



Quality of Life and Environment Tag Changes

F172 Access and Visitation Rights

- Care centers must provide 24-hour access to any individual who is visiting with consent from the resident.
- “Reasonable restrictions” defined as those restrictions that keep residents safe:
 - Keeping home locked at night.
 - Restricting persons who are disruptive, abusive, coercing, etc.

F175 Married Couples (refer also to F242 for Resident Choice)

- Permissive sentence added that this regulation does not prohibit the home from accommodating residents who wish to room with a person of their choice.

F 241 Dignity

“Dignity” means that in their interactions with residents, staff carries out activities that assist residents to maintain and enhance their self-esteem and self-worth.

- Grooming residents as they wish to be groomed (hair styled, shaved, nails clean & clipped)
- Clothing- assisting resident to dress in their own clothes appropriate to time of day and preferences rather than hospital-type gowns. Label clothing in a way that respects dignity.
- Staff needs to interact and converse with residents during cares/meals.
- Refrain from standing over resident while assisting to eat.
- Refrain from use of bibs *or clothing protectors* instead of napkins except by resident choice.
- Respecting residents’ space, not changing radio or TV station to suit staff, knocking, keeping belongings where resident likes them.
- Speak respectfully to residents, focusing on them as individuals and addressing them as individuals, avoiding the use of labels for residents such as “feeders.”
- No signage in bedrooms and where public can view that includes confidential, clinical or personal information.
- Exceptions if a resident/family insists on posting care information (e.g. no B/P in R arm).
- Resident names on doors and resident memorabilia are allowable with consent.
- Isolation precautions for transmission-based signage allowed for public health protection.
- Privacy of body while residents are in public areas -keep residents sufficiently covered, such as a robe while being taken to bathing area for bodily privacy.
- Refrain from practices which are undignified to residents such as:
 - Uncovered urinary catheter bags
 - Refusing to comply with a resident’s request to receive toileting assistance during meals
 - Restricting residents from use of common area restrooms

F242 Self-Determination and Participation

Create an environment that is respectful to resident’s autonomy as seek interests and preferences in:

Activities ♦ Schedules ♦ Health care interactions with members of the community ♦ Aspects of his or her life that are significant to the resident ♦ Home to actively seek resident preferences in order to help them fulfill their choices ♦ Choices include schedules of waking, eating, bathing, and going to bed at night, as well as health care schedules ♦ Accessible toiletries

F256 Environment- Lighting

- Provide extra lighting as needed ♦ Elimination of high levels of glare from shiny flooring
- Diming switches in rooms (where possible) so staff can attend & not wake roommate
- Use of contrasting paint between flooring and baseboards, on bathroom walls, and/or toilet seats
- Dishware that contrasts with table or table cloth to aid residents with impaired vision to see food
- Avoidance of food served on trays
- Wide use of audible chair and bed alarms should be avoided

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Audit for Quality of Life Regulations

Area	Yes	No
Does the care center perform overhead paging?		
Are residents encouraged to use own clothing vs., gowns?		
Is clothing labeled in a way that respects dignity?		
Are napkins used instead of clothing protectors (bibbs)?		
Does staff stand over residents while assisting during mealtime?		
Are residents referred to as “feeders” or other terms of endearment?		
Does staff interact and converse with residents during meals?		
Are meals served on trays?		
Is confidentiality maintained (Unless on transmission precautions)?		
Are residents groomed as they wish to be groomed (i.e, removal of facial hair for women, hair styled per preference)?		
Is the resident’s privacy maintained by keeping him/her sufficiently clothed (such as with a robe or consider only undressing in tub room)?		
Does staff explain to resident what procedural cares they are performing or where they are taking them?		
Do 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 the behavior?		
Does the facility actively seek information regarding significant interests and preferences in order to help fulfill choices over aspects of their lives? Do staff accommodate according to preferences? (i.e . No therapy during favorite T.V. show)		
For smoking residents: If a facility changes to non-smoking, it must allow current residents who smoke to continue in an area that maintains the quality of life	FYI	FYI
Does staff re-approach a resident who refuse a specific bathing method to offer another form of bathing or make necessary adjustments according to preference?		
Are the resident’s unique needs and preferences evaluated within their environment-including adapting bedroom and bathroom fixtures as necessary? <i>(i.e., open/close drawers and turn facets on/off, see self in mirror, toiletries within reach, use bathroom independently as able with use of grab bars, perform other desired tasks such as turning a table light on/off and using call cord etc.)</i>		
Is staff observed to communicate in a way that takes into account physical limitations (i.e. seated in a wheel chair, visual and hearing considerations)?		
Is there institutional signage within the home labeling work rooms and closets in visible areas?		
Are there large, centrally located nursing stations or med carts?		
Is there sufficient lighting with minimum glare (no-shine floor, light filtering curtains)?		

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