Pioneer Network™

ARTIFACTS 2.0
of Culture Change

NURSING HOMES

Purpose

Artifacts of Culture Change 2.0 (ACC) is an internal implementation, inspiration, and self-assessment tool. It is a tool that a nursing home on a culture change journey can use to become aware of concrete changes that leading homes have made to their policies, practices, and environment due to their commitment to the principles of culture change. The ACC can show a home a variety of beneficial changes they can make to increase resident autonomy, rights, and choices and eliminate institutional practices. A home can also use the ACC to note their progress toward changing institutional culture over time. ACC practices are grouped into 5 broad headings: 1) RESIDENT-DIRECTED LIFE, 2) BEING WELL KNOWN, 3) HOME ENVIRONMENT AND ACCOMMODATION OF NEEDS AND PREFERENCES, 4) FAMILY AND COMMUNITY, and 5) LEADERSHIP AND ENGAGEMENT. The groupings of practices are intended to help with team planning and implementation, since it would make sense for certain practices within groupings (e.g., individualized care plan items in the BEING WELL KNOWN grouping) to be discussed and coordinated with team members at the same time in a planning process.

Protocol for Completion

It is recommended that the home use a forum such as a task force/committee/team to complete the ACC to gain the insights of residents, families, and team members. The team should consist of the administrator, director of nursing, and representatives from each department or team in the organization. In order to have complete representation of the home, it is important that there be representatives from all levels of the organization and different shifts. It is recommended to include direct care team members, family members and residents. All those involved in the discussion should have a copy of the ACC.

In order for a home to make any changes described in the ACC, it is crucial for a high-level manager to lead these culture change efforts in order to provide support and necessary resources. To check progress in making changes over time, the home may want to review the ACC periodically, perhaps every six months or yearly. This becomes a way to assess progress, celebrate successes and revise goals and action plans, as necessary.

In addition to the team completing the ACC together, some other options that homes have used for completing the ACC are: 1) a group of team members completes, a resident group completes, and then conclusions are made together; 2) one cross-section team completes, another cross-section team completes, and then conclusions are made together; 3) individuals complete the ACC and then a discussion is convened of the whole team. The ACC is designed to be completed for an entire home, rather than sections of a home, special neighborhoods, or a single household.

Certain items have information regarding CMS regulations and guidelines for nursing homes. The purpose is to refer to information at the CMS tag referenced. Completing an ACC item as Fully Implemented does not necessarily indicate compliance with all elements of a CMS regulation.

To assess a home's progress in implementing the ACC, each practice should be marked in the appropriate implementation status: FULLY IMPLEMENTED, PARTIALLY IMPLEMENTED, or NOT A CURRENT PRACTICE. Examples of Fully and Partially Implemented are noted below:

FULLY IMPLEMENTED Examples
- All team members are aware of the practice and use it in their work.
- A policy is in place that explains the practice.
- All residents are aware of the practice and experience its occurrence regularly.

PARTIALLY IMPLEMENTED Examples
- The home is working on implementing the practice, but it is not fully implemented yet.
- Only certain sections of the home have the practice implemented.
- Policies have been written but not fully implemented yet.

If the team is questioning whether a practice is "fully" or "partially" implemented, a good best practice is to ask, "Can we do better?" If yes, the practice is likely partially implemented.

After consensus is reached on all items, the checkmarks in each column are added up and placed in the totaling grid at the end of the ACC. Then, a percentage number is calculated for each column based on the guidance in the grid. (Refer to the example of a completed grid at the end of the ACC). This implementation percentage is intended to help homes set goals as well as to assess progress over time.

> Note:
> Some items that need further explanation have an asterisk (*).
> For those items refer to the Guidance pages.

ARTIFACTS OF CULTURE CHANGE 2.0

HOME NAME _____ DATE _____

CITY/ _____ STATE/OTHER _____ CURRENT NUMBER OF RESIDENTS _____

RESIDENT-DIRECTED LIFE

*For each item, check the column
that represents your home.*

	FULLY IMPLEMENTED Present on a consistent basis or established as available for all residents.	**PARTIALLY IMPLEMENTED** Present on a less than consistent basis or established for any number less than all residents.	**NOT A CURRENT PRACTICE**
1. New residents and their families are welcomed* by team members/managers, introduced to the home, and educated about the home's culture change philosophy of enhancing residents' control over their lives, rights, amenities available, and choice of schedules.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
2. The home offers at least one of the following styles of dining that provide for resident choice: Restaurant style where residents' orders are taken; Buffet style where residents help themselves or tell team members what they want;Family style where food is served in bowls on dining tables where residents help themselves or receive assistance.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
3. Each meal is available for at least 2 hours, and residents can come and go when they choose. (Refer to CMS F809 Frequency of meals, Alternate dining times)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
4. Residents are supported to prepare and/or serve food per their preferences and abilities (in addition to cooking groups).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
5. Snacks/drinks are easily available for residents at all times without having to ask, i.e., in a stocked pantry, refrigerator or snack bar. (Refer to CMS F809 – Frequency of meals / snacks at bedtime)-	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
6. In addition to snacks (described in #5), residents can order food from the kitchen 24 hours a day, and team members are empowered to provide food upon resident request.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

7. Baked goods are baked in all resident living areas, e.g., bread machine or convection oven at least weekly. Fully implemented means weekly in all living areas. Partially implemented means less than weekly and/or not in all living areas.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
8. The home has a policy to consider the regular diet for all residents prior to considering restricted diets (diabetic, cardiac, pureed). (Refer to CMS F692 Diet Liberalization, and Dining Practice Standards*)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
9. Residents are educated in making informed choices about their diet. (Refer to CMS Tag F561 Self-determination, CMS Tag F578 Right to request, refuse or discontinue treatment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
10. Before commercial supplements are used, "real foods"* are offered such as smoothies, shakes, malts. (Refer to Dining Practice Standards: Real Food First)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
11. The home adheres to the Dining Practice Standards. (Refer to Dining Practice Standards)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
12. The home celebrates residents' individual birthdays rather than, or in addition to, celebrating resident birthdays in a group each month. Each resident's wishes for how to celebrate his/her birthday, on their birthday, are discovered and honored.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
13. The home uses various essential oils to enhance appetite, decrease pain, reduce anxiety and insomnia. Essential oils are selected for individuals based on their needs and preferences, and only with residents who are not allergic, reactive, or sensitive. (Refer to CMS F741 Non-pharmacological approaches)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
14. The home offers massage therapy to residents by trained persons per resident preferences. (Refer to CMS F741 Non-pharmacological approaches)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
15. At least one dog or one cat lives on the premises.	○ Fully Implemented	○ Partially Implemented Check this box if pets only visit and do not live on the premises	○ Not a current practice
16. The home has a policy supporting residents to bring their own dog or cat to live with them. The policy includes assisting with pet care for residents unable to provide care for their pet.	○ Fully Implemented	○ Partially Implemented Check this box if available only in certain neighborhoods	○ Not a current practice

	Fully Implemented	Partially Implemented	Not a current practice
17. The home supports a philosophy that each individual's preference for real, authentic relationships and experiences are a priority to be considered before artificial or technological substitutes.	○	○	○
18. The home supports each resident's natural awakening rather than waking residents on a set schedule. (Refer to CMS F561 Self-determination)	○	○	○
19. Each resident's preferences for a good night's sleep are known and provided such as preferred light level, pillows, blankets, and desired bed clothes.	○	○	○
20. Each resident's daily preferred bedtime (which may vary) is known and honored. (Refer to CMS F561 Self-determination)	○	○	○
21. Residents are awakened during the night only per their preference and individualized need (not according to a generic approach such as "turn and reposition every two hours" or routine incontinence checks).	○	○	○
22. Medications are delivered according to each resident's individual daily rhythms such as waking and dining (rather than assigned clock times).	○	○	○
23. Individualized, non-pharmacological approaches are incorporated into the care plan* before psychoactive medications are prescribed. Residents who are already receiving psychoactive medications upon moving in are care planned for non-pharmacological approaches to decrease or eliminate these medications. (Refer to CMS F697 Pain Management, F741 Non-pharmacological approaches, CMS F758 Psychotropic Medications)	○	○	○
24. Individualized bathing/showering techniques are used such as Bathing without a Battle* or similar techniques.	○	○	○
25. Resident preference for method of bathing is known and honored (bath, shower, bed bath). (Refer to CMS F561 Self-determination)	○	○	○
26. Resident preferences for frequency of bathing/showering and time of day are known and honored. (Refer to CMS F561 Self-determination)	○	○	○
27. The home coordinates for someone, such as family, friend, volunteer, or team member, to be with a dying resident at all times (unless they prefer to be alone).	○	○	○

	Fully Implemented	Partially Implemented	Not a current practice
28. Individual memorials/remembrances are held at the home to honor individual residents upon death.	○	○	○
29. Meaningful rituals are in place for residents and team members to recognize and process death, e.g., bedside memorial, chimes announcing a procession out the front door, special book for memories.	○	○	○
30. Residents determine their own daily schedules and can make spontaneous requests and changes. Resident schedule preferences are integrated into team member schedules. (Refer to CMS F561 Self-determination)	○	○	○
31. Residents participate in the task force/committee/team making decisions about décor (living rooms, outdoor areas, bathing rooms, etc.) and purchasing (food and drink items, linens, furniture, etc.).	○	○	○
32. Residents participate in the task force/committee/team making decisions about food, menu planning, dining ambiance. (Refer to CMS F803 Menus)	○	○	○
33. Residents participate in the task force/committee/team making decisions regarding daily things to do that offer meaningful engagement and purpose, events, how to celebrate holidays.	○	○	○
34. Residents participate in the task force/committee/team making decisions about hiring team members.	○	○	○
35. Residents participate on the QAA/QAPI committee. (Refer to CMS F866 QAPI Program)	○	○	○
36. Residents and families are kept informed of policy changes and decisions that affect residents.	○	○	○
37. The home engages residents in volunteerism according to each resident's individual preference.	○	○	○
38. The home makes support groups available such as grief/loss, living with dementia. (Refer to CMS F699 Trauma-informed care)	○	○	○
39. Residents and team members participate in the home's decision-making for their neighborhood/household/hallway.	○	○	○
RESIDENT-DIRECTED LIFE Totals _(Add up checkmarks in each section. Your total should equal 39.)_	_Total_	_Total_	_Total_

BEING WELL KNOWN

		Fully Implemented	Partially Implemented	Not a current practice
40.	The home collects information about resident's life stories* and current interests and preferences.	○	○	○
41.	The home attempts to understand expressions and preferences of individuals who cannot communicate verbally and puts the information in the care plan.	○	○	○
42.	Each resident's care plan is specific to the individual and reflects the resident's goals. (Refer to CMS F656 Comprehensive Care Plan)	○	○	○
43.	Each resident's comprehensive assessment process addresses the Eden Alternative Domains of Well-being℠: identity, connectedness, security, meaning, autonomy, growth, and joy as listed at CMS F679 Activities.	○	○	○
44.	Each resident's care plan includes a plan for individualized movement/mobility per resident capability and preference. (Refer to CMS F688 Mobility, CMS F676 ADL's: Mobility)	○	○	○
45.	Each resident's care plan includes preferences and accommodations needed for going outdoors.	○	○	○
46.	Each resident's care plan includes their preferred type of music and their method of listening. (Refer to CMS F697 Pain management, CMS F741 Non-pharmacological approaches, CMS F679 Activities)	○	○	○
47.	Each resident's care plan includes what brings meaning and purpose to the individual, e.g., community service, volunteerism, and individual pursuits. (Refer to CMS F679 Activities)	○	○	○
48.	Each resident's care plan includes customary preferences for a good night's sleep, e.g., lighting, pillows, blankets; acknowledging that preferences may vary on a daily basis.	○	○	○
49.	For a resident at the end of their life, the care plan includes the resident's end-of-life preferences. (Refer to CMS F684 Quality of Care)	○	○	○
50.	Care planning meetings accommodate resident/family availability (timing, teleconference). (Refer to CMS F553 Right to participate in care planning)	○	○	○

51. A CNA familiar with a resident, attends and contributes to that resident's care plan meeting. (Refer to CMS F657 Comprehensive Care Plans)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
52. The home provides the comprehensive care plan to the resident/family in an understandable format.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
53. All team members who care for a resident provide input and receive information regarding the resident's current care plan preferences and life story. (Refer to F657 Comprehensive Person-Centered Care Plans)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
54. All team members who care for a resident make use of care planned goals and approaches* daily as identified in the care plan.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
BEING WELL KNOWN Totals *(Add up checkmarks in each section. Your total should equal 15.)*	*Total*	*Total*	*Total*

HOME ENVIRONMENT AND ACCOMMODATION OF NEEDS AND PREFERENCES

55. Residents live in small group living areas, e.g., neighborhood, household, small house, Green House which include full kitchen, dining area and living room. *Check Fully Implemented if resident living areas are 16 or fewer residents. Check Partially Implemented if resident living areas are 17 to 24 or if development of smaller living areas is in process. Check Not a Current Practice if resident living areas are more than 25.*	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
56. All residents live in private rooms.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
57. Residents live in either private rooms or privacy-enhanced, shared rooms* where residents' living space is separated by a partial wall (not a privacy curtain). Fully Implemented means all residents live in either private or privacy-enhanced, shared rooms.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
58. The home has no nurses' stations; team members work in areas accessible to residents and families. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
59. The home has eliminated, or never used, medication carts. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	X Not Available	○ Not a current practice

60. All residents (whether standing or seated) can see themselves in the mirror at their sink. (Refer to CMS F558 Accommodation of needs)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
61. Seated residents can comfortably reach their sinks. (Refer to CMS F558 Accommodation of needs)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
62. Each resident's toiletries are within reach. (Refer to CMS F558 Accommodation of needs)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
63. Closets have moveable rods that are set to different heights per resident preference and need. (Refer to CMS F584 Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
64. Residents are welcome to decorate their walls according to their preferences (such as with removable hooks/strips).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
65. The home makes available an extra lighting source in the resident's room if requested by the resident such as floor or reading lamp. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
66. Lighting throughout resident use areas is sufficient, according to the residents. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
67. The home has minimized glare from unshielded windows and shiny floors in resident use areas. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
68. Institutional, over-the-door call lights have been replaced with alternatives such as porch lights at the side of resident room doors or a silent communication system.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
69. The home has a silent call light system or has turned off the audible feature, using only a visual feature. (Refer to CMS F919 Resident Call System, audible or visual)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
70. Team members communicate with each other without using overhead paging.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
71. Resident rooms have mailboxes at the room entry or in a central mail location.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
72. The home supports the right of residents to have a refrigerator in their room.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

73. Residents and families have easy access to microwaves and assistance if needed.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
74. Residents and families have easy access to coffee makers and assistance if needed.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
75. In dining rooms, meals are not eaten on trays. Food is removed from any tray used for transport. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
76. Food is served on normal plateware, china, glassware, silverware. Disposable plateware, plastic silverware, milk cartons are only used for special occasions such as picnics.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
77. Each dining room table has condiments such as salt and pepper shakers.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
78. Wi-Fi is available to residents and visitors throughout resident use areas at no additional charge, passwords are displayed and easily accessible (if required), and team members provide needed assistance.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
79. Sufficient outlets are provided in resident rooms in accessible locations within resident reach.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
80. The home provides accessible outdoor space for resident use at times of their choice. Assistance is provided for any resident needing assistance accessing this space.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
81. The home has its own outdoor walking/wheeling path that is not a city sidewalk.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
82. Except for emergencies, the overhead paging system has been turned off. This includes not paging over speaker phones. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
83. Residents/families have easy access to a washer and dryer for their own use. Team members offer assistance as needed.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
84. For homes without full bathrooms in resident rooms, residents are escorted to bathing areas either fully dressed or in robe and slippers per resident preference. *Check fully implemented if this is the case or if residents shower in their own bathrooms. (Refer to CMS F583 Privacy)*	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

85. In bathing areas, each resident has privacy. (Refer to CMS F583 Privacy)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
86. There are no locked living areas*. *(Note: This is only a Fully Implemented practice, with no partial option. If any living areas are locked, check Not a current practice).*	○ Fully Implemented	X Not Available	○ Not a current practice
87. Based on resident preference, residents who use wheelchairs are seated in regular chairs in the dining area. (Refer to CMS F686 Skin Integrity)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
88. Prior to or during the move-in process*, and when changes occur, the resident/family is notified of all amenities/opportunities available (committees, resident council, volunteer options, computer center, massage, etc.).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
89. In a home with corridors, seating areas affixed to the floor as permitted by Life Safety Code* are available. *Check the Fully Implemented box if you have corridors with seating groups or if you have no corridors.* (Refer to Life Safety Code 2012 edition Section 18.2.3.4/19.2.3.4)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
90. To provide safe travel between beds and bathrooms, night lights are used in resident rooms. (Refer to CMS F584 Safe Environment, comfortable lighting)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
91. Chair, bed, floor, and doorway audible alarms are not used. (Refer to CMS F604 Respect and dignity, free from physical restraints)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
92. The home does not use bibs/clothing protectors (linen or paper napkins, etc. are used instead). (Refer to CMS F550 Respect and dignity)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
93. Noise at night is minimized to enhance residents' sleep, e.g., minimizing squeaky wheels, staff talking loudly and other noises residents report. (Refer to CMS F584 Comfortable noise level)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
HOME ENVIRONMENT AND ACCOMMODATION OF NEEDS AND PREFERENCES Totals *(Add up checkmarks in each section. The total of the three columns equals 39).*	*Total*	*Total*	*Total*

FAMILY AND COMMUNITY

		Fully Implemented	Partially Implemented	Not a current practice
94.	Children regularly engage with residents. *Fully implemented means at least weekly.* *Partially implemented means at least monthly.*	○	○	○
95.	According to the residents' preferences, the home invites outside groups to meet in the home, with residents welcome to attend.	○	○	○
96.	The home works with residents to accommodate their preferences to be actively engaged in community life outside the home, such as clubs, volunteering at schools, animal shelters, homeless shelters.	○	○	○
97.	Residents have opportunities to engage in events outside the home, such as fairs, parades, voting, concerts, and ball games.	○	○	○
98.	The home has a café/restaurant/tavern/canteen available at which residents and family can obtain food and drinks daily.	○	○	○
99.	The home has a store/shop where residents and visitors can obtain gifts, toiletries, snacks.	○	X Not Available	○
100.	A kitchen, rehab apartment, or activity kitchen is available for residents and families to cook and bake. The home intentionally notifies residents and families of its availability.	○	○	○
101.	There is a family council/group that meets routinely.	○	○	○
102.	The home actively solicits the views of family members and treats them as care partners* instead of visitors in working together to accommodate the resident's preferences.	○	○	○
103.	The home recruits family members and outside community members as volunteers.	○	○	○

FAMILY AND COMMUNITY Totals *(Add up checkmarks in each section. Your total should equal 10.)*	*Total*	*Total*	*Total*

LEADERSHIP AND TEAM ENGAGEMENT

104. Team meetings are held daily for team members from varying disciplines caring for residents, e.g., huddles.	◯ Fully Implemented	◯ Partially Implemented Team meetings are held but less than daily	◯ Not a current practice
105. All residents have a team member assigned to them to serve as a "troubleshooter." Assigned team members are responsible for 1 or 2 residents ensuring ongoing coordination of care and services across teams/departments, and response to residents' needs, preferences, and requests.*	◯ Fully Implemented	◯ Partially Implemented	◯ Not a current practice
106. Learning Circles* are used routinely in team and resident meetings to give each person the opportunity to share their opinion/ideas.	◯ Fully Implemented	◯ Partially Implemented	◯ Not a current practice
107. Community Meetings* are held on a routine basis, at least weekly, bringing residents, team members and families together as a community. The community decides together on content, such as inviting new residents and new team members to introduce themselves, celebrating life events, solving problems, planning future events, reviewing policies.	◯ Fully Implemented	◯ Partially Implemented Check here if community meetings are held less often than weekly.	◯ Not a current practice
108. Leadership team members periodically keep themselves knowledgeable about culture change and resident-directed life* and share this information with team members and residents.	◯ Fully Implemented	◯ Partially Implemented	◯ Not a current practice
109. Leadership team members have an ongoing process to identify and remove barriers to culture change and resident-directed life within language, policies, job descriptions, system changes.	◯ Fully Implemented	◯ Partially Implemented	◯ Not a current practice
110. The administrator or equivalent supports the culture change efforts, including convening teams, projects, and committees to lead changes. This leader's job description reflects this role.	◯ Fully Implemented	◯ Partially Implemented	◯ Not a current practice
111. High level leaders such as CEO, owners, and board members actively support the culture change philosophy, committee, projects, etc.; providing commitment and resources, and receiving progress updates.	◯ Fully Implemented	◯ Partially Implemented	◯ Not a current practice

112. The home has a standing culture change task force/committee/team with a broad representation of residents/family members, supervisory and direct care team members from various shifts, administration, and nursing leadership.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
113. RNs provide support to the same residents every time they work (with no planned rotation). (Refer to consistent staffing language at CMS F689 Accidents and F741 Non-pharmacological approaches)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
114. LPNs provide support to the same residents every time they work (with no planned rotation). (Refer to consistent staffing language at CMS F689 Accidents and F741 Non-pharmacological approaches)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
115. CNAs provide support to the same residents every time they work (with no planned rotation). (Refer to consistent staffing language at CMS F689 Accidents and F741 Non-pharmacological approaches)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
116. CNAs work together to decide who works when and how to cover absences for call-offs (self-scheduling).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
117. Culture change and resident-directed living are discussed during recruitment interviews.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
118. New hire orientation emphasizes each team member's role in supporting culture change and resident-directed living.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
119. All job descriptions include the team member's duties in supporting resident-directed living.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
120. Reward and recognition systems emphasize team member support for resident-directed living.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
121. All performance evaluations include a category for support of resident-directed living.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
122. All team members are trained specifically on culture change and resident-directed living at least annually.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
123. The principles of culture change and resident-directed living are integrated into all training topics.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

	Fully Implemented	Partially Implemented	Not a current practice
124. The medical director is actively involved in the home's culture change efforts and the home provides training to its medical director at least annually on culture change and resident-directed living as well as their role to support it, e.g., assisting residents to make informed choices, flexible medication policies.	○	○	○
125. Team members wear clothes that support a home environment (as opposed to scrubs or uniforms).	○	○	○
126. Team members other than CNAs are encouraged and supported to receive cross-training* as CNAs, fostering a team approach to meeting resident care needs.	○	○	○
127. Team members other than activities/recreation regularly engage residents individually or by leading groups of interest to residents.	○	○	○
128. The home welcomes and encourages team members to dine with residents.	○	○	○
129. There is a career ladder for CNAs to hold a position higher than base level who customarily mentors/supervises/coaches other CNAs.	○	○	○
130. The home promotes and supports team members who desire to further their education.*	○	○	○
131. To recruit volunteers and direct volunteer activities, the home has a paid volunteer coordinator in addition to the activity director (part or full time).	○	○	○
132. All team members receive person-directed dementia care training annually. (Refer to CMS F943 Abuse, Neglect, and Exploitation Training, CMS F947 In-service Training for Nurse Aides, F949 Behavioral Health Training)	○	○	○
133. The home uses non-institutional language in all documents (clinical charting, job descriptions, policies and procedures) and verbal interactions, and provides periodic training to all team members to remove institutional language.*	○	○	○
134. There is an employee council/forum or equivalent that meets routinely (to discuss issues, plan events, provide support).	○	○	○
LEADERSHIP AND TEAM ENGAGEMENT Totals *(Your total should equal 31.)*	Total	Total	Total

ARTIFACTS 2.0 GRAND TOTAL

To calculate your home's overall implementation percentage, first count the number of practices marked in the *Fully Implemented* column, *Partially Implemented* column and *Not a Current Practice* column for each category (Note: The Total for the 3 columns should equal the number of practices listed for each category — e.g., Resident-directed Life should total 39). Next, add all category totals in a column for a Grand Total (the Total column should equal 137 practices). Finally, divide the column grand totals by 137 to calculate your home's Artifacts percentages (Refer to the example below the chart). The Fully and Partially Implemented percentages can be used to set goals and to track progress over time.

ARTIFACTS 2.0 GRAND TOTAL	# Fully Implemented	# Partially Implemented	# Not a current practice	Total
Resident-directed Life (39 total practices)				
Being Well Known (15 total practices)				
Home Environment and Accommodation of Needs and Preferences (39 total practices)				
Family and Community (10 total practices)				
Leadership and Team Member Engagement (31 practices)				
Artifacts of Culture Change 2.0 Grand Totals (134 Total Practices)				
Artifacts Percentages (Divide Column Grand Totals by 134)				

Fully Implemented %   _____

Partially Implemented %   _____

Not a current practice %   _____

Today's Date   _____

Example of a Completed Grand Totals Chart

ARTIFACTS 2.0 GRAND TOTAL	# Fully Implemented	# Partially Implemented	# Not a current practice	Total
Resident-directed Life (39 total practices)	16	13	10	39
Being Well Known (15 total practices)	5	2	5	15
Home Environment and Accommodation of Needs and Preferences (39 total practices)	20	10	9	39
Family and Community (10 total practices)	7	3	0	10
Leadership and Team Member Engagement (31 practices)	18	10	3	31
Artifacts of Culture Change 2.0 Grand Totals (134 Total Practices)	69	38	27	132
Artifacts Percentages (Divide Column Grand Totals by 134)	52%	28%	20%	100%

Fully Implemented %   **52%**

Partially Implemented %   **28%**

Not a current practice %   **20%**