

Best Practices For Compliance Related To Resident Dignity In Skilled Nursing Facilities

Maintenance of an individual's dignity is a critical to all persons. This is no different for those residing in skilled nursing facilities. The manner in which staff relates to persons for whom they are caring has the potential for great impact on the individual resident's sense of self and well-being. With this understanding, staff of the Agency for Health Care Administration developed a Quality Council to develop a Best Practice Guide to improve compliance under the Code of Federal Regulations (CFR) 483.15(a), related to resident dignity.

This guide was developed in conjunction with a review of deficiencies identified at CFR 483.15(a) during the six month period of August 2002 through February 2003. The Quality Council members chose five areas of potential non-compliance for review and developed a Best Practice Guide for caregivers and providers. These areas are as follows:

1. Respecting care needs,
2. Maximizing the dining experience,
3. Living in the secured unit,
4. Participating in activities, and
5. Respecting the resident's room and personal space.

The Council members also developed a comparison between other requirements that may be interchanged as appropriate with the requirements for maintenance of resident dignity. The focus of the compliance standards for this comparison includes:

1. §483.15(e) (F164) - Privacy
2. §483.13 (b) (F223) - Abuse
3. §483.25(a)(2) (F311) – Activities of Daily Living

The regulatory areas reviewed and the Best Practice Guide is not all-inclusive. The “best practice” advice does not guarantee compliance.

Comparison Of Related Requirements

§483.15(a) (F241) Dignity

The requirements at **§483.15(a) (F241) Dignity** state “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.” This means staff must carry out activities in a manner which assists the resident to maintain and enhance his/her self-esteem and self-worth. According to the surveyor guidelines for this requirement, maintaining a resident’s dignity should include the following:

1. Grooming residents as they wish to be groomed (e.g., hair combed and styled, beards shaved/trimmed, nails clean and clipped);
2. Assisting residents to dress in their own clothes appropriate to the time of day and individual preferences;
3. Assisting residents to attend activities of their own choosing;
4. Labeling each resident's clothing in a way that respects his or her dignity;
5. Promoting resident independence and dignity in dining (such as avoidance of day-to-day use of plastic cutlery and paper/plastic dishware, bibs instead of napkins, dining room conducive to pleasant dining, aides not yelling);
6. Respecting resident's 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);
7. Respecting resident's social status, speaking respectfully, listening carefully, treating residents with respect (e.g., addressing the resident with a name of the resident's choice, not excluding residents from conversations or discussing residents in community setting); and
8. Focusing on residents as individuals when they talk to them and addressing residents as individuals when providing care and services.

§483.15(e) (F164) Privacy and Confidentiality

The requirements at **§483.15(e) (F164) Privacy and Confidentiality** state the resident has the right to personal privacy and confidentiality of his or her personal and clinical records. This includes medical treatment and personal care. Facility failure to provide privacy during care would be cited at this requirement.

§483.13 (b) (F223) Abuse

The requirements at **§483.13 (b) (F223) Abuse** state the resident has the right to be free from abuse, including verbal and mental abuse. The guidance to surveyors for this requirement indicate this also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well being. Examples of verbal or mental abuse that may relate to resident dignity include threats of harm, saying things to frighten a resident, humiliation, and harassment.

§483.25(a)(2) (F311) Activities of Daily Living

The requirements at **§483.25(a)(2) (F311) Activities of Daily Living** state a resident is given the appropriate treatment and services to maintain or improve his or her abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems.

§483.25(a)(2)

The intent of the regulation at **§483.25(a)(2)** is to stress the facility staff is responsible for providing maintenance and restorative programs that will not only maintain, but also improve, as indicated by the resident's comprehensive assessment to achieve and maintain the highest practicable outcome. The failure of facility caregivers to aid residents requiring assistance with activities of daily living may be cited under this requirement. This may include failure to respond to call lights resulting in transfer dependent residents having toileting accidents.

A Best Practice Guide For Maintaining Resident Dignity

The focus of the requirements at §483.15(a) (F241) is to ensure caregivers provide services in a manner which enhances/ maintains a dignified existence for residents. If all facility staff keep in mind the basic principle of caring for residents in the manner in which s/he would expect to be treated, or would expect a loved one to be treated, the facility staff will have made great strides towards compliance. Although the dignity requirements impact care in all areas of the nursing home, this document will highlight several areas and provide a Best Practice Guide as well as outline potential areas of non-compliance. Areas of focus include:

1. Respecting care needs,
2. Maximizing the dining experience,
3. Living in the secured unit,
4. Participating in activities, and
5. Respecting the resident's room and personal space.

Respecting Care Needs

Respecting individual care needs is essential to ensuring resident satisfaction with the nursing home experience. Areas of potential non-compliance include the following scenarios:

1. Lack of assistance with grooming, resulting in resident expression over concern his/her personal appearance.
2. Residents wearing clothing belonging to others.
3. Resident care equipment (such as catheter bags) in obvious sight of other persons.
4. Transporting residents through public areas without appropriate clothing (e.g.: wrapped in towels).
5. Transporting residents backwards throughout the facility in reclining chairs or wheelchairs.

Best practice may include options such as:

1. Assuring resident preferences with matters relating to personal appearance are consistently honored;
2. Maintaining a mechanism to ensure resident's personal laundry is returned to the correct owner and only worn by that person; and
3. Using dignity-enhancing tools, such as catheter bag covers, unless resident preference dictates otherwise.

The Dining Experience

Residents gather for meals daily. A large portion of one's day is spent in dining and interactions during mealtime can be meaningful to individual residents. Areas of potential non-compliance related to the dining experience may include:

1. Serving trays in an order resulting in residents waiting for their trays while others at the table are eating.
2. Use of clothing protectors (bibs) for all residents, regardless of individual preference.
3. Staff standing over residents as they are assisted with dining.

Best practice for maintaining a dignified dining experience may include:

1. Design the meal serving tray delivery to ensure all residents seated at the same table are served at the same time, similar to a restaurant with table service. This would reduce the chance of some residents waiting for serving trays while others at the table are eating.
2. Develop a policy for use of clothing protectors for residents. Clothing protectors should be used primarily for residents who spill food while eating, which should only apply to a few residents. The practice of putting clothing protectors on all of the residents in a particular

dining area, without consideration of the residents' needs and consent is considered an institutional practice.

- For residents who spill food, assess the reasons for this problem, to determine if this can be resolved in other ways, such as providing adaptive equipment or appropriate eating assistance. If residents spill food while eating, even with wearing a clothing protector, the facility may need to provide additional food to ensure adequate intake for the food that is spilled.
 - Clothing protectors may be appropriate for eating certain types of foods, like spaghetti sauce. If food is spilled on clothing, staff should promptly assist residents requiring assistance with changing into clean clothing after the meal.
3. Develop an environment to ensure that direct care staff can assist with feeding residents comfortably. Ensure there is adequate space and furniture to allow direct care staff to sit comfortably next to residents to enhance proper feeding techniques. Staff should be seated at eye level when possible and in a manner to promote socialization, even for those residents who have limitations with cognition and/or communication.
- Provide training to staff, in which they had to feed each other, demonstrating the emotions and sensations of being fed by a staff person standing, not positioned comfortably and without direct eye contact and/or to be fed by staff without conversation or interaction.
4. Develop a system to ensure a pleasant, relaxing dining environment, similar to that in a fine restaurant. Consider the following:
- Staff activity in the dining room – Is it busy and chaotic; or organized and relaxed?
 - Noise level in the dining room – Is it loud or quiet and soothing? Soft music or music of resident's choice can make the dining experience more enjoyable.
 - Lighting in the dining room – Is there sufficient ambient light for the residents' comfort and the staff to function? Soft lighting can make the mood more relaxing.
 - Serving tray presentation – Do staff place plates and utensils on the table in a manner that looks pleasant? Do staff remove plates from trays? Do staff remove plate lids and paper litter from the resident's tables? Providing glassware for resident's beverages, such as milk and juice look more appealing than consuming the beverage from the carton or package.
 - Consider training the direct care staff on techniques for serving meals, similar to that of restaurant servers.
5. Monitor the dining of residents with dementia or cognitive impairment. Provide adequate supervision and assistance to ensure residents are not taking food from other residents. Staff should monitor food consistency to determine appropriateness. For residents who do not

tolerate consuming solid foods, make sure pureed foods are thinned with appropriate liquids, rather than thinning pureed eggs with orange juice for example. Staff make certain separate foods are offered for residents with this need, rather than blended together.

The Secured Unit For Residents With Dementia

The secured unit provides a unique setting for care of residents with dementia. The facility staff must always remember the residents have led a full life, rich in experiences. Even late into the disease process, when given appropriate cues, residents may retain a sense of personal history, achievements, and values. Maintaining the respect and dignity of residents include all of the previously mentioned areas of focus.

Areas of potential non-compliance include:

1. Inappropriate activities and language, such as having a former judge cut out paper dolls or speaking to the residents in baby language and calling them names such as “Granny”, “Sweetie”, “Honey”, etc.
2. Dressing residents in wrinkled, torn or mix-matched clothing.
3. Writing the resident’s name in big letters on their clothing, in view of others.
4. Allowing residents to wander, attend activities or dine wearing soiled clothing, knowing the resident has become incontinent.
5. Not properly grooming residents and allowing dirty fingernails or uncombed hair. Not shaving male residents.

Best practice may include:

1. Address the resident by his/her given name, in an adult manner.
2. Provide activities that are age appropriate and meaningful, taking into account unique abilities and past interests.
3. Clothing is a form of self-expression. Consider the resident’s past taste and dislikes.
 - Make sure clothing is clean and pieces match. Replace or repair torn clothing.
 - Place the resident’s name inside the clothes instead of in view of others.
 - Ensure the resident’s clothing fits appropriate, particularly footwear. Resident’s footwear should not be too big. This increases fall risk for those who ambulate. Ensure pants and dress length are not too long to pose a trip hazard. For residents who have a tendency to remove their clothing and footwear, the facility should provide close supervision to

maintain appropriate appearance and safety. If hospital gowns are used, ensure proper fit and keep the resident's body adequately covered. Use of hospital gowns as an intervention of last resort.

4. Promote the resident's feeling of control during the bathing experience. Encourage the resident to assist including holding a towel in front of their body in and out of the shower. Make sure the resident is appropriately and completely covered during transport to the shower/bathing room.
5. Check incontinent residents frequently and toilet as often as needed. Promote the resident allowing him/her to retain a sense of dignity despite incontinence issues.
6. Make sure residents are well groomed. Comb hair, brush teeth, shave male residents and keep females free from facial hair. Being well groomed contributes to a person's sense of self-esteem.

Activities

Respecting the dignity of individuals and groups engaged in formal and informal activities is essential to resident's quality of life and satisfaction with the nursing home experience. See discussion of the Reasonable Person Concept in the attached excerpt from CHS Draft Guidance to Surveyors, June 7, 2004.

Areas of potential non-compliance include the following scenarios:

1. Forcing residents to go to an activity against their wishes by disregarding the statements/requests of the resident.
2. Allowing cognitively impaired residents to sit in activities partially exposed due to clothes being rearranged.
3. Allowing staff to choose age-inappropriate or offensive television or radio programming for residents who unable to select and/or change the channels.

Best practice may include:

1. Ensuring residents who require assistance are dressed appropriately prior to attending activities.
2. Ensuring residents are provided choice in activities. If a resident cannot express choices, participation is based on information gathered in the course of assessment based on prior preferences.
3. The televisions and radios in public areas should be monitored by staff to ensure programs are chosen by residents.

Respecting The Resident's Room And Personal Space

As staff strive to create a dignified, homelike environment in the facility for the residents, one essential aspect of the process includes respecting the resident's room and personal space. Areas of potential non-compliance include the following situations:

1. Failing to knock on the resident's door before entering the room. Failing to wait for a reply or permission to enter after knocking.
2. Not addressing the resident after entering the room and/or not identifying yourself.
3. Changing television channels or radio stations without asking the resident's permission.
4. Rearranging personal items without the resident's permission, even if it's undertaken as part of "tidying things up".
5. Looking through closets or drawers without the resident's permission.
6. Failing to ask the resident to choose the items he/she would prefer to wear prior to making clothing selections.
7. Failing to close the cover of the commode and/or moving it discretely out of the way in the presence of visitors or at times meals are being served.
8. Failing to leave the door to the resident's room open or closed as requested.

Best practices may include:

1. Staff members knocking on the resident's door and waiting for a reply. For residents not able to reply, knocking and announcing one's presence while slowly enter the room. Attempting to make eye contact with the resident and stating identity and purpose for entering the room.
2. Be familiar with the resident's preferences for television viewing and radio programming. Staff should not change the television to personal favorites television shows (ex. soap opera) or radio station (ex. favorite music) while caring for the resident. For residents unable to verbalize a preference, determine through assessment (ex. family/friend interview) viewing and listening preferences from the resident's past.
3. Staff requesting permission before picking up or moving an item on the resident's nightstand or bureau, drawers or closets. There may be a special significance attached to the particular item and the resident may want to keep the item in that location.
4. Discretely label resident items.
5. Place catheter bags in a covered bag so they are not easily visualized. Ensure the bedside commode is discretely out of the way, so the resident is able to have a dignified dining experience or a visit with family/ friends in the room.

6. Respect the resident's choice to have the door open or closed.

If staff members consistently treat the residents for whom they care with respect and consideration, great strides will have been made towards compliance with the requirements at §483.15(a). Facility managers should promote and develop an organizational culture of caring and resident empowerment, which is reinforced through ongoing staff education and sensitivity training.

Resources

The American Health Care Association website: <http://www.ahca.org>