

# Promising Practices in Dining and the Environment

## The CMS Interpretive Guidelines and Creating Home

### F 241 – Dignity

Portions of new text related to Promising Practices in Dining and the Environment are highlighted in yellow.

Below is the full text of the CMS Interpretive Guidelines changes for the tags that have some relationship to Promising Practices, with the CMS revisions in red italics.

The full revisions beyond the environment can be accessed at:

[http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09\\_31.pdf](http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09_31.pdf)

#### §483.15(a) F 241- 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)*:

- o Grooming residents as they wish to be groomed (e.g., hair combed and styled, beards shaved/trimmed, nails clean and clipped);
- o *Encouraging and* assisting residents to dress in their own clothes appropriate to the time of day and individual preferences *rather than hospital-type gowns*;
- o Assisting residents to attend activities of their own choosing;
- o 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);
- o Promoting resident independence and dignity in dining such as avoidance of:
  - o Day-to-day use of plastic cutlery and paper/plastic dishware;
  - o Bibs *(also known as clothing protectors)* instead of napkins *(except by resident choice)*;
  - o *Staff standing over residents while assisting them to eat*;
  - o *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 settings *in which others can overhear private information*;

Focusing on residents as individuals when they talk to them and addressing residents as individuals when providing care and services;

- *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 the 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)*;

- *Grooming residents as they wish to be groomed (e.g., removal of facial hair for women, maintaining the resident's personal preferences regarding hair length/style, facial hair for men, and clothing style). NOTE: For issues of failure to keep dependent residents' faces, hands, fingernails, hair, and clothing clean, refer to Activities of Daily Living (ADLs), Tag F312;*

- *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, Tag 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.*