



Artifacts of Culture Change – AL

ASSISTED LIVING

This is the first official Artifacts of Culture Change tool for assisted living. The original Artifacts tool was designed for nursing homes in 2006 and an Artifacts 2.0 for nursing homes has been developed since in 2021. Simultaneously, the ACC – 2.0 has been built upon but uniquely developed to represent assisted living as the Artifacts of Culture Change – Assisted Living (ACC – AL).

Purpose

Artifacts of Culture Change – Assisted Living (ACC – AL) is an internal implementation, inspiration, and self-assessment tool. It is a tool that an assisted living community can use to become aware of concrete changes that leading assisted livings have made to their policies, practices, and environment due to their commitment to the principles of culture change.* The ACC – AL can serve to show an assisted living community a variety of beneficial changes they can make to increase resident autonomy, rights, and choices and avoid institutional practices. An assisted living community can also use the ACC to note their progress toward changing institutional culture over time. ACC – AL 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 service/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 assisted living community use a forum such as a task force/committee/team to complete the ACC – AL in order to gain the insights of residents, families and team members. The team should consist of the administrator/executive director, nursing/wellness coordinator and representatives from each department or team in the organization. In order to have complete representation of the assisted living, 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 – AL.

In order for a community to make any changes described in the ACC – AL, 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 assisted living may want to review the ACC – AL 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 – AL together, some other options that organizations have used for completing the ACC – AL 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 – AL and then a discussion is convened of the whole team. The ACC - AL is designed to be completed for an entire assisted living community, rather than sections, special neighborhoods, or a single house/household.

To assess a community’s progress in implementing the ACC – AL, 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 community is working on implementing the practice, but it is not fully implemented yet.
- Only certain sections of the community 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– AL. 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 – AL.) This implementation percentage is intended to help organizations 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 – ASSISTED LIVING (ACC – AL)

HOME NAME _____ DATE _____

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

RESIDENT-DIRECTED LIFE

For each item, check the column that represents your community.

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

- | | | | |
|---|--|--|---|
| <p>1. New residents and their families are welcomed* by team members/managers, introduced to the community, and educated about the community’s culture change philosophy of enhancing residents’ control over their lives, rights, amenities available, and choice of schedules.</p> | <input type="radio"/>
Fully Implemented | <input type="radio"/>
Partially Implemented | <input type="radio"/>
Not a current practice |
| <p>2. The community 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</p> | <input type="radio"/>
Fully Implemented | <input type="radio"/>
Partially Implemented | <input type="radio"/>
Not a current practice |
| <p>3. Each meal is available for at least 2 hours, and residents can come and go when they choose.</p> | <input type="radio"/>
Fully Implemented | <input type="radio"/>
Partially Implemented | <input type="radio"/>
Not a current practice |
| <p>4. Residents are supported to prepare and/or serve food per their preferences and abilities (in addition to cooking groups).</p> | <input type="radio"/>
Fully Implemented | <input type="radio"/>
Partially Implemented | <input type="radio"/>
Not a current practice |
| <p>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.</p> | <input type="radio"/>
Fully Implemented | <input type="radio"/>
Partially Implemented | <input type="radio"/>
Not a current practice |
| <p>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.</p> | <input type="radio"/>
Fully Implemented | <input type="radio"/>
Partially Implemented | <input type="radio"/>
Not a current practice |
| <p>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.</p> | <input type="radio"/>
Fully Implemented | <input type="radio"/>
Partially Implemented | <input type="radio"/>
Not a current practice |

8. The community has a policy to consider the regular diet for all residents prior to considering restricted diets (diabetic, cardiac, pureed). (Refer to Dining Practice Standards*)	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
9. Residents are educated in making informed choices about their diet.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> 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)	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
11. The community adheres to the Dining Practice Standards. (Refer to Dining Practice Standards)	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
12. The community 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
13. The community 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
14. The community offers massage therapy to residents by trained persons per resident preferences.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
15. At least one dog or one cat lives on the premises. Check this box if pets only visit and do not live on the premises	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
16. The community 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented Check this box if available only in certain neighborhoods	<input type="radio"/> Not a current practice
17. The community 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
18. The community supports each resident's natural awakening rather than waking residents on a set schedule.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice

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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
20. Each resident's daily preferred bedtime (which may vary) is known and honored.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
21. Residents are awakened during the night only per their preference and individualized need (not according to a generic approach such as routine incontinence checks).	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
22. Medications are delivered according to each resident's individual daily rhythms such as waking and dining (rather than assigned clock times).	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
23. Individualized, non-pharmacological approaches* are incorporated into the service/care plan before psychoactive medications are prescribed. Residents who are already receiving psychoactive medications upon moving in are care planned for non-pharmacological approaches in order to decrease or eliminate these medications.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
24. Individualized bathing/showering techniques are used such as Bathing Without a Battle* or similar techniques.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
25. Resident preference for method of bathing is known and honored (bath, shower, bed bath).	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
26. Resident preferences for frequency of bathing/showering and time of day are known and honored.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
27. The community 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).	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
28. Individual memorials/remembrances are held at the community to honor individual residents upon death.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
30. Residents determine their own daily schedules and can make spontaneous requests and changes. Resident schedule preferences are integrated into team member schedules.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice

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| 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.). | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 32. Residents participate in the task force/committee/team making decisions about food, menu planning, dining ambiance. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 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. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 34. Residents participate in the task force/committee/team making decisions about hiring team members. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 35. Residents and families are kept informed of policy changes and decisions that affect residents. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 36. The community engages residents in volunteerism according to each resident's individual preference. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 37. The community makes support groups available such as grief/loss and living with dementia. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 38. Residents and team members participate in the community's decision-making for their neighborhood/household/floor. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |

RESIDENT-DIRECTED LIFE Totals

(Add up checkmarks in each section. Your total should equal 38.)

Total

Total

Total

BEING WELL KNOWN

39. The community collects information about resident's life stories* and current interests and preferences.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
40. The community attempts to understand expressions and preferences of individuals who cannot communicate verbally and conveys the information to the service/care plan.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
41. Each resident's service/care plan is specific to the individual and reflects the resident's goals.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
42. Each resident's comprehensive assessment and care planning process addresses the Eden Alternative Domains of Well-being SM : identity, connectedness, security, meaning, autonomy, growth, and joy.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
43. Each resident's service/care plan includes a plan for individualized movement/mobility per resident capability and preference.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
44. Resident service/care plan includes a plan for access to locations throughout the community based on resident capability and preferences.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
45. Each resident's service/care plan includes preferences and accommodations needed for going outdoors.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
46. Each resident's service/care plan includes their preferred type of music and their method of listening.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
47. Each resident's service/care plan includes what brings meaning and purpose to the individual, e.g., community service, volunteerism, and individual pursuits.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
48. Each resident's service/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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
49. For a resident at the end of their life, the service/care plan includes the resident's end-of-life preferences	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
50. Opportunities are provided for resident/family to meet with the care team to discuss the service/care plan.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice

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|---|---|---|--|
| 51. A direct care team member familiar with a resident, attends and contributes to that resident's service/care plan meeting. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 52. The community provides the comprehensive service/care plan to the resident/family in an understandable format. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 53. All team members who care for a resident provide input and receive information regarding the resident's current service/care plan preferences and life story. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> 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 service/care plan. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |

BEING WELL KNOWN Totals

(Add up checkmarks in each section. Your total should equal 16.)

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. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice
Check Not a Current Practice if resident living areas are more than 25. |
| 56. All residents live in private rooms/apartments. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> 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 curtain). Fully Implemented means all residents live in either private or privacy-enhanced, shared rooms. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 58. The community has no nurses' stations. Team members work in areas accessible to residents and families, supporting the look and feel of a community. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |
| 59. The community has eliminated, or never used, medication carts. | <input type="radio"/> Fully Implemented | X Not Available | <input type="radio"/> Not a current practice |
| 60. All residents (whether standing or seated) can see themselves in the mirror at their sink. | <input type="radio"/> Fully Implemented | <input type="radio"/> Partially Implemented | <input type="radio"/> Not a current practice |

61. Seated residents can comfortably reach their sinks.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
62. Each resident's toiletries are within reach.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
63. Closets have moveable rods that are set to different heights per resident preference and need.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
64. Residents are welcome to decorate their walls according to their preferences such as with removable hooks/strips.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
65. The community makes available an extra lighting source in the resident's room if requested by the resident such as floor or reading lamp.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
66. Lighting throughout resident use areas is sufficient, according to the residents.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
67. The community has minimized glare from unshielded windows and shiny floors in resident use areas.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
69. The community has a silent call light system or has turned off the audible feature, using only a visual feature.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
70. Team members communicate with each other without using overhead paging.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
71. Resident rooms have mailboxes at the room entry or in a central mail location.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
72. The community supports the right of residents to have a refrigerator in their room/apartment.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
73. Residents and families have easy access to microwaves and assistance if needed.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
74. Residents and families have easy access to coffee makers and assistance if needed.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
75. In dining rooms, meals are not eaten on trays. Food is removed from any tray used for transport.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
77. Each dining room table has condiments such as salt and pepper shakers.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
79. Sufficient outlets are provided in resident rooms/apartments in accessible locations within resident reach.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
80. The community provides accessible outdoor space for resident use at times of their choice. Assistance is provided for any resident needing assistance accessing this space.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
81. The community has its own outdoor walking/wheeling path that is not a city sidewalk.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
82. Except for emergencies, the overhead paging system has been turned off. This includes not paging over speaker phones.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
85. In bathing areas, each resident has privacy.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
86. Residents have the ability to lock their individual room/apartment.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
87. There are no secured/locked memory care areas.* (Note: This is only a Fully Implemented practice, with no partial option. If any community living areas are locked, check Not a current practice).	<input type="radio"/> Fully Implemented	X Not Available	<input type="radio"/> Not a current practice

88. Based on resident preference, residents who use wheelchairs are seated in regular chairs in the dining area.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
89. 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, family council, volunteer options, computer center, massage, etc.).	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
90. To provide safe travel between beds and bathrooms, night lights are used in resident rooms/apartments.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
91. Chair, bed, floor, and doorway audible alarms are not used.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
92. The community does not use bibs/clothing protectors (linen or paper napkins, etc. are used instead).	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> 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
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FAMILY AND COMMUNITY

94. Children regularly engage with residents. Fully means at least weekly. Partially means at least monthly.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
95. According to the residents' preferences, the community invites outside groups to meet in the community, with residents welcome to attend.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
96. The community works with residents to accommodate their preferences to be actively engaged in community life outside the community, such as clubs, volunteering at schools, animal shelters, homeless shelters.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
97. Residents have opportunities to engage in events outside the community, such as fairs, parades, voting, concerts, and ball games.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice

98. The community has a café/restaurant available at which residents and family can obtain food and drinks daily.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
99. The community has a store/shop where residents and visitors can obtain gifts, toiletries, snacks.	<input type="radio"/> Fully Implemented	<input checked="" type="radio"/> Not Available	<input type="radio"/> Not a current practice
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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
101. There is a family council/group that meets routinely.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
102. The community 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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
103. The community recruits family members and outside community members as volunteers.	<input type="radio"/> Fully Implemented	<input checked="" type="radio"/> Not Available	<input type="radio"/> Not a current practice

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.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented <small>Team meetings are held but less than daily</small>	<input type="radio"/> 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.*	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
106. Learning Circles* are used routinely in team and resident meetings in order to give each person the opportunity to share their opinion/ideas.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice

<p>107. Community Meetings* are held on a routine basis, at least weekly, inviting residents team members and families to gather 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.</p>	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented <small>Check here if community meetings are held less often than weekly.</small>	<input type="radio"/> Not a current practice
<p>108. Leadership team members periodically keep themselves knowledgeable about culture change and resident-directed life* and share this information with team members and residents.</p>	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
<p>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.</p>	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
<p>110. The administrator/executive director supports the culture change efforts, including convening teams, projects, and committees to lead changes. This leader’s job description reflects this role.</p>	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
<p>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.</p>	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
<p>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.</p>	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
<p>113. Qualified medication aide/LPN/RN provide support to the same residents every time they work (with no planned rotation).</p>	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
<p>114. Direct care team members provide support to the same residents every time they work (no planned rotation).</p>	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
<p>115. Direct care team members work together to decide who works when and how to cover absences for call-offs (self-scheduling).</p>	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
<p>116. Culture change and resident-directed living are discussed during recruitment interviews.</p>	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice

117. New hire orientation emphasizes each team member's role in supporting culture change and resident-directed living.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
118. All job descriptions include the team member's duties in supporting resident-directed living.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
119. Reward and recognition systems emphasize team member support for resident-directed living.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
120. All performance evaluations include a category for support of resident-directed living.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
121. All team members are trained specifically on culture change and resident-directed living at least annually.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
122. The principles of culture change and resident-directed living are integrated into all training topics.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
123. Team members wear clothes that support a community environment (as opposed to scrubs or uniforms).	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
124. Team members other than those specifically assigned to provide personal care services, are encouraged, and supported in receiving cross training,* fostering a team approach to meeting resident care needs.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
125. Team members in addition to activities/recreation regularly engage residents individually and/or by leading groups of interest to residents.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
126. The community welcomes and encourages team members to dine with residents.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
127. There is a career ladder for direct care team members to hold a position higher than base level whose role includes mentoring/coaching other direct care team members.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
128. The community promotes and supports team members who desire to further their education.*	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
129. To recruit volunteers and direct volunteer activities, the community has a paid volunteer coordinator in addition to the activity/recreation director (part or full time).	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice
130. All team members receive resident-directed dementia care training annually.	<input type="radio"/> Fully Implemented	<input type="radio"/> Partially Implemented	<input type="radio"/> Not a current practice

131. The community 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.*

Fully Implemented
 Partially Implemented
 Not a current practice

132. There is an employee council/forum that meets routinely to discuss issues, plan events, provide support.

Fully Implemented
 Partially Implemented
 Not a current practice

LEADERSHIP AND TEAM ENGAGEMENT Total	<i>Total</i>	<i>Total</i>	<i>Total</i>
<i>(Your total should equal 29.) Total Total Total</i>			

ACC – AL GRAND TOTAL

To calculate your community’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 38). Next, add all category totals in a column for a Grand Total (the Total column should equal 132 practices). Finally, divide the column grand totals by 132 to calculate your community’s ACC – AL 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.

ACC – AL GRAND TOTAL	# Fully Implemented	# Partially Implemented	# Not a current practice	Total
Resident-directed Life (38 total practices)				
Being Well Known (16 total practices)				
Home Environment and Accommodation of Needs and Preferences (39 total practices)				
Family and Community (10 total practices)				
Leadership and Team Member Engagement (29 practices)				
ACC – AL Grand Totals (132 Total Practices)				
ACC – AL Percentages (Divide Column Grand Totals by 132)				

Fully Implemented % _____

Partially Implemented % _____

Not a current practice % _____

Today’s Date _____

Example of a Completed Grand Totals Chart

ACC – AL GRAND TOTAL	# Fully Implemented	# Partially Implemented	# Not a current practice	Total
Resident-directed Life (38 total practices)	16	12	10	38
Being Well Known (16 total practices)	8	2	6	16
Home Environment and Accommodation of Needs and Preferences (39 total practices)	19	11	9	39
Family and Community (10 total practices)	7	3	0	10
Leadership and Team Member Engagement (29 practices)	15	10	4	29
ACC – AL Grand Totals (132 Total Practices)	65	38	29	132
ACC Percentages (Divide Column Grand Totals by 132)	49%	29%	22%	100%

Fully Implemented % **49%**

Partially Implemented % **29%**

Not a current practice % **22%**

Artifacts of Culture Change – AL Guidance

ASSISTED LIVING

CULTURE CHANGE AND RESIDENT DIRECTED LIVING

Culture change is the common name given to the national movement for the transformation of older adult services, based on resident-directed values and practices where the voices of elders and those working most closely with them are solicited, respected, and honored. It is a global concept, including resident-directed care, treating people as individuals, and incorporating culture change principles into everything from the physical environment, training, language, policies, and the inclusion of residents' voices in the community's operations. These features of culture change comprise the items of ACC – AL.

Resident-directed living is a key component of culture change focused on getting to know each resident's needs, preferences, life story, how they want to live today, and helping to make it happen. Core resident-directed values are relationship, choice, dignity, respect, self-determination, and purposeful living.

GUIDANCE FOR ITEMS WITH ASTERISKS

1. New residents and their families are welcomed* by team members/managers, introduced to the community, and educated about the community's philosophy of enhancing residents' control over their lives, rights, amenities available, and choice of schedules.

*Welcoming is intentional by the community utilizing such methods as a welcoming committee/welcome wagon, resident buddies/mentors, first meals with specific individuals who either work or live there, an event held for others to meet the new person, assigned team members meeting with the new person, etc.

8. The community has a policy to consider the regular diet for all residents prior to considering restricted diets (diabetic, cardiac, pureed). (Refer to Dining Practice Standards.*)

*A national task force of clinical standard setting organizations, culture change leaders, and CMS developed evidence-based standards to enhance both nutrition and satisfaction with food and the dining experience. Research has shown that restrictive diets for older individuals in long term care are of little benefit, and in fact can be detrimental. These diets often cause residents to reject their meals, leading to weight loss. Restricting sugar, salt, or fat make little difference in blood sugar,

blood pressure, or cholesterol in the older person. Research evidence shows that a liberalized, regular diet for most residents can enhance quality of life as well as contribute to maintenance of physical health. Pioneer Network developed the Dining Practice Standards Toolkit to assist providers in implementing the Standards. (Both available on Pioneer Network website under the Dining category in the Resource Library.)

10. Before commercial supplements are used, real foods* are offered such as smoothies, shakes, malts. (See Dining Practice Standards: Real Food First.)

*The Dining Practice Standards include a section on using real foods instead of and before the addition of artificial dietary supplements. Research has shown frequent resident rejection of supplements, with consequent weight loss. Real foods are individualized according to a resident's abilities to chew and swallow. Examples of real foods are smoothies, shakes, malts and/or protein and fiber powders when extra protein is needed.

23. Individualized, non-pharmacological approaches are incorporated into the service/care plan* before psychoactive medications are prescribed. Residents who are already receiving psychoactive medications upon moving in are care planned for non-pharmacological approaches in order to decrease or eliminate these medications.

*Service/care plan refers to the service/care plan document as well as other documents and/or processes used by the community to support sharing of the resident driven comprehensive plan of care. This can include the medication administration record, treatment administration record, a kardex system, getting to know you documents, and should be supported in community policies and procedures.

24. Individualized bathing/showering techniques are used such as Bathing without a Battle* or similar techniques.

*The *Bathing without a Battle* book and DVD provide research-based information on proven methods to enhance the bathing experience for those who resist traditional techniques. It contains valuable information on bathing, showering, bed baths, and hair washing methods to accommodate residents' fears and pain to produce a pleasurable outcome for both residents and team members. (Available on Pioneer Network website.)

39. The community collects information about residents' life stories* and current interests and preferences.

*A life story goes beyond the typical social history, to provide detailed information about what makes this person unique. It goes beyond demographics such as marital status to cover what makes the person special.

54. All team members who care for a resident make use of service/care planned goals and approaches* daily as identified in the care plan.

*The term “approach” is used as a culture change term instead of “intervention.” An intervention in society at large refers to a dire situation for which there must be an intervention. Individualized approaches are what has always been meant since the approaches used for one person are different/individualized from the next.

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.

*Privacy-enhanced, shared rooms have a partial wall between two sides of a shared room, typically floor to ceiling. Sometimes the wall is removable for choice purposes. This gives better privacy than a curtain and two people still typically share one bathroom.

87. 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).

*Locked living areas (secured memory care units or neighborhoods) are now viewed as “the hidden restraint” and communities that have unlocked them find that people who are no longer locked in do not have the negative reactions that come when any person is locked up.

89. 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.).

*Instead of referring to admission, being admitted or a “new admit,” culture change/non-institution speak refers to the more natural process, of moving in. Combined with welcoming, the process is intentional about ensuring each person is made to feel comfortable and at community. The move in process takes place over a period of time and is not limited to the day of move-in.

102. The community 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.

*According to The Eden Alternative®, “Care partnership implies a balance of care—that opportunities to give as well as receive are abundant and experienced by everyone in the care relationship. Whether two people are friends, neighbors, family members, or client and provider, the relationship is mutual and therefore both people are giving and receiving. Instead of giving care, someone partners in care.” (Refer to The Eden Alternative website “Worlds Make Worlds” document.)

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.

*A troubleshooter is a team member from any department/team whose role is to ensure things get done for their assigned resident(s). There are often many things going on with one resident across various departments/teams. For example, a team member from Maintenance, who is the troubleshooter for Mr. P, notes that his request for change in breakfast items has not been fulfilled, his wheelchair wheels squeak, he is missing his winter coat, and has asked for a dentist appointment. The troubleshooter converses with people in the relevant departments/teams to determine status and keep Mr. P informed.

106. Learning Circles* are used routinely in team and resident meetings in order to give each person the opportunity to share their opinion/ideas.

*Learning Circles are group meetings in which a topic is posed, and each person speaks in turn with no crosstalk or discussion until the whole group has spoken. This process honors those who are reluctant to speak up and reins in those who can dominate a conversation. Learning Circles were brought to the culture change movement by LaVrene Norton of Action Pact, and more information is available at the Action Pact website and in the Resource Library on the Pioneer Network website.

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.

*Community Meetings were developed by the residents and Debbie and Barry Barkan of Live Oak Living Center. These meetings were, and are ideally, intentionally held every day for residents, team members, and any families able, to gather as a community to build connection by: discussing issues of mutual interest and concern; celebrating life events and birthdays, having new residents and employees introduce themselves; remember/mourn; share goodbyes before someone leaves, acknowledge gains/progress, life passages, losses, illness/recovery from illness, return from absences, the role they take on in the community (someone gives a news/sports/weather report or tells a joke each time), review of policies and procedures in layman's terms, planning future events, and anything the community decides to do.

108. Leadership team members periodically keep themselves knowledgeable about culture change and resident-directed life and share this information with team members and residents.*

*This can occur through participating in events such as state and national culture change conferences and webinars, as well as a review of resources. The expectation is that apply knowledge and share information with team members, residents, and families.

124. Team members other than those specifically assigned to provide personal care services, are encouraged, and supported in receiving cross training,* fostering a team approach to meeting resident care needs.

*Cross training refers to staff team members intentionally becoming trained in other areas. This can be any area although it commonly refers to professionals becoming cross trained as CNAs in order to help with ADLs which represents the bulk of resident need.

128. The community promotes and supports team members who desire to further their education*

*This could mean that the community is flexible with accommodating the need for a team member to be able to attend classes during their normal work hours, scholarships, etc.

131. The community 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.*

*Non-institutional language considers the person first, enhances dignity, and is not pejorative or paternalistic. For example, facility becomes home/community, unit becomes neighborhood, wheelchair-bound becomes person who uses a wheelchair. Pejorative language “we allow our residents to sleep as long as they want” becomes “we support residents to sleep until they wake up.” Pejorative is also terms such as “the girls on 2nd floor,” “the feeders,” “our” residents, and referring to people as room numbers – “112B has her call light on again.” Paternalistic language like, “Are we ready for our shower?,” becomes, “What time would you like your shower?” This also includes such terms as “he’s a complainer” and sing-song language used for babies. (Refer to language resources in the Resource Library on the Pioneer Network website under the Culture Change Fundamentals category.)
