

## **F941**

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### **§483.95 Training Requirements.**

**Training topics must include but are not limited to—**

#### **§483.95(a) Communication.**

**A facility must include effective communications as mandatory training for direct care staff.**

### **DEFINITIONS**

*“Communications” include services such as Teletypewriter (TTY) and Telecommunications Device for the Deaf (TDD), use of devices such as cellular telephones, and accessibility such as reasonable access and privacy for electronic communications like email or internet-based interpersonal video communications. See 483.10(g)(6)(7).*

*“Direct care staff” are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being.*

*“Effective communications” describe a process of dialogue between individuals. The skills include speaking to others in a way they can understand and active listening and observation of verbal and non-verbal cues. Understanding what the resident is trying to communicate is essential to giving a response. Additionally, effective communication ensures that information provided to the resident is provided in a form and manner that the resident can access and understand, including in a language that the resident can understand. See 483.10(g)3).*

### **INTENT**

*We did not propose to require a specific amount of time, specific communications topics, or specific training mechanisms to meet this requirement. The topics for training should reflect the needs of the resident population and the needs of staff. These needs should correspond with the Facility Assessment. We expect training activities will encourage participation and allow for open dialogue among participants in order to be productive.*

*Facilities must inform residents in a language they can understand of their total health status and to provide notice of rights and services both orally and in writing in a language the resident understands (see §483.10, Resident Rights).*

*For the purposes of this training requirement, staff includes all staff providing direct care services (training topics as appropriate to role).*

## **GUIDANCE**

***Recommended methods of effective communication, include, but are not limited to, the following:***

- 1. Identify yourself and use the resident's name each time you speak with them.*
- 2. Use the proper names for people, places, and objects; avoid saying he, she, it, or they so that the resident can understand.*
- 3. Allow extra time. Many nursing home residents have conditions which require longer information processing time.*
- 4. Avoid distractions, and maintain eye contact, if culturally appropriate. Focus on the resident, make each interaction quality time.*
- 5. Listen carefully to the resident's responses and directly respond to the questions and concerns. Give residents an opportunity to ask questions and express themselves.*
- 6. Sit face to face, residents may have vision and hearing loss, and reading your lips may be crucial. Even if the resident uses a hearing aid, it can be difficult for the resident to understand you because a hearing aid amplifies all sounds, including background noise.*
- 7. Speak slowly, clearly and in a normal tone, and use short, simple words (no medical or slang jargon)*
- 8. Maintain a positive attitude, including a pleasant tone of voice and facial expression. Residents with dementia respond to the feelings you convey more than the actual words.*
- 9. If the communication form is written, simplify the questions, and stick to one topic at a time. Frequently summarize the most important points.*
- 10. Be aware of a resident's body language communications.*
- 11. Eliminate assumptions, make adjustments to the communication method as required during a conversation.*
- 12. Visual aids may be required as communication methods.*
- 13. Repeat back what the person has said to make sure that you understand. Ask for clarification if you aren't sure what the person means.*

## **Training Resource**

- **Getting the Facts: Effective Communication with Elders Support Materials**  
<https://pogoe.org/sites/default/files/Commun-Support-Mat.pdf>
- **Mental Illness:** <https://www.mentalhealth.gov/talk> <https://www.nami.org/Find-Support/Family-Members-and-Caregivers/Maintaining-a-Healthy-Relationship>

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### ***PROBES***

*If there is a concern about effective communication utilize interviews and review of training records to determine the following:*

- *Does the facility provide on-going in-service training, as necessary, for permanent, temporary and volunteer direct care staff to improve their ability to communicate effectively?*
- *Does the facility admit and care for residents that do not use the English language?*
- *How does the facility assessment reflect the need for direct care staff training related to communication with residents who do not speak English? What communication tools are provided and how are staff educated about using those tools?*
- *Does the facility have alternative means of communication for residents in need who require them and how are staff educated about using them (e.g. communication boards)?*
- *How are ethnic and cultural differences reflected in communications?*
- *How well do permanent and temporary direct care staff and volunteers communicate with residents?*
- *Does the facility have a process in place to communicate with residents including those with a language/communication barriers during an emergency?*
- *How does the facility train direct care staff on identifying resident non-verbal communication?*
- *How does the facility train direct care staff on identifying and understanding their own non-verbal communication?*