

## MDS Alert

### Assessment: Consider Section AC (Customary Routine) And B (Cognitive Patterns) When Making Roommate Assignments

Set the stage for positive psychosocial outcomes.

The right roommate assignment can open the door to companionship. But a mismatch can be a formula for unhappiness, depression and escalating conflict between residents.

And under the revised F323 (accidents and supervision), you want to do everything possible to preempt scenarios rife with the potential for resident-to-resident altercations.

The problem: Roommate incompatibility can place additional "levels of stress" on an older person who already finds losing her independence and having nursing staff in authority "extremely challenging," says **Michael Partie**, a behavioral specialist and director of **Therapeutic Options Inc.** in Newark, DE.

Proactive approach: Assess roommate compatibility at admission and when you change roommates, Partie advises. Do everything you can to match people based on their routines, interests and habits, he says.

MDS to the rescue: Section AC (see p. 131) provides a beginning framework for figuring out a resident's previous routines in the community, including bedtimes.

Keep in mind that what may seem like small differences can become huge points of contention over time. For instance, if one person needs quiet to fall asleep and has a simple bedtime routine, but his roommate sings to himself or flips through photo albums before bedtime, "conflict can ensue," says Partie.

Consider this vital info: "Obtain a history of what types of room temperatures people like when considering roommate placements," advises **Lynda Mathis, RN**, a lead clinical consultant for **LTC Systems** in Conway, AR. "That's one of the biggest issues for conflict we see" where "one person likes it cold and the other warm."

Look at Cognitive Functioning

Weigh carefully whether to place residents with different cognitive abilities in the same room.

"If you have a person who gets tremendous joy in caring for another person" and it doesn't stress the person or take time away from her own activities, then "perhaps," says **Susan Gilster, RN, PhD, NHA**, executive director of **Alois Alzheimer Center** in Cincinnati.

The problem: What happens all too often is that the more "cognitively intact person feels burdened by and obligated to help the more impaired person," cautions Gilster. "A more cognitively intact person will not make a more impaired person better, cognitively ..."

Instead: Alois Center assesses a resident's cognitive, social, behavioral and environmental needs and places him with roommates accordingly. "Sometimes residents with dementia self-select someone," Gilster says. "You may find a resident spending more time with someone and enjoying another person's company."

Gilster finds that residents often do better with a roommate, although Alois has large rooms, which may help in that regard, she says. But in some cases, "two heads are better than one," Gilster has found. "We find roommates tend to cue and encourage each other and feel less afraid at night when they sleep in a room with someone else." Some- times residents in rooms alone show staff, nonverbally, they would like a roommate by finding and sleeping in an empty bed in

a room with another resident, she adds.