Defining Principles of Culture Change
Following are defining principles of culture change (relating to its implementation in the lives of residents and their formal and informal caregivers).

1. **Resident Self-Direction/Choice**: in daily schedule, care planning, and activities – all aspects of life.
2. **Homelike environment**: the nursing home looks and functions as a residence rather than an institution.
3. **Close relationships**: between residents, residents and staff, and residents’ family. Direct care staff engage in “relational care” valuing the time spent with residents. This improves care and quality of life.
4. **Empowered direct care and other front-line staff**: leadership supports & enables direct-care staff to respond to resident needs & desires, and to interact with clinical staff.
5. **Collaborative decision-making**: planning and decision-making for how the facility functions is decentralized and shared, among staff, and between staff and residents, rather than top down.
6. **Social engagement and community**: both within the residence and by fostering residents’ connections with the outside community (by both providing access to activities outside of the facility and bringing external activities into the facility).
Essential Foundations of Culture Change

Following are the essential foundations of culture change (i.e., the basic operational underpinnings that an operator should demonstrate to be considered as a culture change provider).

1. **Sufficient and competent staffing**: Culture change homes should provide an appropriate level of properly trained staff (direct nursing, recreational, therapy, etc.) to meet the clinical and psychosocial needs of all residents. In addition to maintaining sufficient staffing levels, nursing homes should also provide consistent staff assignment. Limited use of contract staff, feeding assistants, and other single task aides are important indicators of this commitment.

2. **Financial integrity**: The owner/operator should foster transparency and accountability for the use of funds received to provide resident care and services. They should demonstrate a commitment to dedicating sufficient funds to resident care and quality of life services;

3. **Consistent compliance**: The owner/operator should have an established record of consistently meeting regulatory and professional standards, in an environment free from abuse and neglect. Evaluation of regulatory compliance should include all facilities in which there is an ownership or management interest.