

Long-Term Care Survey Alert

TEST YOURSELF: How Would Your Team Handle This Scenario Involving Resident Sexuality?

The right care plan can support residents' rights and keep them safe.

Talk about a juggling act: You have to promote residents' rights as autonomous adults to have a sexual relationship--and also protect them from potential exploitation and harm. For potential guidance on how to handle such scenarios, check out the following composite case study.

The facts: Staff discovered a 67-year-old man with dementia due to life-long alcoholism in the room of a 62-year-old resident. They appeared to be engaging in non-coital sexual activities. Other than having dementia, the man is functional and healthy. The woman is status-post-stroke with a mild residual left hemiparesis and problems with ambulation.

Assessment:

- Capacity: Both (barely) sufficient capacity to consent
- Safety: No issues & Fall risk
- Health: coronary risk?
- Regulatory: Tag F164 Privacy
- Mental health: Both moody and "sensitive" but responsive to support
- Welfare (pregnancy, social): Families permissive

Plan:

1. Private room for; private visitation by permitted
2. STD screen for both residents is negative. Counseling given and condoms discreetly made available
3. Care plan to monitor for psychosocial changes and fall risk
4. Staff with objections allowed to express their position. Discreetly offer alternative assignments to respect their sensibilities.

Source: Excerpted from a case presentation by Duncan MacLean, CMD, and Janet Feldkamp, RN, JD, at the **American Medical Directors Association** annual meeting in Dallas. The example represents a composite of various cases rather than an actual individual situation.