NCCNHR: The National Consumer Voice for Quality Long-Term Care
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Hamilton Crowne Plaza Hotel
Washington, DC
October 22-25, 2009

Shhh: People Thinking

Saturday, October 24, 2009
10:30-Noon

The objective of the panel discussion is to bring to light the noise problem to those who have not considered addressing noise as part of the resident visitation or facility monitoring process.

Presenters:
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Jerry Kasunic, Washington D.C. Ombudsman
Ofelia Ross, Local Ombudsman Manager, Howard County, Maryland

Noise

When the wind is in the trees
It makes a noise just like the breeze
As if there was not noise enough
To bother one, without that stuff
Author unknown

Merriam Webster Online Dictionary:

Noise: *13th century, from Middle English, Anglo-French, disturbance, from Latin, nausea*

1. **Loud, confused or senseless shouting or outcry**
2. **Any sound that is undesired or interferes with one's hearing of something**

Purpose of presentation:

Studies show fragmented sleep attributed to noise is a common problem in nursing homes and is linked to depression, overmedication, irritability, falls, and resident disputes. Excessive noise may be subtle: One nursing home resident received a discharge notice citing she was a danger to others after she unplugged her roommate's oxygen machine. She explained to the ombudsman the machine made too much noise. The panel evaluated noise and vibration at 11 nursing homes and 2 large assisted living facilities and will: discuss how advocates can identify sources of noise, address the new CMS April 2009 guidance on noise, and propose strategies for creating a more homelike environment based on their observations.

Excess or unnecessary noise in nursing homes observed by panelists includes:

- overhead paging
- radio programs played on hallway sound systems
- staffs' loud conversations in halls and bedrooms
- residents' personal televisions turned up loud
- televisions in resident seating areas turned up loud to be heard by staff working nearby
- mechanical noises in resident bedrooms, including electronic monitors
- open waiting areas outside offices and conference rooms, where visitors' conversations can be overheard in nearby residents' rooms
- mechanical and door sounds in resident rooms located across from elevators
- hallway floor cleaning devices, vacuums, and floor polishers
- vibration and noise from window air conditioning units
- squeaking wheels on medication, laundry, food carts
- outdoor traffic noise, including sirens, on busy streets
- large screen televisions left on in dining rooms
- garbage dumpster placed outside resident room windows
- residents' vocalizations
- slamming doors
- metal curtain (room divider) hooks
- vibration from roof and outdoor air conditioning and garbage compaction units
- vibration from dietary closet refrigeration units
- staff vending machine across from residents rooms and doors
- staff use of radios and boom boxes at nursing and work stations
- overhead radio, music in language other than that of resident
- building construction

Background on noise in long in large long-term care facilities:

Research shows that in general nursing home residents' sleep is spread over a 24-hour day rather than taking place only at night. There is evidence that much of this sleep is fragmented and of poor quality, interrupted by noise, but also by wakefulness attributed to arthritis and other pain, incontinence care, medication administration, and the effects of Parkinson's. Thus many of the interruptions that disturb residents, both awake and alert, and non-alert, can be said to be necessary and unavoidable intrusions related to medical care. Turning a resident hourly may wake him and even elicit an annoyed response, but turning and interrupting sleep is the lesser of the problems he would incur had he not been turned.

Much noise and vibration, the latter a type of noise, is indeed avoidable in nursing homes. Panelists toured 11 nursing homes and two large assisted living facilities and turned up many examples of thoughtless placement of machinery that is humming and vibrating 24 hours a day across from and next to residents' rooms, a cacophony of television talk from residents' televisions overlaid in hallways by a scratchy overhead public address system blaring music interrupted by staff announcements, music from a boom box at the nursing station in the center of the hall, and outside traffic noises. Panelists' observations provide good witness to what are typical components of noise in many facilities. The objective of the panel discussion is to bring to light the noise problem to those who have not considered addressing noise as part of the resident visitation or facility monitoring process.

NORS nursing facility 2008 Table B-1 shows K.77, incorporating a range of environmental problems [air/environment; temperature, and quality (heating, cooling, ventilation, water, noise)] totals 1.49% of complaints in all states. There is no specific complaint code for noise. A consideration of noise in long-term care is not driven by measuring decibels, the unit used to measure the intensity of the noise made by a lawnmower or rock band. Rather the panelists addressed unwanted sound as a measure of quality of life: the ability to enjoy peace and quiet to the extent one wishes, talking to a friend, opening a window to hear the birds, or not being forced to listen to another's television or a repeated PA system announcements.

The 2009 revised CMS survey guidelines make several references to noise, including encouraging nursing homes to work toward eliminating overhead paging and disruptive or excessive nose. Noise is a subtle environmental problem. One of the worst noise offenses observed by a panelist at a nursing home recently made no noise—at that moment: The ombudsman observed a garbage dumpster placed under the window of resident rooms. At another home the ombudsman observed the nurses' snack vending machine was not in the nurses' office, but placed in a small corner hallway where it was no more than 5 feet from three resident room doorways housing 9 men.

Advocates must also remain aware of the risk of blaming sleep loss on a specific noise or any single problem: Excessive light, drug interactions or a disruption of circadian rhythms related to chronic illness and neurological change are also found to individually or in combination affect sleep. However, if residents can point to a specific noise source—such as a loud PA system used by staff to communicate with each other-- as one of multiple components of unwanted noise that awakens residents or disrupts conversations—that observation can be useful to working towards its elimination.

Panelists will share ideas of noise interventions with advocates, and invite participants to share and exchange their successful noise interventions. References to published articles on environmental noise in long-term care that are available on the PubMed and NCBI websites are provided for further reading.

AN OBSERVATION OF NOISE IN LONG-TERM CARE FACILITIES

For the purposes of noise observation, the presenters visited 11 nursing homes and two large assisted living facilities and reported the following. None of the homes is identified. However records of visit dates and locations will be retained by the panel.

Nursing Home #1

The ombudsman made observations on three floors of this multiple-story facility, including a basement housing the laundry, physical rehabilitative and chapel facilities. The first floor houses a dialysis unit, cafeteria, gift shop, and multiple business offices, and a conference room, as well as has the main entry and security office just steps from the parking lot. Upper residential floors are each split into two wings, each with a separate nurse's station that is centrally located and separated from the other station by an inner hallway and elevators area divided by doors. With this particular construction, the majority of the residents' rooms are located on the outer wall of each floor. The inner wall space is divided between residents' rooms and social worker/LTC specialists' work spaces.

Noises detected by walking the floors: Staff was carrying on loud discussion down the outer hallway (from one end to another). Outside each nurse's station there is a common area where residents and staff watch TV, listen to music, eat snacks and gather for community events. The common areas share the walls of at least two residents' rooms, thus the noise level in the common areas includes blaring TVs, stereos, and residents competing with the nursing staff to carry on conversations. The noise is audible when walking the outer hallways approaching the area.
The observed noted the speaker system used within the facility is extremely loud, and intruded upon conversations, a resident council meeting, or just trying to think. Even visitors in prayer cannot escape the cacophony: the speaker system is also piped into the chapel. It is also piped into the cafeteria and common areas. The speaker system is loud enough that persons within residents' rooms can clearly hear announcements.

The main entrance to the home is only steps to the parking lot. Thus the residents who live on that side of the nursing home hear ambulances, buses, car doors slamming, and loud conversations that are taking place outside. The ombudsman observed that when larger vehicles were parked outside the main entrance engine vibrations could be felt in the rooms of residents located on the second floor of that wing.

The trash compactor is located on the first level, outside the building, adjacent to the cafeteria/kitchen. When the trash compactor is turned on, the vibrations and the sound of metal mashing the trash can be heard on the second floor south side.

Some residents have a built-in heating/cooling system under their windows. This equipment is old and needs replacing, making clanking sounds and vibrating.
In conversations with residents, they reported the most disturbing by noise was from residents themselves: interviewed residents reported they hear other residents during the evenings and nights "moaning," "calling for assistance," or "making sounds of pain" for some time before staff arrive and assist.

Among all findings by the three ombudsmen involved in this observational noise project, statements from residents that they themselves suffer mental distress when staff ignore pleas and calls for help from other residents, was perhaps the most disturbing.

Nursing Home #2

At about 10:30 AM the ombudsman observed at the 120-bed nursing facility a boom box on the counter at the second-floor nursing station, across from two elevators. The boom box was tuned to a radio station playing unintelligible rock music. More than a dozen very old, infirm residents sitting in wheelchairs or laying on wheeled beds had been clustered by staff in a large semi-circle in front of the elevators, watched by two staff sitting behind the station counter. None of the residents would have been able to self-propel and leave the area, as the beds and chairs were lined up with no space between. All residents' chairs were placed facing the elevator doors, so that each person faced both the gray metal elevator door and the back of the head of the person in front of him. Some residents were slumped over in their chairs. No one talked. The ombudsman observed the scene for several minutes, observed by the two staff. When asked what the residents were doing, staff replied residents were waiting for a "baking demonstration." The ombudsman checked the posted activity schedule and found that a "baking demonstration" was indeed documented as scheduled for 11-11:30 AM. At 11:30 the ombudsman found no residents had been moved, the same staff was present, and the radio still playing. Staff claimed the activity had been canceled due to lack of dietary staff. The ombudsman asked staff, both registered nurses, if the facility would obtain a selection of 40s music that the residents may enjoy.

Nursing Home #3

During an hour-long nursing home visit to this 120-bed facility, the ombudsman heard, piped loudly into to resident areas, including halls and the activity room, a radio station featuring talk and commercials. The sound was clear throughout the nursing home. A resident council meeting in an activity room was in progress, held entirely in Spanish. Residents at the meeting, some accompanied by family members, asked the ombudsman about discharge notices and applying for Medicaid. Almost all of the elderly residents of this home were Spanish-speaking only. The radio station and commercials were entirely in English.

Nursing Home #4

In this 160-bed assisted living facility the administrator used the PA system, located in her office just inside the front entrance and lobby, to summon staff, including cleaning persons. Residents sitting in chairs outside the dining room, the main resident gathering area and the location of one overhead speaker, would immediately clap their hands over their ears as soon as they heard the loud crackling sound signifying the system had been switched on, anticipating the loud static that preceded each loud "announcement." The administrator's office was barely 100 feet from any location in the facility. Repeated requests from ombudsmen to the administrator to use a pager or otherwise eliminate the use of the PA system, pointing out how disruptive it was to residents, were ignored. An additional 24-hour noise source in the facility was an alarm to the door to the Alzheimer's residents' wing, which opened with a pass code. The alarm never ceased beeping. The same administrator claimed she had hired the alarm service firm to repair the service box, but either the same malfunction kept occurring, or the administrator was falsely claiming she had it fixed.

Nursing Home #5

In this 198-bed older nursing home with narrow hallways and uncarpeted floors, many room TVs were very loud and audible in halls and at entrances to other residents' rooms. Several staff shouted and cursed (in what appeared to be familiar banter than anger) loudly in halls. Nutrition pantries on each floor contained large refrigerators. On each floor, the pantry door was open and from the halls, the equipment vibrated and rumbled. There was an overhead sound system playing

music, but any songs could hardly be identifiable or heard clearly due to the proliferation of television stations from residents' rooms also audible in the hallways. The home is located on a city street and across from an urban park. The main entrance, which faces the park, appears to serve primarily as a controlled access/security area. Midday on a Saturday afternoon the ombudsman observed no visitors in the facility. There were no residents visible grouped in the few hallway seating areas. The only sound
Heard were talking staff, the pager system, and the sound of televisions from rooms.

Nursing Home #6

This nursing home was originally a private residence and rest home. While having some Attractive public areas for residents that overlook wooded grounds, it lacks office space. In one wing, a snack food vending machine was located in a narrow hall at the foot of a narrow stairway leading up to the nurses' office on a higher level. The vending machine, containing candy and salted snacks, was within just a few feet of the doors to three resident bedrooms, each housing three residents. Use of the vending machine day or night is audible in these rooms.

The home is built on a hill and has several levels. From the second floor, one can see in the parking lot below a garbage dumpster under two of the resident room windows that are elevated above the pavement, due to the slope of the property. The weekend charge nurse confirmed the dumpster was in use and, when asked about noise, stated the garbage is picked up only during daylight hours, when residents are awake.

Nursing Home #7

In the lobby area of this large nursing home, a television scrolled information about the facility. The focus of the visit was on the two long term care units:

Unit # 1 observations: The area overall was quiet in the hall, as most residents were in their rooms awaiting lunch. One visitor walked down the hall, heels clopping. A resident's running oxygen concentrator vibrated, especially noticeable because there was no carpet to muffle the noise.

Unit # 2 observations: Several residents were clustered the nurse's station area, one calling out for assistance. A medication/treatment cart drawer was opened and closed, making noise. In an activities area, the television was on. There were two residents in the area who were not watching. Directly across from one resident's room, the elevator doors opened and closed loudly.
A carpet cleaner operating in the main hallway made loud noise. A resident's television was on very loud. The ombudsman overhead, moving closer to the nurse's station, many staff making a lot of noise talking about a non-work related topic. Passing a rehabilitation/office area, therapists were overheard talking with their patients. One resident was climbing up and down the therapy steps. The ombudsman also observed a privacy problem: family members waiting outside the conference room used for care plan conferences could overhear the voices of those speaking inside. In addition, resident's whose rooms are directly across from this conference room can also overhear conversations taking place in that room. And, because the family waiting area for the conference room is directly outside resident's rooms, those resident routinely lack privacy and quiet, as the voices of those visitors waiting for their meetings are audible in the resident rooms.

Nursing Home #8

Entering this nursing home, the ombudsman observed several staff at the nursing station chattering about residents. A movie was on the television on in the activities room, where a few residents watched. One of the residents was calling out for assistance. Another resident appeared to be disturbed by this resident's behavior and stated the person calling out she did this all of the time. The halls were quiet; several residents were taking a nap after lunch.

Nursing Home #9

This nursing home was once a hotel. However unlike being treated like valued hotel guests, residents here are subjected to a PA system that sounded like the public address system in an old train station: Announcements are loud, accompanied by a crackling noise, and difficult to understand. The PA system is used to play constant music and can be heard in the main hallways in competition with the TV volume.

The facility is a long rectangular building with the elevators and main hallways and one end, and multiple floors. Two nursing stations centrally located on each floor are separated by long hallways and doors. Most of the residents' rooms are located on the outer and inner walls of the facilities, and some inner wall space is used for staff, chart storage, medication rooms, and eating areas. Each nursing station faces a common, den-like sitting area for residents to watch TV, listen to music. There are two parking lots: the first lot built below the first floor level has a receiving area for supplies, equipment, etc. and the driveway is off a busy main street. The second parking lot is where most of the staff and visitors park. The main entrance of the building has a fenced-in patio-like area for residents.

Observations include:
At all of the nursing stations the TV volume from the television in the nearby residents' seating areas appeared to be set to maximum volume. At three nursing stations those TVs had been moved to the center of that the opposite seating area to face the nursing station for staff to watch. The volume was so loud that the television show was audible from the far end of the building.

On several floors where nurses were working with residents, loud conversations could be heard in the hallway and within residents' rooms. Staff slammed doors rather than gently closing them. Residents living on one side of the building could hear the sirens of ambulances arriving outside the main entrance. In addition to the sirens, residents were subjected to a PA system that was not only loud, but it sounded like the public address system in an old train station: Announcements were difficult to understand because of the crackling noise accompanied the announcement. The PA system is used to play constant music and can be heard in the main hallways in competition with the TV volume.

The first floor residents' rooms, on the far side of the main business and foyer entry, are located in the heart of the nursing home's operation. Residents can hear daily operational activities, including a food cart rolling, business and maintenance discussions, and residents speaking loudly on their way to the patio. The ombudsman also overheard some residents commenting that the constant daily noise of conversations and "people congestion" is at times overwhelming. Some stated they "tune it out."

Staff on two separate floors congregated outside of residents' rooms engaging in their own separate conversations. Residents living on the north side of the building facing the busy main street can hear traffic noises, especially during rush hours.

Residents stated that they call one another calling for assistance from time to time during the afternoon or evening shifts until staff arrives to assist.

Nursing Home #10

This large multi-story assisted living facility located on an urban artery, surrounded by a residential neighborhood. Originally an apartment complex, it was converted three years ago to house a locked dementia unit plus standard assisted living apartment units that occupy the higher floors. The first floor of the building contains its public areas including a foyer, lounge with a large screen TV, coffee bar, cafeteria, business offices, and conference rooms. The basement houses the

laundry, storage, generators and a trash compactor. The sounds from the basement do not appear to penetrate to the first floor lounge, nor do the vibrations.

The front of the building has a circular driveway; the opposite side faces a parking lot and an alley. Noise observations include: traffic, ambulance and EMS sirens; parked cars from the front and back of the building; residents and family members reported that they do not notice air conditioning or machinery noises throughout the building; staff can be heard working within residents' rooms from the hallways, but not while working in the hallways; conversations were kept to a minimum. On the second floor, some of the noises on the north end of the hallway that were heard originated from the kitchen and workers below, but were muffled. All in all, this facility seemed quiet, although some residents and family member stated that most residents are very hard of hearing and do not hear external noises well, thus noise does not appear to be a major factor for some. Residents and family members said residents' sleeping patterns were unaffected by noise or vibrations.

Nursing Home #11

This nursing home was built as a hotel for women who worked in Washington, DC during WWII to help the war effort. Now converted to a nursing home, the building was constructed to use every square inch. Thus, rooms, hallways, elevators, and staircases are narrow but solidly built. Located in an upscale residential neighborhood, some city noise can be detected on the main and first floors.

In one area, the ombudsman noted the air conditioning unit was pushing cool air in the hallways from the ceiling, and some vibrations could be felt and heard—although not as loud as observed in other homes visited. The main air conditioning unit is on the roof and can be heard on the 5th floor below, but not lower floors. Several heat/air conditioning units were recently installed in residents' rooms throughout the building under each resident's window. Although these were on full blast in some rooms (outside temp was 97 degrees F during visit), the noise and vibrations were barely noticeable. Some street noise was reported by residents during the visit, but only when EMS or ambulances parked outside of the facility. Testing the sink water temperatures, the ombudsman found that a resident's sink faucets made a loud pressured noise could be heard when the hot water was turned on. Checking other residents' rooms and the hallway bathrooms, the ombudsman found old faucets, but none that made noise. However residents reported plumbing in some rooms is noisy, and the only way to the stop the noise is to turn on the faucet fully open or off.

The nursing home was very quiet. When the ombudsman inquired at nursing station, nurse replied this was the culture of the facility: residents know how closely they live to each other and are respectful of TV, stereo, and visitor's volume. As this did not explain the lack of staff and equipment noise observed at other facilities, the ombudsman then asked the administrator if he could explain. The administrator stated that he conducted staff trainings surrounding politeness, and he had a staff policy regarding carrying on loud and inappropriate conversations either down a hallway or outside someone's door. He also stated that noises can be heard from the main floor to the 1st during barbeques or happy hour events, or when other indoor activities take place.
The ombudsman noted the building's construction and thick walls may contribute to the quiet, as well the staff philosophy encouraged by the administrator that the facility must be respectful of the residents, and that included not making unnecessary noises.

Nursing Home #12

This new long-term care facility is located on the upper floors of an urban hospital and is not yet fully operational. Undergoing renovation, the facility will provide 60 beds within an "H" shaped interior of resident rooms, offices, nursing stations, offices and medication rooms, and elevators.

The ombudsman found the floor rather quiet during the visitation. It was "recreation time" and most the residents were watching TV or gathering to play cards. The ombudsman could not hear

street noises or standard machinery including air conditioning units, trash compactors, or elevator noises.

During resident interviews however, residents reported during the late afternoon or early evenings they heard mechanical "thudding noises" coming from the hospital floor above. In an effort to learn the origin of these noises, the ombudsman found several sources blamed, for example: 1) Staff thought construction crews were finishing electrical and plumbing work that may have caused some noise but did not think the crews worked during the late afternoon or evening hours, 2) The nurses on the eighth floor described the noise pollution that they constantly encounter are: loud staff shouting from one side of long H hallways to another, family and other visitors causing a "fuss," and staff congregating near residents' rooms and disturbing residents' rest, and 3) Leaving the eighth floor and visiting the unoccupied 6th floor, the ombudsman found that the newly renovated rooms were still under some minor construction. The floor manager said workers were moving in furnishings and equipment, and the noise heard by the residents above could have been made by this work.

Upon further interviewing the ombudsman learned that residents hear moaning or "noise made by someone in pain" during the night shifts, and sometimes during the day, until staff attended to those residents. Some residents reported that other residents were loud and disrespectful, and at times verbally abusive, at all hours of the day. Furthermore, residents stated the recreation room was well insulated and when evening events are scheduled that they do not hear any noises.

Nursing Home #13

Extensive renovations were underway at this 180-bed two-story nursing facility. Staff explained that as reconstruction of rooms began in each wing, residents were moved to other areas to separate them from noise, dust and daily construction activity. The ombudsman observed many residents in their rooms. Others were clustered around the nursing stations. Given the construction work and activity, the noise level in the home was muted. The ombudsman observed one activity area on a non-construction floor was closed to residents. A new and expansive entry/reception area had been furnished with printed carpet and attractive antique-looking wing chairs and tables, all of which could be turned to face the new large television screen covering the end wall. In this room was a large new reception desk. Staff said they were repositioning the facility in the community as a rehabilitation center, and pointed out a new scrolling message board at the front door that would also be used to market the facility. Staff later told the ombudsmen that they were having a problem with residents congregating in the new reception area to watch the wide screen TV, noting that the area was designed to attract clientele, not residents.

The full text of the new CMS guidance is at: http://www.cms.hhs.gov/Transmittals
(highlighting below inserted for purposes of this training. Original text is not highlighted).

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-12-25
Baltimore, Maryland 21244-1850
Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C- 09-31

DATE: April 10, 2009
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Nursing Homes - Issuance of Revisions to Interpretive Guidance at Several Tags, as Part of Appendix PP, State Operations Manual (SOM), and Training Materials
We made changes to the Guidance to Surveyors for several Quality of Life and Environment section Tags in Appendix PP of the SOM in response to public recommendations from the 2008 CMS/Pioneer Network Environment Symposium. These changes add clarifications to assist surveyors in determining compliance with these Tags. Regulatory language is unchanged.

Memorandum Summary

Revisions have been made to Guidance to Surveyors at several Tags in Appendix PP of SOM concerning Quality of Life and Environment.
Tag F255 (closets) is deleted and regulatory language and Guidance moved to F461.
A training document with speaker notes for Centers for Medicare & Medicaid Services (CMS) Regional Offices (ROs) and State Survey Agencies (SAs) to use to train surveyors in this revision to the SOM is included in this memorandum.
Power point slides will be issued to ROs and SAs under a separate communication.

§483.15(h) Environment
The facility must provide--
§483.15(h)(1) A safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;
Interpretive Guidelines: §483.15(h)(1)

For purposes of this requirement, "environment" refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas. A determination of "homelike" should include the resident's opinion of the living environment.

A "homelike environment: is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the residents to use those personal belongings that support a homelike environment. A personalized, homelike environment recognizes the individual and autonomy of the resident, provides an opportunity for self-expression, and encourages links with the past and family members. The intent of the word "homelike" in this regulation is that the nursing home should provide an environment as close to that of the environment of a private home as possible. This concept of creating a home setting includes the elimination of institutional odors, and practices to the extent possible. Some good practices that serve to decrease the institutional character of the environment include the elimination of:

Overhead paging and piped in music throughout the building;
Meal service in the dining room using trays (some residents may wish to eat certain meals in their rooms on trays);

Institutional signage labeling work rooms/closets in areas visible to residents and the public;

Medication carts (some innovative facilities store medications in locked areas in resident rooms);

The widespread and long-term use of audible (to the resident) chair and bed alarms, instead of their limited use for selected residents for diagnostic purposes or according to their care planned needs. These devices can startle the resident and constrain the resident from normal repositioning movements, which can be problematic. For more information about the detriments of alarms in terms of their effects on residents and alternatives to the widespread use of alarms, see the 2007 CMS satellite broadcast training, "From Institutionalized to Individualized Care," Part 1, available through the National Technical Information Service and other sources such as the Pioneer Network;

Mass purchased furniture, drapes, and bedspreads that all look alike throughout the building (some innovators invite the placement of some residents' furniture in common areas); and

Large, centrally located nursing/care team stations.

Many facilities cannot immediately make these types of changes, but it should be a goal for all facilities that have not yet made these types of changes to work toward them. A nursing facility is not considered non-compliant if it still has some of these institutional features, but the facility is expected to do all it can within fiscal constraints to provide an environment that enhances quality of life for residents, in accordance with resident preferences.

A "homelike" or homey environment is not achieved simply through enhancements to the physical environment. It concerns striving for person-centered care that emphasizes individualization, relationships, and a psychosocial environment that welcomes each resident and makes her/him comfortable.
In a facility in which most residents come for a short-term stay, the "good practices" listed in this section are just as important as in a facility with a majority of long term care residents. A resident in the facility for a short-term stay would not typically move her/his bedroom furniture into the room but may desire to bring a television, chair or other personal belongings to have while staying in the facility.
Although the regulatory language at this tag refers to "safe," "clean," "comfortable," and "homelike," for consistency, the following specific F-tags should be used for certain issues of safety and cleanliness:
For issues of safety of the environment, presence of hazards and hazardous practices, use §483.25(h), Accidents F323;

For issues of fire danger, use §483.70(a) Life Safety from Fire F454;

For issues of cleanliness and maintenance of common living areas frequented by residents, use §483.15(h)(2), Housekeeping and Maintenance F253;

For issues of cleanliness of areas of the facility used by staff only (e.g., break room, medication room, laundry, kitchen, etc.) or the public only (e.g., parking lot), use §483.70(h) F465 Other Environmental Conditions; and

- Although this Tag can be used for issues of general comfortableness of the environment such as furniture, there are more specific Tags to use for the following issues:

For issues of uncomfortable lighting, use §483.15(h)(5), F256 Adequate and Comfortable Lighting;
For issues of uncomfortable temperature, use §483.15(h)(6),F257 Comfortable and Safe Temperature Levels; and
For issues of uncomfortable noise levels, use §483.15(h)(7), F258 Comfortable Sound Levels.[1]

[1] ***The full April 2009 CMS NH surveyor guidance is at:*** http://www.cms.hhs.gov/Transmittals

Further reading: Articles accessible at: www.pubmed.gov

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