

**New Guideline:**

**F246 – 483.15 Accommodation of Needs:** A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; receive notice before the resident’s room or roommate in the facility is changed.

**By Denise Hyde**

	<b>Expert recommendation</b>
<b>Eden Principles</b> How this new guideline relates to the Principle	<b>Principle 1</b> <ul style="list-style-type: none"><li>Elders who do not have access to the assistive devices they need or adequate lighting can become helpless.</li></ul> <b>Principle 2</b> <ul style="list-style-type: none"><li>The human habitat is about creating an environment with easy access to the antidotes to the plagues, including the assistance Elders need to remain as independent as possible.</li></ul> <b>Principle 7</b> <ul style="list-style-type: none"><li>By creating an environment which reflects the Elder’s preferences and accommodates their needs rather than the treatment needs of the staff, caring becomes the master. Interacting with the elders in a way that accounts for any physical limitations also makes care the master (the task of assisting becomes secondary) e.g. how care partners communicate with the Elder, the type of relationship they build with the Elder, and how they assist the Elder with their ADLs.</li></ul> <b>Principle 9</b> <ul style="list-style-type: none"><li>In order to grow, Elders need access to an environment that is set up to meet their needs. Care partners need to adapt their interactions so they help the Elder to grow rather than just maintain their current status. Providing easy access to what the elder needs helps them grow in self-esteem and remain as independent as they possibly can.</li></ul>
<b>Stories of changes</b> Stories of change that an organization(s) has done with this requirement	<ul style="list-style-type: none"><li>Homes using ceiling mounted lift devices which rids the Elder rooms and hallways of mechanical lifts and makes the needed technology readily available.</li><li>Some homes have installed automatic door openers for the Elder rooms, bathrooms and exterior doors making it easier for Elders to come and go on their own. Some involve pushing a button on the wall; others involve a device worn by the Elder that signals the door.</li><li>As homes remodel the Elder’s rooms, they are able to rearrange lighting and other permanent fixtures in a manner that allows more freedom for the Elder to choose how</li></ul>

	<p>larger pieces of furniture are arranged.</p> <ul style="list-style-type: none"> <li>• Some homes provide sensitivity training to the staff to give them the opportunity to experience the nursing home environment with their sight, hearing or tactile senses affected to function like an Elder's.</li> <li>• Relaxing the daily schedule of the home to be driven by the Elder and not time constraints and tasks, provides the staff with more time to attend to Elder's needs like cleaning their glasses, assuring their hearing aids are working correctly and that the items they need are where the Elder wants them.</li> </ul>
<p><b>Elders' Quality of life</b> How this guideline relates to Elders and staff quality of life?</p>	<p>When the Elder can remain as independent as possible, and has the support from the staff to accomplish that, their self-esteem grows, their mood is elevated and they are able to find the meaning and purpose needed to experience joy every day. When the staff is able to assist the Elders in remaining as independent as possible it improves their work life and helps them feel like they are making a difference. Less dependent Elders are happier, healthier and more engaged in the world around them. Staff who feel they are making a difference, stay in their jobs and invite others to come and work with them.</p>
<p><b>Tools and Education Needed</b></p>	<ul style="list-style-type: none"> <li>• Research on adaptive furniture, equipment and technologies available to assist Elders in maintaining their independence</li> <li>• Federal and state survey guidelines</li> <li>• Sensitivity training for the staff</li> <li>• Learning circles with staff and Elders</li> <li>• Interview documents to learn the preferences of the Elders</li> <li>• First-person care plans</li> <li>• Bathing Without a Battle by Joanne Radar</li> <li>• Consultation with PT/OT professionals for adaptive equipment</li> </ul>
<p><b>Relation to the "Path to Mastery....the Art of Creating a Caring Community"</b> (Coming soon to all Registered Eden Homes)</p>	<ul style="list-style-type: none"> <li>• Milestone 2: steps in Physical Transformation</li> <li>• Milestone 3: steps in Personal and Organizational Transformation</li> <li>• Milestone 4: steps in Organizational and Physical Transformation</li> </ul>

**New Guideline:**

**§483.70(f) Resident Call System:** The nurses' station must be equipped to receive resident calls through a communication system from (1) resident rooms; and (2) Toilet and bathing facilities.

**By: Michael Shaw (May 2009)**

	<b>Expert recommendation</b>
<b>Eden Principles</b> How this new guideline relates to the Principle	<p>Elder call systems provide for a vital link between Elder and nurse when the two are not already together. When Elders are in their rooms, restrooms or bathing areas, they need means to directly contact caregivers. All too often, staff lose the understanding and importance of this system beyond the obvious...someone needs help. When Elders don't receive timely assistance, the suffering of the three plagues of Elderhood explodes infinitely.</p> <p><b>Principle 1</b></p> <ul style="list-style-type: none"><li>• Institutional, hospital-like or traditional operating nursing homes foster loneliness, helplessness and boredom. This Eden Principle helps staff and Elders understand, recognize and appreciate the suffering from the three plagues as a result of these inefficient, unwelcoming and clinical environments. When we provide/create genuine, loving and sincere care, Elders' suffering is eliminated by allowing trust to grow between the Elder and caregiver.</li></ul> <p><b>Principles 3, 4 and 5</b></p> <ul style="list-style-type: none"><li>• Federally mandated systems like Elder call systems typically foster caregiver measurements such as efficient, quick and timely. Eighty percent of Elder calls are moments in time where the Elders are calling out for loving companionship, comfort and simple human interaction. These Principles provide us with the antidotes to loneliness, helplessness and boredom, equipping the caregivers and nurses with tools to care for the spirit of the individual pressing the button of the Elder call system</li></ul>
<b>Stories of changes</b> Stories of change that an organization(s) has done with this requirement	<p>Upon move-in to a particular nursing home in Florida, Elders are educated that the Elder call system is a means of communication for anything they might need like hugs, kiss good night, handholding or a listening buddy. Staff training provides caregivers an understanding of the importance of responsiveness to the Elder who is utilizing the call system.</p>
<b>Elders' Quality of life</b> How this guideline relates to	<p>Elder call systems are extremely important in providing Elders with the best care possible. With the inherently busy schedules of nurses today, the Elder call system is the single most</p>

Elders and staff quality of life?	important continuous communication device between the nurse and Elders. The Elder call system not only provides a lifeline to the nurse, but also provides a sense of comfort to the Elder knowing that their nurse is just a call away. When you are involved with Eldercare, it is imperative for that Elder's nurse to have the most direct communication possible to ensure the availability of the antidotes of loving companionship, spontaneity and care giving/receiving.
<b>Tools and Education Needed</b>	<ul style="list-style-type: none"> <li>• Warmth Surveys</li> <li>• Comparative Exercises</li> <li>• Decision Rings</li> <li>• Learning Circles</li> </ul>
<b>Relation to the “Path to Mastery....the Art of Creating a Caring Community”</b> (Coming soon to all Registered Eden Homes)	<p>Milestone 2: steps in Personal and Organizational Transformation</p> <p>Milestone 3: steps in Organizational and Physical Transformation</p> <p>Milestone 4: steps in Organizational Transformation</p>

**New Guideline:**

**483.70 (d) (2) (iv), F461 – Resident Rooms (Closet Space)**

This revision relocates the guidelines on “private closet space” to this Tag since it is in keeping with providing functional furniture within an Elder’s room that’s appropriate to his/her needs (*Note:* Tag F255 (closets) has been deleted). This new guideline clarifies that each Elder is entitled to private closet space (defined as clothes separate from roommate’s clothing) that incorporates hanging racks and shelving that are easily accessible to the Elder (so the Elder can attain and maintain his/her highest level of independence and well-being). Closets must either be installed into the wall or placed in storage furniture such as wardrobes in the Elder’s room. Alternate locations outside the Elder’s room can be used to store out-of-season items.

**By: Nike Whittemore (May 2009)**

	<b>Expert recommendation</b>
<b>Eden Principles</b> How this new guideline relates to the Principle	<b>Principle 1</b> <ul style="list-style-type: none"><li>• Acknowledgement that helplessness is the lack of opportunities to care for oneself and for others and that this <i>imbalance</i> of “care received vs. care given” encourages a self-destructive, learned behavior that kills</li></ul> <b>Principle 4</b> <ul style="list-style-type: none"><li>• When someone “does for” an Elder what he/she can do for him/herself, it encourages the plague of helplessness. Creating a closet setting that empowers each Elder to choose his/her own clothing and dress him/herself (whenever he/she wants) provides an opportunity for self-care and thus, restores a sense of control, independence, competency, dignity, self-esteem, and self-expression in the Elder.</li></ul> <b>Principle 8</b> <ul style="list-style-type: none"><li>• At home, one chooses from one’s closet (however many times per day and/or however many outfits per day) what one wants to wear and then proceeds to dress oneself. Therefore, in creating a more homelike environment, Elders in long-term care communities should be able to exercise this right as well (if they so desire).</li></ul>
<b>Stories of changes</b> Stories of change that an organization(s) has done with this requirement	Excerpt from <u>Haleigh’s Almanac</u> , pg. 17 in “Gardening Tools” In an Edenizing organization, a nurse aide described how she stopped picking clothes for Elders to wear and started giving that choice to the Elders.” This story demonstrates that by moving decision-making one ring closer to the Elder (from the caregiver’s authority to the Elder’s authority), the organization helped alleviate the plague of helplessness.
<b>Elders’ Quality of life</b> How this guideline relates to	Creating private closet space that enables Elders to attain and maintain their abilities to access their own clothing and dress themselves (however many times per day they want)

<p>Elders and staff quality of life?</p>	<p>restores a sense of independence, respect, dignity, and control over their lives/decisions. This has a profound impact on self-esteem, self-expression, mood, and relationships with fellow Elders, staff and family. Alleviating control issues between Elder/caregiver in this way encourages a more genuine, caring bond to be formed between the two. And with staff not having to “do for” the Elders the things that the Elders can and want to do for themselves, staff are freed up to interact with and enjoy each Elder as a unique individual with many life stories to share. In the process, both the caregiver and the Elder becomes well known. This increased quality of life for the caregiver can also minimize staff turnover, and thus, create a deeper relational experience for the Elders.</p> <p>In addition, the creation of a separate storage space for out-of-season clothing fosters a homier environment. It not only prevents over-crowding in the Elder’s personal closet (which helps with accessibility and wrinkle control), it encourages Elders to stay in touch with the seasons and celebrate nature’s rhythms by shifting their wardrobes accordingly (a customary, lifelong, anticipated event at home).</p>
<p><b>Tools and Education Needed</b></p>	<p><b>Comparative Exercise:</b> Ask the group to list the differences between “Doing For” vs. “Assisting When Asked” and “Treatment” vs. “Care” (care defined as helping someone to grow). Then ask which ones they think Elders experience more of on a daily basis in a typical nursing home and how it could be different.</p> <p><b>Concentric Circles:</b> Topic – “Share a time when you felt helpless. Describe your feelings (ex: loss of control, sad, angry, depressed, worthless, entitled, and/or burdensome). What would have eased your sense of helplessness?” OR “Describe a time when someone did for you what you could do and preferred to do for yourself. What feelings did it elicit in you? How did this dynamic affect the quality of your relationship?”</p> <p><b>Decision Rings:</b> Draw the organization’s decision rings and ask the group how decision-making authority over Elders’ clothing/dressing could be brought closer to the Elders themselves.</p> <p><b>Care Balance Sheet:</b> Ask each person to draw two columns on a piece of paper – one titled “giving” and the other titled “receiving.” Request that they quickly jot down the type of caring they give/receive in a typical day (e.g., hands-on with Elders, pets, kids, emotional, etc.). Discuss the results and then underscore the consequences of having an unbalanced give/receive care sheet. Ask the group to imagine what give/receive care balance sheets must look like for a typical Elder living in a nursing home and for that home’s staff.</p>

	<p>Brainstorm ways to make a healthier balance sheet for both. (<u>Haleigh's Almanac</u>, pg. 15 in "Gardening Tools").</p> <p><b>Guide Posts:</b> Refer to <u>Haleigh's Almanac</u>, pgs. 30-38 in "Glossary of EA Oddities" for a list of "What Hannah Would See When She Visits." These guidelines help long-term care communities integrate the principles of the Eden Alternative.</p> <p><b>Learning Circle:</b> Topic – "What's one thing that you have learned about helplessness that will change the way you interact with Elders in your home?" OR "Describe one way your organization can combat helplessness in Elders."</p>
<p><b>Relation to the "Path to Mastery...the Art of Creating a Caring Community"</b> (Coming soon to all Registered Eden Homes)</p>	<ul style="list-style-type: none"> <li>• Milestone 1: steps in Organizational Transformation</li> <li>• Milestone 2: steps in Personal, Organization and Physical Transformation</li> <li>• Milestone 3: steps in Organizational Transformation</li> <li>• Milestone 4: steps in Organizational Transformation</li> </ul>

**New Guideline:**

**§483.15(a) Dignity** - The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident’s dignity and respect in full recognition of his or her individuality.

**By: Heidi Pedersen (May 2009)**

	<b>Expert recommendation</b>
<p><b>Eden Principles</b> How this new guideline relates to the Principle</p>	<p><b>Principle 6</b></p> <ul style="list-style-type: none"> <li>• Meaning is defined by the Elder and found anywhere – in environment, activities and experiences, and relationships and interactions. A typical task can become meaningful activity.</li> </ul> <p><b>Principle 7</b></p> <ul style="list-style-type: none"> <li>• Genuine human caring. Genuine care is defined as helping another to grow by tending to the human spirit as well as the human. Developing and using good, respectful communication skills are a key part of caring for the whole person. Always fully honor the elder/individual receiving the gifts of your care.</li> </ul> <p><b>Principle 8</b></p> <ul style="list-style-type: none"> <li>• Move decision-making authority to the Elders or closer to the Elders. Creating an Elder-centered Community. All care partners on the team should feel empowered, most importantly, the Elder care partner.</li> </ul>
<p><b>Stories of changes</b> Stories of change that an organization(s) has done with this requirement</p>	<p>Our Elders make decisions on how they want to fix their hair. Some examples: one Elder will curl her hair with curlers and sit under her hairdryer after washing her hair. One Elder cuts his own hair and even dyes it. One Elder grew his facial hair to a full beard. In addition, the Elders choice how they want their fix done at the beauty shop: cut, perm, colored, set as well as how often they go.</p> <p>We have family care partners or staff care partners who make sure the Elder has clothes that are season appropriate in their rooms, increasing the Elder’s independence with dressing.</p> <p>Our Elders go regularly to shop for their personal items such as shampoo, toothpaste, toothbrush, clothing, shaving supplies, hygiene pads, snacks, sodas, purse, wallets etc.</p>
<p><b>Elders’ Quality of life</b> How this guideline relates to</p>	<p>Elders have choices and decision making authority which increases their quality of life as</p>



<p>Elders and staff quality of life?</p>	<p>well as relationships with staff and other elders.</p> <p>The staff care partners have more time to develop relationships with the Elders, because they are not making all the decisions for the Elders.</p>
<p><b>Tools and Education Needed</b></p>	<p>Education: Certified Eden Associate Training, Eden at Home Workshop, Embracing Elderhood Training, Eden Mentors and Educators</p> <p>Tools: Learning Circles with Elders, staff and family care partners</p> <p><u>Haleigh's Almanac</u></p> <p><u>What are Old People for?</u></p> <p>Path to Mastery... the Art of Creating a Caring Community</p> <p><u>In the Arm of Elders</u></p> <p><u>Eden Alternative Handbook</u></p> <p><u>Life Worth Living</u></p> <p><u>Journey of a Lifetime</u></p>
<p><b>Relation to the “Path to Mastery....the Art of Creating a Caring Community”</b> (Coming soon to all Registered Eden Homes)</p>	<p>Milestone 1: steps in Personal, Organizational and Physical Transformation</p> <p>Milestone 2: steps in Personal, Organizational and Physical Transformation</p> <p>Milestone 3: steps in Organizational Transformation</p> <p>Milestone 4: steps in Personal, Organizational and Physical Transformation</p>

**New Guideline:**

**F256, 483.15 (h)(5) Environment:** the facility must provide adequate and comfortable lighting levels in all areas

**By: Emi Kiyota, Denise Hyde**

	<b>Expert recommendation</b>
<b>Eden Principles</b> How this new guideline relates to the Principle	<p><b>Principle 1</b></p> <ul style="list-style-type: none"><li>• Poor lighting in the environment can create a feeling of helplessness for the elder.</li></ul> <p><b>Principle 2</b></p> <ul style="list-style-type: none"><li>• Adequate lighting is important to the growth of the habitat and natural lighting is important for the elements of the habitat, including the humans.</li></ul> <p><b>Principle 4</b></p> <ul style="list-style-type: none"><li>• Adequate lighting enables the elder to participate more in caring for the habitat and others which increases their involvement. Poor lighting, especially shadows for those with dementia, can look like holes that they do not want to enter. This increases their dependence and decreases their involvement in their surroundings.</li></ul> <p><b>Principle 5</b></p> <ul style="list-style-type: none"><li>• Animals and children enjoy light and it sparks their spontaneity and ease of access to the elders.</li></ul> <p><b>Principle 6</b></p> <ul style="list-style-type: none"><li>• Humans need natural light, especially in the winter, to improve their mood which increases their quality of life. When there is adequate lighting the elders are more likely to become engaged in meaningful activity around them.</li></ul> <p><b>Principle 7</b></p> <ul style="list-style-type: none"><li>• Alternative lighting options help to ensure that care is the master when treatment needs to be provided at night.</li></ul> <p><b>Principle 8</b></p> <p>Adequate lighting increases the independence and choice for the elder. The alternative of having a dimmer switch, table and floor lighting increases the choices the elders have about their room illumination.</p> <p><b>Principle 10</b></p> <ul style="list-style-type: none"><li>• When the leaders provide empathy exercises for the staff they learn how the lighting affects the aging eyes and how it influences the elder's engagement in their life.</li></ul>
<b>Stories of changes</b> Stories of change that an organization(s) has done with	<ul style="list-style-type: none"><li>• Adding bedside lamps in the elders' rooms</li><li>• Using indirect lighting instead of overhead fluorescent lights</li></ul>

<p>this requirement</p>	<ul style="list-style-type: none"> <li>• Adding carpeting to the halls and rooms to decrease glare from tile floors</li> <li>• Using sky lights to provide more natural light</li> <li>• Use lighting switches that gradually fade the light on and off</li> <li>• Using motion sensitive lights</li> <li>• A change in how the organization goes about setting the light levels in the home by talking with and observing the elders in order to determine the correct lighting level recognizing that the elders cannot always articulate their lighting needs and they often need more light than the staff</li> <li>• The elders enjoy the grow lights being used for the plants, especially in the winter, because they feel warm and light up the plants</li> <li>• Recognizing what the elders need as adequate lighting</li> </ul>
<p><b>Elders' Quality of life</b> How this guideline relates to Elders and staff quality of life?</p>	<ul style="list-style-type: none"> <li>• Decreased helplessness</li> <li>• Improved mood, participation and involvement</li> <li>• Decreased confusion with shadows for those with dementia</li> <li>• Increase spontaneity with the animals and children</li> <li>• Increased choice and independence</li> <li>• Increased growth of live plants</li> </ul>
<p><b>Tools and Education Needed</b></p>	<ul style="list-style-type: none"> <li>• Empathy exercise for staff and leaders where they experience a world without adequate lighting levels and discuss what that was like and how it relates to the home the elders live in everyday</li> <li>• Consult with organizations with experience with lighting in eldercare environments, especially architectural firms</li> </ul> <p><b>Book:</b></p> <ul style="list-style-type: none"> <li>• ANSI/IES RP-28-98: Lighting and the Visual Environment for Senior Living, Illuminating Engineering Society / 01-Jan-1998 /</li> </ul> <p><b>Articles:</b></p> <ul style="list-style-type: none"> <li>• Jones, GMM, &amp; van der Eerden, WJ (2008). Designing care environments for persons with Alzheimer's disease: visuoperceptual considerations. <i>Reviews in Clinical Gerontology</i>, 18(01), 13-37.</li> <li>• Torrington, JM, &amp; Tregenza, PR (2007). Lighting for people with dementia. <i>Lighting Research and Technology</i>, 39(1), 81-97.</li> </ul> <p><b>Web site:</b></p>

	<ul style="list-style-type: none"><li>• Lighting Research Center at Rensselaer Polytechnic Institute - <a href="http://www.lrc.rpi.edu">www.lrc.rpi.edu</a></li><li>• Energy Star Program - <a href="http://www.energystar.gov">www.energystar.gov</a></li><li>• Lighthouse International - <a href="http://www.lighthouse.org">www.lighthouse.org</a></li><li>• International Association of Lighting Designers - <a href="http://www.iald.org">www.iald.org</a></li><li>• Illuminating Engineering Society of North America - <a href="http://www.iesna.org">www.iesna.org</a></li></ul>
<b>Relation to the “Path to Mastery....the Art of Creating a Caring Community”</b> (Coming soon to all Registered Eden Homes)	<ul style="list-style-type: none"><li>• Milestone 2: steps in Organizational and Physical Transformation</li><li>• Milestone 3: steps in Organizational and Physical Transformation</li><li>• Milestone 4: steps in Organizational and Physical Transformation</li></ul>

**New Guideline:**

**483.10 (m), F175 - Married Couples (Roommate Choice)**

This revision clarifies that any two Elders residing in the same long-term care home (not to be misinterpreted as only applicable to married couples and/or incoming spouses) who wish *and* agree to room together (regardless of age, sex, or relationship) can make this request and expect the home to actively seek to accommodate this request within a reasonable period of time. Rather than asking an existing roommate to relocate, however, finding a new room (that is in keeping with each individual's payment source) for the married couple or for the two friends would be most appropriate. (Note: 483.15 (b), Tag F242, Self-Determination and Participation, elaborates on non-spousal roommate choice for all nursing home Elders).

**By: Nike Whittemore (May 2009)**

	<b>Expert recommendation</b>
<b>Eden Principles</b> How this new guideline relates to the Principle	<b>Principle 1</b> <ul style="list-style-type: none"><li>Acknowledgement that loneliness kills and is “the pain we feel when we want, but cannot have companionship.” Roommates can make great companions if they’re spouses and/or friends.</li></ul> <b>Principle 3</b> <ul style="list-style-type: none"><li>Roommates who enjoy one another’s company offer easy and convenient access to loving human companionship. Being friendly toward an assigned roommate feels very different and less satisfying than rooming with a spouse or friend of choice. The latter enhances quality of life for the Elder..</li></ul> <b>Principle 8</b> <ul style="list-style-type: none"><li>Just like at home, it is the person who lives in the house who decides with whom they share their personal space. Thus, it is the Elders in a long-term care home who should choose (if they so desire) with whom they room.</li></ul>
<b>Stories of changes</b> Stories of change that an organization(s) has done with this requirement	True story taken from <u>The Eden Alternative Handbook</u> , pgs. 88-89. “Eden Miracle” by Christine Krugh, Riverview CareCenter, Spokane, WA “Being a social worker in a nursing home is a tremendous job. Being an Eden Associate and a social worker brings a whole new perspective to the experience. One recent weekend, I was hiding in my office with the purpose of preparing for an upcoming Associate Training Workshop. <i>Part of my presentation was to be on Principle Three: Companionship is the antidote for loneliness</i> , and I was studying the concepts relating to the companionship quilt. <i>Part of my focus was on how Elders can provide companionship for each other.</i> As you might imagine, I was interrupted regularly by Elders, family and staff who needed information or advice on various topics unrelated to the subjects I was studying. The charge nurse also visited several times that day, updating me on an Elder, Helena, who had

suddenly become ill. As the day progressed, Helena's health took a turn, and it looked like she would not make it through the night.

The nurse quickly called the family for support. I went down to spend a few moments with this very special lady. When I neared her room, Licorice, our black cat was sitting by her door. In our facility, we know that Licorice has a sixth sense about death. When death is close by, Licorice is nearby. My heart sank.

I entered the room and knew in a moment that Licorice was right. Helena did not have long to live. I took a chair close to her bedside. I held her hand and shared with her calming thoughts about her condition and what was to come.

As we sat quietly together, *Helena's roommate, Mary, entered the room.* Mary is in the middle stages of dementia and has experienced a severe cognitive decline. In the past years, before Eden, I would have guided Mary out of the room to spare her this very emotional experience of *seeing her friend* die. It was because I had been studying about companionship that day that I made a different decision. I motioned Mary to come closer and gave her permission to help me. Mary was grateful that I asked her to stay.

*Mary came to the bedside.* She began to hum in a low soft voice. *Calmly she held Helena's right hand* as I held her left and we gently caressed her cold, soft, arthritic hands. Mary began to sing a church hymn from her childhood, "Jesus Loves Me, This I Know." She spoke to Helena about life, about death, and about her belief that God was there waiting. *She guided Helena with her words* repeating them softly over and over. First she sang, then she spoke, and then she sang again. Helena, who had not been fully aware of our presence, began to listen.

Her breathing became calmer, she made eye contact first with Mary and then with me. *Again she listened to Mary's words.* Suddenly Helena looked up above her bed. Her eyes were bright as if she was surrounded by a presence we could not see; her expression was that of wonderment, joy and peace. She gently closed her eyes and died.

Mary and I sat with her for several minutes. We cried together. Mary processed the experience as we held each other close. *She felt tremendous comfort in knowing that she had been an integral part of helping Helena* move without fear from this world to the next. "I know she is with God, and I helped her on her journey" she said softly. "I really helped her see the way."

I truly believe it would have never happened if I had not come, if I had not been studying about companionship that day and if I had chosen to follow our standard medical practice by removing Mary, "a confused resident," from the room. Instead, I allowed *Mary to stay and be with her very close friend during a time when her friend needed her most.* Mary made Helena's passing a wondrous experience and in the process *taught me some very valuable*

	<p><i>lessons about companionship, faith in God, and the lives we share with each other.... Truly an Eden Miracle.”</i></p>
<p><b>Elders’ Quality of life</b> How this guideline relates to Elders and staff quality of life?</p>	<p>Providing Elders with the decision-making authority to choose their own roommate, be it a spouse or fellow resident friend, maintains the sense of peace, joy, comfort, and loving companionship the Elder felt at home. The three plagues of loneliness, helplessness and boredom are less likely to creep into the Elders’ lives because they feel “known” and have a stronger sense of belonging; they feel needed and have someone to care for; and their proximity to one another promotes natural, spontaneous interactions. All of these elements provide a higher quality of life for the Elder, as well as for the staff, who are invited into the Elders’ relationship and thus, no longer have to battle the three plagues alone.</p>
<p><b>Tools and Education Needed</b></p>	<p><b>Visualization Exercise:</b> Have group members close their eyes while you read different scenarios about “Friendship,” “Friendliness,” “Loneliness,” and “Solitude.” Pause between each scenario and ask them to write down 3 words describing their feelings about each. Afterwards, discuss as a group which scenarios evoked positive/negative emotions and why.</p> <p><b>Comparative Exercise:</b> Ask the group to list the differences between “Friendship vs. Friendliness” and “Loneliness vs. Solitude.” Then ask which ones they think Elders experience more of on a daily basis in a typical nursing home and how it could be different.</p> <p><b>Concentric Circles:</b> Topic – “Share a time when you had to room with an assigned roommate instead of a spouse or friend (or a time it almost happened and what you did to either encourage it or prevent it). How did you feel? What was the difference? Which option would you prefer on a daily basis in your own home?”</p> <p><b>Decision Rings:</b> Draw the organization’s decision rings &amp; ask the group how decision-making authority over roommate selection could be brought closer to the Elders.</p> <p><b>Three Cards Exercise:</b> Ask each person to write the three most important things in his/her life (ex: relationship, activity, job, hobby, possession). Place one item on each index card. Then ask them to give up one card (due to an imaginary scenario that they need to be institutionalized). Then ask them to give up one more card (because there’s just not enough room for their old life in this new place). Collect the final cards, which have been held preciously until the end, and read them out loud to the group (underscoring that it is almost always relationships, not things, that people hold dearest to their hearts and that make life worth living). (Haleigh’s Almanac, pg. 31 in “Favorite Recipes”).</p>

	<p><b>Caleb’s Basket:</b> Read the story of “Caleb’s Basket” and ask the group how their long-term care homes incorporate “water” (<i>meaningful</i> relationships) into Elders’ daily lives. (<u>Haleigh’s Almanac</u>, pgs. 14-18 in “Anecdotes, Tales and Yarns” &amp; <u>The Eden Alternative Handbook</u>, pg. 81).</p> <p><b>Guide Posts:</b> Refer to <u>Haleigh’s Almanac</u>, pgs. 30-38 in “Glossary of EA Oddities” for a list of “What Hannah Would See When She Visits.” These guidelines help long-term care communities integrate the principles of the Eden Alternative.</p> <p><b>Learning Circle:</b> Topic – “What’s one thing that you have learned about <i>loving</i> companionship that will change the way you interact with Elders in your home?”</p>
<p><b>Relation to the “Path to Mastery...the Art of Creating a Caring Community”</b> (Coming soon to all Registered Eden Homes)</p>	<ul style="list-style-type: none"> <li>• Milestone 1: steps in Personal and Organizational Transformation</li> <li>• Milestone 2: steps in Personal and Organizational Transformation</li> <li>• Milestone 3: steps in Organizational and Physical Transformation</li> <li>• Milestone 4: steps in Personal and Organizational Transformation</li> </ul>



**New Guideline:**

**§483.15(h)(1) Environment:** A safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.

**By: Michael Shaw (May 2009)**

	<b>Expert recommendation</b>
<b>Eden Principles</b> How this new guideline relates to the Principle	<b>Principle 1</b> <ul style="list-style-type: none"><li>• Institutional, hospital-like or traditional looking nursing homes foster loneliness, helplessness and boredom. This Eden principle helps staff and residents understand, recognize and appreciate Elders' suffering (three plagues) as a result of these inhospitable, unwelcoming and clinical environments. When we provide/create home or physical transformation, Elders' suffering is eliminated by allowing people the freedom to express themselves.</li></ul> <b>Principle 9</b> <ul style="list-style-type: none"><li>• Principle 9 states that creating a feeling of home is a life long journey. This Eden Principle helps staff recognize the continual/perpetual importance of knowing the elders in order to make the nursing home Elder-centered. Just as home environments change due to different ideas, trends, tastes, seasons and renovations, so to must we work with our Elders in order to adapt their environment to these never-ending, life patterns.</li></ul>
<b>Stories of changes</b> Stories of change that an organization(s) has done with this requirement	Encouraging residents to bring in their own bed spreads. Local/State codes often mandate that bed spreads are flame resistant. There is product available on the market to spray bed spreads to make them flame resistant after every wash. Setup procedures with staff to ensure all bed spread washes are finished by spraying on the product.
<b>Elders' Quality of life</b> How this guideline relates to Elders and staff quality of life?	Our homes represent our life, experiences and self-expressions. Quality of life is achieved when staff and residents come together to recreate home. Through these culture change efforts, nurse aide empowerment and the development of universal workers emerge. There is a breaking down of hierarchical management. Physical space is modified by creating smaller residential areas, sometimes called households, neighborhoods, or clusters; emulating homes by giving Elders access to kitchens, laundry rooms, and the like. Dining times and choices are extended improving ambience. In providing daily activities there is a respecting and enhancing of individuality and individual interests rather than striving for high counts at large organized activities. Regular community meetings of the Elders are held giving them input into governance and decisions affecting everyday life. Every small step to encourage personal belongings in the nursing home brings the staff and residents closer

	together and enhanced quality of life emerges.
<b>Tools and Education Needed</b>	<ul style="list-style-type: none"> <li>• Warmth Surveys</li> <li>• Comparative Exercises</li> <li>• Decision Rings</li> <li>• Learning Circles</li> </ul>
<b>Relation to the “Path to Mastery...the Art of Creating a Caring Community”</b> (Coming soon to all Registered Eden Homes)	<ul style="list-style-type: none"> <li>• Milestone 1: steps in Organizational Transformation</li> <li>• Milestone 2: steps in Personal, Organizational and Physical Transformation</li> <li>• Milestone 3: steps in Organizational Transformation</li> <li>• Milestone 4: steps in Organizational Transformation</li> </ul>

**New Guideline:**

**F247 – 483.15 – Right to roommate change notice:** A resident has a right to receive notice before the resident’s room or roommate in the facility is changed

**By Denise Hyde**

	<b>Expert recommendation</b>
<b>Eden Principles</b> How this new guideline relates to the Principle	<b>Principle 1</b> <ul style="list-style-type: none"><li>• Whether roommates get along or not, there is a relationship that develops over time. That relationship should be honored especially if one of the roommates should die or leave the home. Loneliness, along with grief, is an expected reaction to having a roommate leave. The same is true when a new roommate is brought in. An Elder should have a voice in who moves into their room and time to get to know them. Because this type of arrangement involves some adjustment, it is only appropriate that plenty of notice and time be provided.</li></ul> <b>Principle 3</b> <ul style="list-style-type: none"><li>• The care partners have a responsibility to help start the relationship building between two new roommates. Often it is the staff making the decision of who should room together. By involving the Elder’s in the decision it helps begin the development of the relationship that will hopefully provide companionship. If the Elder feels they have a voice and some idea of what to expect, they are more likely to contribute the success of the developing relationship. Elders who have companions are able to overcome the pain of loneliness.</li></ul>
<b>Stories of changes</b> Stories of change that an organization(s) has done with this requirement	
<b>Elders’ Quality of life</b> How this guideline relates to Elders and staff quality of life?	If relationships between roommates can be grown appropriately and slowly, it is more likely that there will be fewer conflicts which contribute to a better quality of life for the Elders and the care partners. Also, when we have access to companionship we suffer less from loneliness which improves our health and well-being.
<b>Tools and Education Needed</b>	<ul style="list-style-type: none"><li>• Federal and state survey guidelines</li><li>• Conflict resolution skills</li><li>• Resources to support people experiencing grief</li><li>• Learning Circles</li><li>• Skills in communication and relationship building</li></ul>

<b>Relation to the “Path to Mastery....the Art of Creating a Caring Community”</b> (Coming soon to all Registered Eden Homes)	<ul style="list-style-type: none"><li>• Milestone 1: steps in Personal and Organizational Transformation</li><li>• Milestone 2: steps in Personal and Organizational Transformation</li><li>• Milestone 3: steps in Organizational Transformation</li><li>• Milestone 4: steps in Personal and Organizational Transformation</li></ul>

**New Guideline:**

**F242 – 483.15 Self-determination and participation:** The resident has a right to choose activities, schedules and health care consistent with his or her interests, assessments and plans of care; interact with members of the community both inside and outside the facility; make choices about aspects of his or her life in the facility that are significant to the resident

**By Denise Hyde**

	<b>Expert recommendation</b>
<p><b>Eden Principles</b> How this new guideline relates to the Principle</p>	<p><b>Principle 1</b></p> <ul style="list-style-type: none"><li>• Acknowledgement that loneliness kills and is “the pain we feel when we want, but cannot have companionship.” Roommates can make great companions if they’re spouses and/or friends.</li></ul> <p><b>Principle 3</b></p> <ul style="list-style-type: none"><li>• Loving and meaningful relationships inside (staff, roommates) and outside (family, friends, larger community) of the home are important to alleviating the plague of loneliness</li></ul> <p><b>Principle 4</b></p> <ul style="list-style-type: none"><li>• Having meaningful interactions with others provides the opportunity to give as well as receive care</li></ul> <p><b>Principle 6</b></p> <ul style="list-style-type: none"><li>• Meaningful activities nurture the human spirit. Having choices about activities, schedules, expressing interests and preferences are important to each of us. Activities can be formal programs or self-directed to be meaningful. Identifying Elder’s preferences and interests is a step toward identifying and implementing simple pleasure.</li></ul> <p><b>Principle 7</b></p> <ul style="list-style-type: none"><li>• Health care should be consistent with the Elder’s interests and preferences and life goals. Choices over daily waking, eating, bathing, and sleeping are definitely a part of making treatment the servant in the Elder’s life. Accommodating the Elder’s choice of schedule rather than the health care professional’s is also about having treatment in the servant role.</li></ul> <p><b>Principle 8</b></p> <ul style="list-style-type: none"><li>• Elders should be the driver of their daily schedule, e.g. waking, sleeping, eating, bathing, medical appointments and treatments. Elders should be able to be involved in activities of their choosing that align with their preferences and interests. The facility should be creating an environment that respects the Elder’s right to autonomy. All of these things maximize the Elder’s decision making.</li></ul>

	<p><b>Principle 10</b></p> <ul style="list-style-type: none"> <li>• Leaders set the expectations and climate within the home that influences how the staff interact with the Elders and how they empower the Elders to direct their daily life.</li> </ul>
<p><b>Stories of changes</b>  Stories of change that an organization(s) has done with this requirement</p>	<p>Some homes have changed their medication administration process to be non-time dependent using directions such as “upon arising”, “with meals” and “at bedtime”. This gives the Elders and staff the opportunity to personalize the medication administration to fit the Elder’s choices for the daily schedules.</p> <ul style="list-style-type: none"> <li>• Some homes have gone to all open dining with pantry kitchens so that the Elders have access to the food they want, when they want it. Some have added café areas where food is available for Elders to share with family and friends that come to visit. Some homes work with Elders to provide food storage within their rooms so the food of their choosing is always close at hand and friends and families can bring in their favorites too.</li> <li>• Some homes have worked on creating child-friendly areas within the home so that family and friends with small children feel more comfortable coming to visit.</li> <li>• The Elder’s that choose sometimes participate in community-wide events such as entering floats in parades, submitting craft projects for viewing, or assisting with booths.</li> <li>• Many Eden homes are working on implementing simple pleasures for the Elders and the staff. This is great for building relationships, empowering Elders and staff, bringing joy and creating greater quality of life.</li> <li>• Some homes have moved away from the “day shift only” bath aide by interviewing the Elders and learning their bathing preferences. Then the care partner team works together to find a way to honor those preferences, whatever time of day or night.</li> <li>• By moving to open dining and changing medication administration to be non-time dependent, the home can work on enabling Elders to awaken naturally and go to sleep when they choose. This also opens the door to moving away from the traditional shift schedules toward more flexibility that accommodates staff’s family needs.</li> <li>• Some homes have implemented first-person care plans that uniquely express the Elder’s preferences, interests and desired daily schedule. This gives staff the guidance needed to accommodate those preferences as they determine their routines for the day.</li> <li>• Homes on the Eden journey are recognizing the value of the relationship between</li> </ul>

	<p>Elders that room together in the home. When one Elder is dying, or leaving, the roommate is involved in that experience so the relationship is honored. After the roommate leaves, time is given for the Elder remaining to deal with their grief before having them involved in the next choice of roommates.</p> <ul style="list-style-type: none"> <li>• Interviewing Elders who are moving in about their regular daily routine is becoming more commonplace. Information gathered includes waking time, bedtime, mealtimes, when medications are taken, bathing times and types and the elder's simple pleasures.</li> </ul>
<p><b>Elders' Quality of life</b> How this guideline relates to Elders and staff quality of life?</p>	<p>When the Elder's new home provides the opportunity to retain or develop meaningful relationships, to continue their normal daily routine, maximizes choices and honors their preferences, the Elder begins to feel at home much more quickly. Their overall mood is better and the usual "behaviors" experienced when entering an institution disappear. The staff in a home that provides this type of atmosphere are much more relaxed in their daily work, are able to work together with their teammates to integrate a new Elder's daily routine. In addition, a home that is operating to meet the needs of the Elders based on the development of meaningful relationships is likely to do better in their quality measure scores as well as the annual state surveys. A relaxed work environment also helps reduce staff stress and burnout and improves staff retention.</p>
<p><b>Tools and Education Needed</b></p>	<ul style="list-style-type: none"> <li>• Federal and state survey guidelines</li> <li>• Learning circles</li> <li>• Develop elder interview tools that identify preferences and interests</li> <li>• Workbook on first-person care planning</li> <li>• Work with consultant pharmacist and physician on adjusting medication administration practices</li> <li>• Decision Rings</li> <li>• Leadership workshop</li> <li>• Certified Eden Associate Training</li> </ul>
<p><b>Relation to the "Path to Mastery...the Art of Creating a Caring Community"</b> (Coming soon to all Registered Eden Homes)</p>	<ul style="list-style-type: none"> <li>• Milestone 2: steps in Personal, Organizational and Physical Transformation</li> <li>• Milestone 3: steps in Personal, Organizational and Physical Transformation</li> <li>• Milestone 4: steps in Personal and Organizational Transformation</li> </ul>