**Caring for the Resident Environment**

**Competency**

**General Information**

**Caring for the Resident Environment**

**General Information**

In health care, the only constant is change. Staying on top of the most recent material is a never-ending job. Facilities will need to ensure that they have a person-centered and safe approach to caring for the resident environment. CMS indicates, “Numerous and varied accident hazards exist in everyday life. Not all accidents are avoidable. The frailty of some residents increases their vulnerability to hazards in the resident environment and can result in life-threatening injuries. It is important that all facility staff understand the facility’s responsibility, as well as their own, to ensure the safest environment possible for residents.”[[1]](#footnote-1)

**F584:** 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—

§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.

(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.

(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.

§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;

§483.10(i)(3) Clean bed and bath linens that are in good condition;

§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);

§483.10(i)(5) Adequate and comfortable lighting levels in all areas;

§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and

§483.10(i)(7) For the maintenance of comfortable sound levels.”[[2]](#footnote-2)

**F689**: Accidents

The facility must ensure that:

“(1) The resident environment remains as free of accident hazards as is possible; and”

“(2) Each resident receives adequate supervision and assistance devices to prevent accidents.”[[3]](#footnote-3)

**F600:** Freedom from Abuse, Neglect, and Exploitation

“The facility must provide a safe resident environment and protect residents from abuse.”[[4]](#footnote-4)

**F557:** Respect and Dignity

“The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.”[[5]](#footnote-5)

**F880**: Infection Control

“The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.”[[6]](#footnote-6)

**Description**

CMS provides the following definitions to assist facilities in clarifying terms related to safe environment and hazards.

* “**Adequate lighting**” means levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform.
* “**Comfortable lighting**” means lighting that minimizes glare and provides maximum resident control, where feasible, over the intensity, location, and direction of lighting to meet their needs or enhance independent functioning.
* **“Comfortable sound levels”** do not interfere with resident’s hearing and enhance privacy when privacy is desired and encourage interaction when social participation is desired. Of particular concern to comfortable sound levels is the resident’s control over unwanted noise.
* **“Environment”** refers to any environment or area in the facility that is frequented by or accessible to residents, including (but not limited to) the residents’ rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas.
* “**Homelike environment**” is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A determination of “homelike” should include the resident’s opinion of the living environment.
* **“Orderly”** is defined as an uncluttered physical environment that is neat and well-kept.
* **“Sanitary”** includes but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but is not limited to, equipment used in the completion of activities of daily living.
* **“Comfortable and safe temperature levels”** means that the ambient temperature should be in a relatively narrow range that minimizes residents’ susceptibility to loss of body heat and risk of hypothermia, or hyperthermia, or and is comfortable for the residents.
* **“Hazards”** refer to elements of the resident environment that have the potential to cause injury or illness.

• “Hazards over which the facility has control” are those hazards in the resident environment where reasonable efforts by the facility could influence the risk for resulting injury or illness.

• “Free of accident hazards as is possible” refers to being free of accident hazards over which the facility has control.

* **“Risk”** refers to any external factor, facility characteristic (e.g., staffing or physical environment) or characteristic of an individual resident that influences the likelihood of an accident.
* **“Supervision/Adequate Supervision”** refers to an intervention and means of mitigating the risk of an accident. Facilities are obligated to provide adequate supervision to prevent accidents. Adequate supervision is determined by assessing the appropriate level and number of staffs required, the competency and training of the staff, and the frequency of supervision needed. This determination is based on the individual resident’s assessed needs and identified hazards in the resident environment. Adequate supervision may vary from resident to resident and from time to time for the same resident.
* **“Competency”** is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual need to perform work roles or occupational functions successfully.
* **“Quality of Life”** An individual’s “sense of well-being, level of satisfaction with life and feeling of self-worth and self-esteem. For nursing home residents, this includes a basic sense of satisfaction with oneself, the environment, the care received, the accomplishments of desired goals, and control over one’s life.”
* **“Person Centered Care”** – For the 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.”[[7]](#footnote-7)

CMS also indicates that it is essential to provide care to residents in a manner that helps promote quality of life. “This includes respecting residents’ rights to privacy, dignity and self-determination, and their right to make choices about significant aspects of their life in the facility.”[[8]](#footnote-8)

“An effective way for the facility to avoid accidents is to develop a culture of safety and commit to implementing systems that address resident risk and environmental hazards to minimize the likelihood of accidents.”[[9]](#footnote-9)

**Overview of Staff Competencies and Resident Environment**

Having a solid program to evaluate/assess the environment, monitor and communicate resident specific needs for a safe environment is crucial for long term care facilities today.

Key competencies in Environment Safety include the following:

* An interdisciplinary system for environment planning and evaluation with leadership support, resources and services consistent with facility needs and the facility assessment.
* A process for assessment and evaluation to identify individualized resident choices, preferences, routines, religious, and cultural needs in order to plan for a safe environment
* Development of a person-centered plan of care addressing resident environmental considerations
* Identification implementation of individualized interventions for preventing or minimizing hazards and risks in the environment
* A system to communicate individualized interventions and needs
* Monitoring appropriately for effectiveness of environmental interventions
* Re-evaluation and monitoring of environmental approaches in order to revise as necessary
* Interdisciplinary process for environmental monitoring for safety

**Suggested Competencies for Staff**

All staff and Volunteers

* Safe Environment definition/description
* Equipment Management for Safe Environment
* Cleaning and Disinfection
* Effective and Efficient Communication
* Person-centered care
* Documentation requirements/methods
* Monitoring safe environment

Licensed Nurses:

* Safe Environment definition/description
* Effective and Efficient Communication
* Person-centered care
* Documentation requirements/methods
* Monitoring, Modification, and Analysis of the safe environment

CNAs:

* Safe Environment definition/description
* Effective and Efficient Communication
* Person-centered care
* Documentation requirements/methods
* Monitoring safe environment

**F-Tag Reference General Information**

F-tags to consider include:

F550 Resident Rights/Exercise of Rights

F557 Respect, Dignity/Right to have Personal Property

F558 Reasonable Accommodations of Needs/Preferences

F584 Safe/Clean/Comfortable/Homelike Environment

F600 Free from Abuse and Neglect

F602 Free from Misappropriation of Residents Property

F604 Right to be Free from Physical Restraints

F636 Comprehensive Assessments and Timing

F637 Comprehensive Assessments After Significant Changes

F641 Accuracy of Assessments

F655 Baseline Care Plan

F656 Develop/Implement Comprehensive Care Plan

F659 Qualified Persons

F675 Quality of Life

F689 Free of Accident Hazards/Supervision/Devices

F700 Bedrails

F725 Sufficient Nursing Staff

F726 Competent Nursing Staff

F741 Sufficient/Competent Staff-Behavioral health Needs

F806 Resident Allergies, Preferences, and Substitutes

F812 Food Procurement, Store/Prepare/Serve - Sanitary

F838 Facility Assessment

F866 QAPI/QAA Data Collection and Monitoring

F880 Infection Prevention & Control

F908 Essential Equipment, Safe Operating Condition

F909 Resident Bed

F915 Resident Room Window

R917 Resident Room Bed/Furniture/Closet

F921 Safe/Functional/Sanitary/Comfortable Environment

F940 Training Requirements - General

F941 Communication training

F943 Abuse, Neglect, and Exploitation Training

F944 QAPI Training

F945 Infection Control Training

F949 Behavioral health training

**Link to Critical Element Pathway**

Use the Environmental Observations Critical Element (CE) Pathways, along with the above interpretive guidelines when determining if the facility meets professional standards of practice; and that is in accordance with the resident’s comprehensive care plan, goals for care and preferences.

**References and Resources**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

LTC Survey Pathways (Download) CMS 20061 (11/2017) Environmental Observations Critical Element Pathway

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.16. October 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

Life Safety Code and Health Care Facilities Code

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/LSC.html>

Agency for Healthcare Research and Quality

<https://www.ahrq.gov/tools/index.html?search_api_views_fulltext=&field_toolkit_topics=14170&sort_by=title&sort_order=ASC>

1. 1,2,3 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. 4,5,6 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-7)
8. 8,9 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-8)
9. [↑](#footnote-ref-9)