

## Effective Communication – Deaf Resident

1. The resident's likes and dislikes regarding activity pursuits will be identified, and accommodations will be made as possible to allow for social interaction.
2. Volunteers will communicate with the resident, using techniques identified in his/her plan of care, and in accordance with his/her established routine for communication, as possible. Adaptive techniques include, but are not limited to:
  - a. Looking at the resident, as opposed to the companion or interpreter, when speaking to him/her to promote dignity and to facilitate resident's ability to speech read/ lip read (if capable).
  - b. Standing or sitting under or near a light source and keeping hands and objects away from mouth when speaking.
  - c. Using sign language (i.e. assigning care givers, if available, who know sign language).
  - d. Written captioning of audio communications (i.e. closed captioning on TV, present educational materials on DVD in closed captioning).
  - e. Using communication boards or writing materials (i.e. write legibly, in plain terms).
  - f. Getting the resident's attention by tapping him/her on the arm, waving your hand, or flickering the lights.
  - g. Speaking one at a time in a group.

### References:

Centers for Medicare & Medicaid Services. *State Operations Manual, Appendix PP Guidance to Surveyors for Long Term Care Facilities* (November 2017). F552: Right to be Informed/Make Treatment Decisions.