instead of activities)
- Approaches (instead of interventions)
- Communications (instead of behaviors)
- Choice (instead of non-compliant)
- Decline (instead of refused)
- Worked with residents/passed meds (instead of worked the floor)
- Direct care workers/CNAs (instead of frontline staff)

Language Creates Culture

- People/bedrooms (instead of beds)
- Person First language and describe (instead of "the diabetic")
- Moved in/out (instead of admitted, placed or put or discharged)
- Is here for a stay, is a guest, went home (instead of admitted or discharged)
- Left the building (instead of elope or escape)
- Died (instead of expired)
- Field, profession (instead of industry)

- Others?

What Normal do you want?

- Any community relies on fostering shared beliefs (culture) in order to survive.
- Those who are part of the culture are overexposed to people who agree about most things and remain underexposed to ways of thinking that challenge prevailing ideas (i.e. we tend to hire people who share those beliefs and are likely to fire those who do not.)
- **Because nursing homes have little traffic from the outside world, we're exposed to disproportionate support for our own ideas of what is normal and acceptable**.

The Power of Language to Create Culture by Carmen Bowman, Judah Ronch and Galina Madjaroff

*What can you do to move from institutional to normal language?

- Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living **safely**. The facility must provide--
- A safe, clean, comfortable, and **homelike** environment, allowing the resident to **use his or her personal belongings** to the extent possible.
- This includes ensuring that the resident can receive care and services **safely** and that the **physical layout maximizes resident independence** and does not pose a safety risk.
- **The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.**

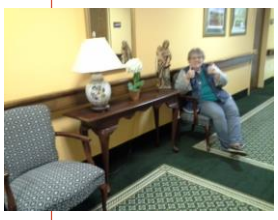
Environment Artifacts from Artifacts of Culture Change (CMS and Edu-Catering)

25. No rule prohibiting residents from decorating their rooms any way they wish with nails, tape, screws, etc.

Life Safety Code 2012

"Illegal" 2001

"Legal" 2014



1. The furniture must be securely fastened to the floor or wall.
2. The furniture must leave at least 6 feet clear width for the corridor.

Simple brackets can be purchased at any hardware store.

Corridor Seating

3. Furniture groupings must all be on one side of the corridor
4. Groupings cannot exceed 50 square feet and must be spaced at least 10 feet apart.

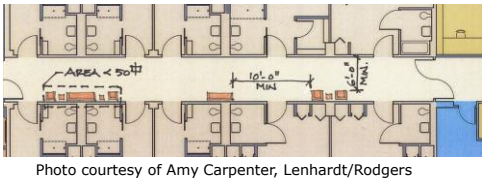


Photo courtesy of Amy Carpenter, Lenhardt/Rodgers

Corridor Seating

- Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;
- Clean bed and bath linens that are in good condition;
- Private closet space in each resident room
- Adequate and comfortable lighting levels in all areas
- Comfortable and safe temperature levels.
- For the maintenance of comfortable sound levels

Grievances.

1. The resident has the right to voice grievances …
2. … prompt efforts to resolve grievances
3. inform residents … how to file a grievance
4. The facility must establish a grievance policy to include:
   - Notify residents of the right to voice grievances
   - **Identifying a Grievance Official** who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously; issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations
   - **Maintain evidence for 3 years**.

Culture Change Leverages for decision making and grievance management

- Daily community meeting deals with issues in real time
- House/Neighborhood Council instead of monthly Resident Council (or in addition)
- Employee Council: rotate times to honor varying shifts
- Family Council: decision making, education, turn into a support group, food

Freedom from abuse, neglect, exploitation §483.12

- **New title** was Resident Behavior and Facility Practices
- (1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;
  Not employ: found guilty/finding entered/disc. action
- (2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. **When the use of restraints is indicated, facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need**.*

Freedom from abuse, neglect, exploitation §483.12

Develop policies and procedures re: freedoms

- Coordination with QAPI Plan (Phase 3)
- Ensure reporting of crimes (Phase 2)

F608

- *The facility must develop and implement written policies and procedures that:*
- *Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the (Social Security) Act.*

Admission, transfer and discharge rights §483.15

- Disclose to a resident or potential resident, prior to admission, **notice of special characteristics or service limitations**.
- Requires discharge notice to include a statement of resident's **appeal rights**.
  (all Phase 2 but documentation)

Admission, transfer and discharge rights §483.15

Documentation to be communicated to receiving health care entity (Phase 2):

- contact information of practitioner,
- resident representative contact information,
- advance directive information,
- special instructions/precautions for ongoing care,
- the resident's comprehensive care plan goals,
- all other necessary information, including a copy of the residents discharge summary.

Resident assessments §483.20

- Resident assessment instrument. A facility must make a comprehensive assessment of a resident's **needs, strengths, goals, life history and preferences,** using the resident assessment instrument (RAI).

Goals
Needs
Preferences
Life History
Strengths

Notice: no mention of …problems

Resident assessments §483.20

- To include:
- Discharge planning.
- Documentation of participation in assessment. **The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.**
(all Phase 1)

F655 *Comprehensive Person-Centered Care Planning:* Baseline Care Plans (Phase 2)

The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-

- *(i) Be developed within 48 hours of a resident's admission.*
- *(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—*
- *(A) Initial goals based on admission orders.*
- *(B) Physician orders.*
- *(C) Dietary orders.*
- *(D) Therapy services.*
- *(E) Social services.*
- *(F) PASARR recommendation, if applicable.*

INVESTIGATIVE SUMMARY AND PROBES

Does the resident's baseline care plan include:

- *The resident's initial goals for care;*
- *The instructions needed to provide effective and person-centered care that meets professional standards of quality care;*
- *The resident's immediate health and safety needs;*
- *Physician and dietary orders;*
- *PASARR recommendations, if applicable; and*
- *Therapy and social services.*

Comprehensive person-centered care plans §483.21 (all Phase 1 but baseline, TIC)

- To include: **The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.**

Practicable (not practical)

- **Practicable:** Innate capability – based solely on the individual's abilities, limitations, and potential – independent of external limitations.
- **Practical:** Capability based on resources available to support a person's abilities and potential, and address their limitations

How are we doing with this requirement?

- **Physical** well-being
- **Mental** well-being
- **Psychosocial** well-being

- Examples

Highest Practicable Level of Well-Being

Householder wiping tables in an Action Pact Household Model Nursing Home

- "I clean with the housekeeper every day at 10:30."
- "I read to fellow residents every day, to the preschoolers every week."
- "I teach a fellow resident to paint as I cannot do it any longer but enjoy teaching."
- "I am learning how to paint from a fellow resident, something I've always wanted to do."

Highest Practicable Well-being

F655 *Comprehensive Person-Centered Care Planning*

The care plan must describe the following:

*The services that are to be furnished to attain or maintain the resident's **highest practicable** physical, mental and psychosocial well-being.*

*Think of a resident, brainstorm his/her highest practicable level of well-being and how you would care plan it, as required.

Failure = Actual Harm

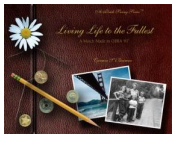
- *Actual harm that is not Immediate Jeopardy:*

*Severity level 3 indicates noncompliance that results in actual harm, and can include but may not be limited to clinical compromise, decline, **or the resident's inability to maintain and/or reach his/her highest practicable well-being.***

Assessing & Care Planning Highest Practicable

- How to determine Highest Practicable
- **Recommend adding a section to each resident's care plan: Highest Practicable.** If you don't, it won't happen.

Worksheet in
Living Life to the Fullest
at www.actionpact.com



- **Adds** a **nurse aide** and a member of **food/nutrition services staff** to required IDT/care conference. Did propose social worker but d/t not every home having one changed to **encourage social worker when employed**.
- **Written explanation if resident unable** to participate.
- **Resident chooses** who would like to accompany to care conference.

- Services outlined by comprehensive care plan, must—
- Meet professional standards of quality.
- Be provided by qualified persons.
- **New: Be culturally-competent and trauma–informed**. Culturally-competent and trauma-informed care are approaches that help to minimize triggers and re-traumatization. Care that addresses the unique needs of Holocaust survivors and survivors of war, disasters, and other profound trauma are an important aspect of person-centered care for these individuals. (*Phase 3)

Trauma-informed care resources

- Reflects principles set forth in SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach (HHS Publication No. (SMA) 14-4884): http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf.
- The Council on Social Work Education standards and indicators for cultural competence: http://www.socialworkers.org/practice/standards/index.as
- The National Standards for Culturally and Linguistically appropriate Services in Health and Health Care developed by the Office of Minority Health in HHS: https://www.thinkculturalhealth.hhs.gov/index.asp

- F660
- *§483.21(c)(1)* ***Discharge Planning Process*** (New)
- *The facility must develop and implement an effective discharge planning* ***process*** *that focuses on the* ***resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care****, and the reduction of factors leading to preventable readmissions.*

- F661 *§483.21(c)(2) Discharge Summary*
- When the facility anticipates discharge, a resident must have a discharge summary that includes, *but is not limited to, the following*:
- *(i)* **A recapitulation of the resident's stay** *that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.*
- *(ii)* **A final summary of the resident's status** to include items in paragraph *(b)(1) of §483.20,* at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.
- *(iii)* ***Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).***
- *(iv)* **A post-discharge plan of care** that is developed with the participation of the resident and, *with the resident's consent, the resident representative(s)*, which will assist the resident to adjust to his or her new living environment. *The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.*

§ *483.24 F675 Quality of life*

- ***Quality of life is a fundamental principle that applies to all care and services provided to facility residents.*** *Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.*
- *Guidance: Noncompliance at F675 identifies outcomes which rise to the level of* ***immediate jeopardy*** *and reflect an environment of* ***pervasive disregard*** *for the quality of life of the facility's residents. This can include the* ***cumulative effect of noncompliance at other regulatory tags on one or more residents****.*

Quality of Life §483.24 (*all Phase 1)

- ADLs do not diminish
  - Services to maintain or improve
  - If unable to carry out ADLs, receives services.
  - NEW: **Personnel provide basic life support, including CPR**, to a resident requiring such emergency care prior to the arrival of emergency medical personnel subject to related physician orders and the resident's advance directives.
- ADLS:
- Hygiene –bathing, dressing, grooming, and oral care,
- **Mobility**—transfer and ambulation, **including walking**,
- **Elimination**-toileting,
- **Dining**-eating, including meals and snacks,
- Communication, including speech, language, other functional communication systems.

Tag F679 Activities

- The facility must provide, based on the comprehensive assessment and care plan **and the preferences** of each resident, an ongoing program **to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community**.
- (Much more in Part 2)
- Qualified activity director – no changes.

Wise words

A Sage to the culture change movement

An original pioneer of the Pioneer Network

Carter Catlett Williams

2013 Convening Remarks

- Now I was joining *them* and was emphatic to set myself apart. Society has done a number on us, even me a geriatric social worker of 40 years that a person with manifestations of aging is not a beautiful human being.
- **The generations must find a way to share daily life**.
- Elders need the stimulation of young people … to offer encouragement and sometimes words of caution.

Carter Catlett Williams

- And elders need relationships with middle ages.
- Children and young people need firsthand contact with elders that old age is not a strange, foreign country to them.
- I'm convinced we must offer multigenerational housing.
- Let's not be confined to one stage of life.
- Educate yourselves and others about this new way of living b/c **we belong together not in ghettos of old age or single age culture**.

Carter Catlett Williams

- What I see in the current culture is largely programmatic: a varied program of activities is offered, trips to restaurants, ice cream shops as well as places of historic interest, shopping trips and many in-house activities.
- With such a wealth of activities, what could be lacking?
- **What is lacking is real life**. **Real life is not found in programs**. **Real life is in the give and take of everyday life**. Our living in the apartment or touring bus screens us off of everyday life. We're turned in on ourselves. What is there to talk about other than times past or the faulty air conditioning?

Carter Catlett Williams

- **Beware of confusing programs with real life**. Programs have their place but life in the wide world is not programmable. Life is filled with surprises, with hope as well as set backs; with affirming as well as unsettling experiences.
- As shapers and leaders of a new culture we must be very clear that the culture we are building does not rest on programs but on knowing each person, valuing what each person has to give and enabling each to give his/her contribution. **Then we will be on the side of life**.

Carter Catlett Williams

Carter Catlett Williams

- **We belong together not in ghettos of old age or single age culture**.

*We need more babies. Where can you find some?

*How can you promote more interaction with the community?

- **What is lacking is real life**. **Real life is not found in programs**. **Real life is in the give and take of everyday life**.
- **Beware of confusing programs with real life**.

Pioneers…

- are **transforming** a culture of *rigid* rules to one of **flexibility** for both staff and residents where resident **choice** is maximized and staff are **empowered** to provide true resident-directed care.
- **"swimming upstream"** against the strong institutional culture current over 20 years.
- **"rampant normalcy" i**s the goal.

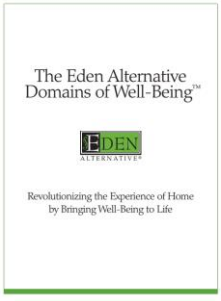
•National culture change organization
•Agreed upon core values – **not programs**

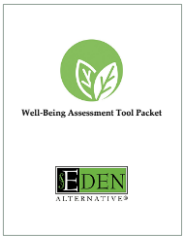
www.pioneernetwork.net

Pioneer Network

Intent

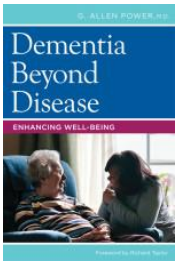
- **INTENT *§483.24I***
- To ensure that facilities implement an *ongoing resident centered* activities program that incorporates *the resident's* interests, hobbies *and cultural* preferences which is integral to maintaining and/or improving a resident's physical, mental, and psychosocial well-being *and independence.* ***To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellness (security, autonomy, growth, connectedness, identity, joy and meaning).***

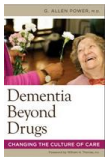




The whole book is about the seven domains of well-being

Allen Power, MD
www.healthpropress.com
Eden Educator and Board Member





Being well-known; having personhood; individuality; wholeness; having a history

IDENTITY

Development; enrichment; unfolding; expanding

GROWTH

Liberty; self-governance; self-determination; immunity from the arbitrary exercise of authority; choice; freedom

AUTONOMY

Freedom from doubt; anxiety, or fear; safe; certain; assured; having privacy; dignity, and respect.

SECURITY

State of being connected; alive; belonging; engaged; involved; not detached; connected to the past, present, future; connected to personal possessions; connected to place; connected to nature

CONNECTEDNESS

Significance; heart; hope; import; value;
purpose; reflection; sacred

MEANING

Happiness; pleasure; delight;
contentment; enjoyment

JOY

The 7 Domains made it into the regs!

- **F679 Activities.**
- **INTENT *§483.24(c)***
- To ensure that facilities implement an *ongoing resident centered* activities program that incorporates *the resident's* interests, hobbies *and cultural* preferences which is integral to maintaining and/or improving a resident's physical, mental, and psychosocial well-being *and independence.* ***To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellness/wellbeing (security, autonomy, growth, connectedness, identity, joy and meaning).***

Figure 2. The well-being pyramid illustrates the hierarchy of domains to be addressed for restoring well-being. (From *Dementia Beyond Disease: Enhancing Well-Being*, by G. Allen Power. Published by Health Professions Press. Copyright (c) 2014 by Health Professions Press, Inc. All rights reserved. Reprinted by permission.)

AHEARTTOSERVE

Rockport Healthcare Services
Healing Lives,
Healing Community

http://ahearttoserve.org/#

*What could you do to promote the domains of well-being?

- What if you talked with residents about the domains of well-being?
- What if you care planned the domains of well-being?
- What if you used the Eden well-being surveys?
- What if you talked about the domains of well-being in Resident Council or any other community or team meetings?
- What if you asked family care partners to help you tend to elders' well-being?

Eden Alternative® promotes:
- GROWTH PLANS
- GROWTH REVIEWS

Quality of Care §483.25 (all Phase 1 but TIC)

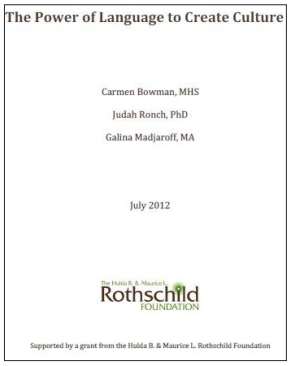
- Vision and Hearing
- Skin integrity. Pressure ulcers. Foot care.
- Mobility; includes range of motion
- Accidents
- Incontinence; now includes fecal incontinence.
- Colostomy, urostomy, or ileostomy care.
- Assisted nutrition and hydration.
- **Is offered** sufficient fluid intake to maintain proper hydration and health
- **Is offered** a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.
- Eliminated the reference to protein levels as a nutritional parameter, adding electrolyte balance instead.

- Parenteral fluids.
- Respiratory care, including tracheostomy care and tracheal suctioning.
- Prostheses.
- **Pain management**.
- Dialysis.
- **Trauma-informed care**. (Phase 3)

- Bed rails. The facility **must attempt to use appropriate alternatives prior to installing a side or bed rail**. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements:
- **Assess risk of entrapment**.
- **Review the risks and benefits** with resident/ rep and **obtain informed consent** prior to installation.
- **Ensure bed's dimensions are appropriate** for resident's size and weight.
- **Follow manufacturers' recommendations and specifications** for installing and maintaining bed rails.

Free at:
www.edu-catering.com

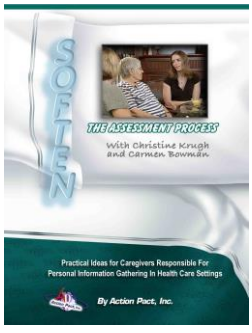
Archived shows:
Jan. 18, 2013
People First Language
Kathie Snow, author, advocate
Friday, Feb. 15, 2012
The Power of Language to Change Culture
Judah Ronch, Phd, Dean Erickson School of Aging
Co-author of paper with same title funded by Rothschild



SOFTEN the Assessment Process

- Workbook and training DVD
- actionpact.com

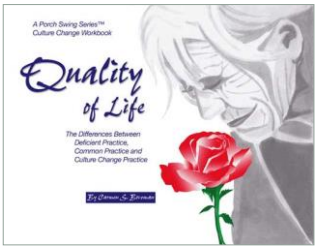
S – Support Simple Pleasures
O – Offer Options
F – Foster Friendships
T – Tie-in to Tasks
E – Equalize Everyone
N – Normalize Now



Regulatory Support for Culture Change

Available from Action Pact at actionpact.com

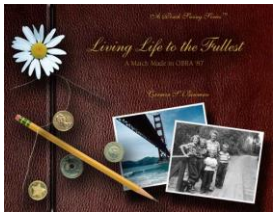
Quality of Life:
The Differences between Deficient, Common and Culture Change Practice



Section at F241 Dignity on Using Dignified Language
actionpact.com

Living Life to the Fullest: A Match Made in OBRA '87

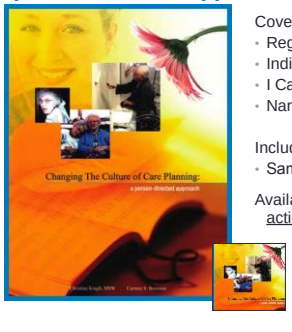
Getting to Know You assessment
Psychosocial Needs
Ethnic culture
Highest practicable level of well-being
Activity programming according to **interests, not "problems"**



MEANINGFUL ACTIVITY ASSESSMENT incorporates:
- Tag 248 Interpretive Guidance,
- MDS 3.0 and
- culture change practices.

Sold as a **kit** at actionpact.com

Changing the Culture of Care Planning: a person-directed approach



Covers:
- Regulatory Support
- Individual Care Planning
- I Care Plans
- Narrative Care Plans

Includes:
- Sample IN2L "Visual Care Plan"

Available from Action Pact
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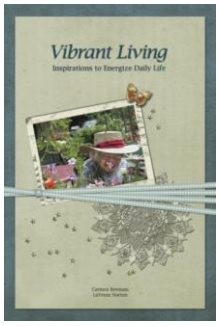
Vibrant Living

Special Features:

- Written **to** Residents/ Householders
- Scrapbook style
- Coffee table book
- Learning Circle questions
- Audits for residents and families



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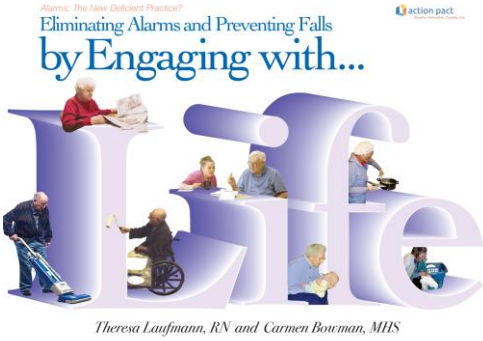

CONVERSATIONS Carmen
action pact

- 1 jam-packed hour
- Every month
- Culture change training directly into your home and to your team
- **It is the team that makes change**
- All shows are archived

actionpact.com

Friday, April 13, 2018

Cognitive Health Research

Guest: Megan Hannan, Action Pact Consultant, Developer PersonFirst®

- If you want notices, email carmen@edu-catering.com or come get a flyer

Contact Info

If I can be helpful, please feel free to contact me:
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carmen@edu-catering.com
www.edu-catering.com
303-981-7228

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