



Justification of the Thirty-Two Invariant PCA Core Quality Indicators

***Methodological justification of the thirty-two invariant Core Quality Indicators
established by
the Personal Care Aide Whole Quality Standard — Core (PCA1)***

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FOREWORD

The Personal Care Aide Whole Quality Standard — Core (PCA1) establishes eight invariant Core Quality Factors and thirty-two invariant Core Quality Indicators for determining the quality of a PCA Support Service Quality Object.

The companion paper, Justification of the Eight Invariant PCA Core Quality Factors, examined why the PCA Core requires eight distinguishable major quality-relevant dimensions of Function Realization.

This paper moves to the next level of methodological resolution: the Core Quality Indicators.

A Core Quality Factor identifies a major quality-relevant dimension, but the Factor alone does not make all conditions relevant to that dimension sufficiently observable and determinable. Core Quality Indicators provide the more specific determination structure through which the Factor can be examined and Evidence can be related to Function Realization.

The central question of this paper is therefore not simply whether the thirty-two established Indicators are useful.

It is whether each Indicator performs a necessary and distinguishable determination function within the PCA Core, and what becomes materially less determinable if that Indicator is removed.

The analysis also asks a different question from that addressed at the Factor layer. The present thirty-two Indicators can be tested for necessity, distinguishability, and invariance without claiming that thirty-two represents a permanently closed or universally sufficient Indicator set.

The three existing PCA Context Guides — Bathing Support, Mobility Support, and Meal Support — provide practical applications through which the invariant Indicators can be tested under materially different Support Service Realization Pathways, Failure Modes, Critical Service Conditions, Boundaries, Interfaces, and Evidence conditions.

The paper also uses horizontal comparison across the Indicator layer to examine whether recurring determination functions can be identified, including Quality-State, Quality-State Determination, and Quality-State Influence functions. This classification is treated as a research proposition rather than as a new normative layer of PCA1.

The purpose is therefore both justificatory and developmental: to explain why the established PCA Core Quality Indicators are necessary at the present methodological resolution, while preserving a structured research pathway through which recurring Indicator gaps or additional Indicator functions can be identified, tested, and, where sufficiently supported by Evidence, considered for controlled future development of the PCA Core.

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1. INTRODUCTION

1.1 Purpose of This Paper

The Personal Care Aide Whole Quality Standard — Core (PCA1) establishes thirty-two invariant Core Quality Indicators distributed among eight invariant Core Quality Factors.

The purpose of this paper is to justify the Indicator layer of that Core.

The analysis asks why each established Core Quality Indicator is necessary for responsible Support Service Quality State determination and what determination capability would become materially weaker if that Indicator were removed.

The paper does not treat the thirty-two Indicators as a list of desirable service characteristics. Each Indicator is examined as part of the determination structure through which a Core Quality Factor becomes sufficiently observable and Evidence can be related to Function Realization of the declared PCA Support Service Quality Object.

1.2 Relationship to the PCA Whole Quality Standard — Core (PCA1)

PCA1 provides the normative Core addressed by this paper.

It establishes the PCA Support Service Quality Object, its Support Intended Function, the eight invariant Core Quality Factors, and the thirty-two invariant Core Quality Indicators used across PCA Service Contexts.

This paper does not replace, modify, or independently redefine those established Core elements.

Instead, it examines the methodological basis for the Indicator structure already established in PCA1.

The distinction is important.

PCA1 states what the invariant Core Quality Indicators are.

This paper asks why those Indicators are needed at the Core level and what determination function each performs within the PCA Support Service Quality Object.

1.3 Relationship to the Justification of the Eight Invariant PCA Core Quality Factors

The companion paper, Justification of the Eight Invariant PCA Core Quality Factors, addressed the preceding level of methodological resolution.

That analysis examined why responsible determination of Function Realization of the PCA Support Service Quality Object requires separate visibility of eight major quality-relevant dimensions.

The present paper begins from those established Factors and moves one level deeper.

A Core Quality Factor identifies a major dimension that must remain visible.

A Core Quality Indicator identifies a more specific condition, capability, or aspect through which that Factor can be observed and evaluated.

The two justification problems are therefore related but not identical.

The Factor paper asks:

What major quality-relevant dimensions must remain visible?

The present paper asks:

Within each of those dimensions, what must remain observable and determinable so that the Factor itself can be evaluated responsibly?

1.4 Scope and Limitations

The scope of this paper is limited to the thirty-two invariant Core Quality Indicators established in PCA1 and their role in Support Service Quality State determination.

The analysis considers:

the relationship of each Indicator to its Core Quality Factor;

its contribution to visibility of Function Realization;

its relationship to relevant Failure Modes and Support Service Realization Pathways;

its relationship to Boundaries and Interfaces where applicable;

its Evidence and determination function;

its distinguishability from neighboring Indicators;

and

its ability to remain meaningful across materially different PCA Service Contexts.

The existing Bathing Support, Mobility Support, and Meal Support Context Guides are used as practical test cases where appropriate.

Illustrative PCA service scenarios may also be used to isolate particular Indicator functions. Such scenarios are methodological examples and are not presented as documented incidents.

The analysis is methodological rather than a statistical or population-level empirical validation of the thirty-two-Indicator set.

The paper does not claim that thirty-two is a permanently sufficient number of Core Quality Indicators.

Nor does identification of a possible additional Indicator automatically justify revision of PCA1.

A recurring apparent gap must first be distinguished from a Context-specific need, a Context-Specific Quality Outcome Criterion, an Evidence requirement, a Failure Mode, a Critical Service Condition, or another condition already representable within the established PCA Core.

1.5 Central Research Question

The central research question is:

Why is each of the thirty-two established invariant PCA Core Quality Indicators necessary for responsible determination of Function Realization of the PCA Support Service Quality Object?

For each Indicator, the analysis therefore asks:

What does this Indicator make observable or determinable?

What material determination capability would be lost or weakened if it were removed?

Can another established Indicator provide the same determination function at the same Core-level resolution?

Does the Indicator remain meaningful across materially different PCA Service Contexts?

These questions provide the basis for testing necessity, distinguishability, non-redundancy, and invariance.

A further research question remains deliberately open:

Does continued application of the PCA Core reveal a recurring major determination need that is not adequately represented by the present thirty-two Indicators?

The first question concerns justification of the established Core.

The second concerns its continuing research and controlled development.

Keeping these questions separate allows the PCA Core to remain stable without treating its present PCA Core Indicator structure as permanently closed.

2. FROM CORE QUALITY FACTORS TO CORE QUALITY INDICATORS

2.1 Role of a Core Quality Factor in the PCA Core

A Core Quality Factor identifies a major quality-relevant dimension of Function Realization that must remain visible when determining the Support Service Quality State of the declared PCA Support Service Quality Object.

The eight invariant PCA Core Quality Factors therefore establish the major dimensions through which the Support Service Quality State of the declared PCA Support Service Quality Object is examined.

A Factor, however, operates at a relatively broad methodological resolution.

For example, Protection from Foreseeable Harm identifies a necessary quality-relevant dimension. The Factor alone does not specify every distinct condition that must be made observable in order to determine whether foreseeable harm is being appropriately addressed.

The Indicator layer provides that additional resolution.

2.2 Role of a Core Quality Indicator

A Core Quality Indicator makes a defined aspect of a Core Quality Factor observable and determinable.

It provides a more specific determination focus through which Evidence can be collected, interpreted, and related to Function Realization of the PCA Support Service Quality Object.

A Core Quality Indicator therefore does more than describe something desirable.

Its methodological function is to preserve visibility of a condition, capability, performance characteristic, or result that is necessary for responsible interpretation of the associated Core Quality Factor.

The Indicator remains part of the invariant PCA Core.

Its Context-specific realization may vary, but the determination question represented by the Indicator remains applicable across PCA Service Contexts.

2.3 Why a Core Quality Factor Alone Is Not Sufficient for Support Service Quality State Determination

A broad Factor can identify what major quality-relevant dimension matters without providing sufficient resolution to determine how that dimension is being realized.

Consider an illustrative mobility-support scenario.

A Person Receiving Support requires assistance transferring from a bed to a wheelchair.

A determination made only at the broad level of Protection from Foreseeable Harm could ask whether the transfer was safe.

That question is important, but it is too broad by itself.

Responsible determination may also require visibility of whether relevant hazards were recognized before the transfer, whether the Support Work was performed in a manner appropriate to the person's actual condition, whether an unexpected change was recognized during the Interaction, whether the worker responded within Functional Scope, and whether material information was communicated through the applicable Interface.

The Factor identifies the major quality-relevant dimension.

The Indicators provide the differentiated determination structure needed to examine its realization.

Without the Indicator layer, materially different conditions could be compressed into one broad Factor-level judgment.

2.4 Factor–Indicator Relationship

The relationship between a Core Quality Factor and its Core Quality Indicators is hierarchical but functional. The Factor establishes the major quality-relevant dimension.

The Indicators resolve that dimension into distinguishable determination questions.

The Indicators do not replace the Factor, and the Factor is not simply the sum of isolated Indicator results.

Evidence concerning individual Indicators contributes to interpretation of the Factor, while the Factor preserves the broader relationship of those Indicators to Function Realization of the whole PCA Support Service Quality Object.

This relationship is important because favorable Evidence under one Indicator does not automatically compensate for material failure under another.

Two Indicators may also interact strongly without becoming redundant.

The relevant question is whether each preserves a determination function that would otherwise become materially less visible.

2.5 Indicators as Means of Making Quality-Relevant Conditions Observable and Determinable

A quality-relevant condition may exist within the PCA Support Service Quality Object without being sufficiently visible for responsible determination.

The Indicator layer addresses this problem by establishing what must be examined.

For example, imagine Meal Support in which the meal is prepared and presented according to the available instructions.

During eating, however, the Person Receiving Support begins coughing repeatedly in a manner not previously observed.

Successful preparation of the meal does not make this changing condition irrelevant.

The actual Interaction has produced new Evidence.

An applicable Indicator may therefore need to make visible whether the change was recognized, whether the worker responded appropriately within Functional Scope, and whether escalation occurred where required.

The Indicator does not itself prove satisfactory quality.

It identifies a determination focus for which relevant Evidence must be considered.

This distinction is fundamental:

the Indicator makes a quality-relevant aspect observable and determinable;

Evidence supports the determination;

and

the resulting interpretation contributes to determination of the Support Service Quality State of the declared PCA Support Service Quality Object.

2.6 Distinction Among Core Quality Indicator, Context-Specific Quality Outcome Criterion, and Evidence

Core Quality Indicator, Context-Specific Quality Outcome Criterion, and Evidence perform different methodological functions.

The Core Quality Indicator is invariant.

It identifies what aspect of the associated Core Quality Factor must remain observable and determinable across PCA Service Contexts.

The Context-Specific Quality Outcome Criterion interprets the applicable Indicator for a declared Service Context. It states the expected condition or result through which satisfactory realization of that Indicator can be evaluated within the specific Support Service Quality Object.

Evidence is the information used to determine whether the applicable condition or result is actually supported.

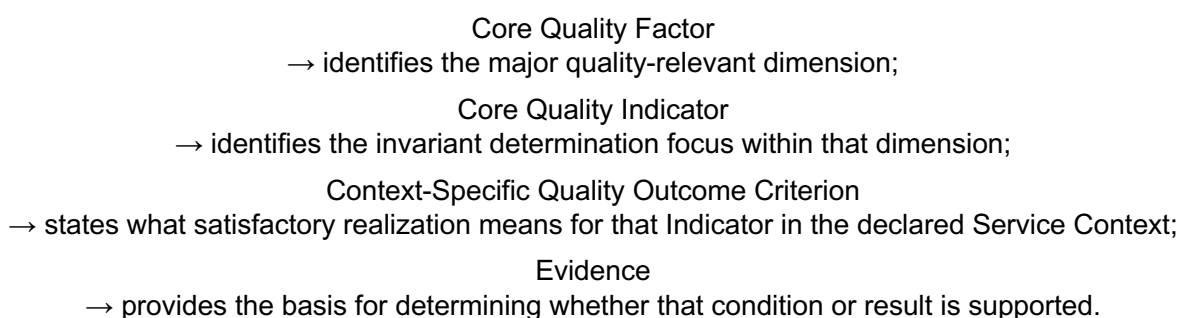
For example, the same invariant Indicator may apply to Bathing Support, Mobility Support, and Meal Support.

Its Context-Specific Quality Outcome Criteria may differ because the Support Work, Failure Modes, Critical Service Conditions, Boundaries, Interfaces, and realization conditions differ.

The Evidence needed to evaluate those criteria may also differ.

The invariant Indicator nevertheless remains unchanged.

The relationship can therefore be expressed methodologically as:



Maintaining these distinctions prevents the PCA Core from becoming overloaded with Context-specific detail while ensuring that its invariant Factors remain sufficiently resolved for responsible Support Service Quality State determination.

3. THE DIFFERENT COMPLETENESS PROBLEM AT THE INDICATOR LAYER

3.1 Why the Core Quality Factor and Core Quality Indicator Problems Are Different

The justification problem at the Core Quality Indicator layer is not identical to the justification problem at the Core Quality Factor layer.

At the Factor layer, the principal question is whether the PCA Core preserves the major quality-relevant dimensions necessary for responsible determination of Function Realization of the PCA Support Service Quality Object.

The companion Factor justification therefore asks why the Core resolves into eight major dimensions and whether any of those dimensions can be removed or merged without material loss of determination capability.

The Indicator layer operates at a smaller methodological resolution.

Once a Core Quality Factor has been established, the question becomes:

What must remain observable and determinable within that Factor so that the Factor can be interpreted responsibly?

The Indicator problem is therefore one of sufficient determination resolution within an established major quality-relevant dimension.

This distinction is important because a Factor may be necessary while its internal determination structure remains incomplete.

Likewise, identification of a possible additional Indicator does not necessarily imply that an additional Factor is required.

3.2 Necessity and Sufficiency at the Factor Layer

The eight-Factor justification examines both necessity and collective adequacy.

Necessity asks whether removal of a Factor would materially weaken visibility of a major quality-relevant dimension.

Collective adequacy asks whether the Factors, taken together at the present Core-level resolution, preserve the major dimensions necessary for responsible Support Service Quality State determination.

This supports a bounded conclusion concerning the present eight-Factor Core.

It does not mean that every possible PCA Failure Mode, Critical Service Condition, Evidence need, Interface, technology, or Service Context must appear as a separate Factor.

Those details may be represented at smaller methodological resolutions.

The Indicator layer is one of those resolutions.

3.3 Necessity as the Primary Test for Invariant Core Quality Indicators

For the thirty-two established Core Quality Indicators, the primary justification test is necessity.

For each Indicator, the analysis asks:

What determination function does this Indicator perform?

What quality-relevant condition, capability, or result does it make observable?

If the Indicator is removed, what becomes materially less determinable?

Can another established Indicator preserve the same determination function at the same Core-level resolution?

If removal produces a material determination gap that cannot be adequately preserved by another Indicator, the Indicator has a basis for retention as part of the invariant PCA Core.

This is stronger than demonstrating that the Indicator is useful.

Many subjects may be useful to observe.

Invariant Core status requires a reason why the determination structure would be materially weakened without the Indicator.

3.4 Why Permanent Sufficiency of the Indicator Set Is Not Claimed

The present paper does not attempt to prove that thirty-two is the permanently sufficient number of PCA Core Quality Indicators.

There is an important methodological reason for this limitation.

Indicators operate closer than Factors to the conditions through which Support Work is actually realized.

As new PCA Service Contexts are examined, additional recurring determination needs may become visible.

New technologies may alter Interfaces.

Different Support Service Arrangements may expose information or responsibility conditions not clearly visible in the present applications.

Additional Context Guides may reveal recurring Failure Modes that are represented only indirectly by the existing Indicators.

A future finding of this kind would not invalidate the present thirty-two Indicators.

It would raise a separate question:

Does the new determination need belong at the invariant Core Quality Indicator layer, or can it be represented adequately through an existing Indicator and Context-Specific Quality Outcome Criterion?

The present justification therefore does not require a claim of permanent numerical sufficiency.

3.5 Stable but Open Indicator Architecture

The PCA Core requires sufficient stability for its Indicators to remain invariant across Service Contexts.

If Indicators were added whenever a Context Guide encountered a new activity, hazard, piece of equipment, organizational arrangement, or Evidence source, the Indicator layer would gradually become a catalogue of Context-specific conditions.

That would weaken the purpose of an invariant Core.

At the same time, stability should not prevent justified development.

The appropriate position is therefore a stable but open PCA Core Indicator structure.

The thirty-two established Core Quality Indicators remain invariant unless sufficiently supported Evidence demonstrates a recurring Core-level determination gap, redundancy, or incorrectly drawn Indicator boundary.

Possible additional Indicator findings should first be preserved and tested rather than immediately inserted into PCA1.

This allows the Core to remain stable while its adequacy continues to be examined through application.

3.6 Invariance Versus Context-Specific Extension

Invariance does not mean that an Indicator must look identical in every PCA Service Context.

It means that the determination function represented by the Indicator remains applicable while its Context-specific expression changes.

Consider an illustrative example involving an environmental condition affecting Support Work.

In Bathing Support, a relevant environmental condition might involve a wet floor, water temperature, restricted movement space, or an unstable support surface.

In Mobility Support, the corresponding determination may involve a cluttered route, inadequate transfer space, an unstable chair, or a change in floor level.

In Meal Support, it may involve unstable seating, unsuitable positioning space, a hot surface, or placement of food, drink, and equipment.

The physical conditions differ.

The applicable Failure Modes may differ.

The Evidence may differ.

The Context-Specific Quality Outcome Criteria may differ.

That does not necessarily require three different Core Quality Indicators.

If the same invariant determination question remains applicable across those Contexts, the differences belong principally to Context-Specific Interpretation.

Conversely, suppose repeated Context Guide application reveals a quality-relevant condition that cannot be represented adequately through any of the existing thirty-two Indicators.

If the condition recurs across materially different PCA Service Contexts and its omission produces a material determination gap, it may justify consideration as a candidate additional Core Quality Indicator.

The governing distinction is therefore:

Context-specific variation changes how an invariant Indicator is interpreted and evidenced.

A Core-level gap concerns something necessary to determination that the existing invariant Indicator structure does not adequately make observable.

This distinction allows the PCA Core to remain both stable and researchable.

It also establishes the basis for the next methodological question:

How should each of the thirty-two established Core Quality Indicators be tested to determine whether it warrants invariant Core status?

4. METHOD FOR JUSTIFYING AN INVARIANT PCA CORE QUALITY INDICATOR

4.1 Indicator Necessity Test

Each established PCA Core Quality Indicator should perform a necessary determination function within its associated Core Quality Factor.

The first question is therefore:

What becomes materially less observable or determinable if this Indicator is absent?

The test does not ask whether the Indicator describes a desirable characteristic of PCA support.

It asks whether responsible interpretation of the associated Core Quality Factor would be materially weakened without the determination focus preserved by that Indicator.

An Indicator satisfies the necessity test where its removal creates a meaningful loss of determination capability that cannot be adequately preserved elsewhere within the existing Indicator structure.

4.2 Removal Test

The removal test examines the Indicator by temporarily assuming that it does not exist.

The analysis then asks:

Can the associated Core Quality Factor still be interpreted with adequate determination resolution?

Can the remaining Indicators reveal the condition previously made observable by the removed Indicator?

Would a materially unfavorable condition be capable of remaining hidden while the remaining Indicators appeared satisfactory?

The last question is particularly important.

Consider an illustrative PCA service in which several observable aspects of Support Work are satisfactory, but one distinct quality-relevant condition is not examined because the Indicator that would make it visible has been removed.

The service might then appear satisfactory at the Factor level even though an important Failure Mode remains undetected.

The removal test therefore evaluates loss of determination visibility, not merely loss of terminology.

4.3 Distinguishability Test

Two Indicators may interact strongly and may sometimes rely on the same Evidence.

That does not establish that they perform the same determination function.

The distinguishability test asks:

Does each Indicator direct attention to a materially different quality-relevant question?

Can one Indicator be satisfactory while the other is unfavorable?

Can the same PCA Interaction produce different findings under the two Indicators?

If so, separate Indicator visibility may be justified.

For example, accurate support-relevant information and timely communication of that information may interact closely.

Nevertheless, information can be accurate but fail to reach the person who requires it at the relevant time.

Conversely, information can be communicated promptly but be inaccurate.

If two Indicators preserve these different determination questions, their relationship represents interaction rather than redundancy.

4.4 Non-Redundancy and Overlap Test

Overlap is expected within the PCA Core because all thirty-two Indicators concern Function Realization of the same PCA Support Service Quality Object.

One condition may therefore affect several Indicators.

An unexpected change in the Person Receiving Support, for example, may simultaneously affect:

foreseeable-harm conditions;

health and bodily integrity;

daily-life functioning;

recognition and escalation;

support-relevant information;

and

practice and judgment within Functional Scope.

The existence of this overlap does not justify merging the applicable Indicators automatically.

The appropriate question is:

Does another Indicator necessarily preserve the same determination function at the same Core-level resolution?

If not, the overlap is functional interaction rather than redundancy.

4.5 Relationship to Support Intended Function Realization and Failure Modes

An invariant Core Quality Indicator should remain traceable to Function Realization of the PCA Support Service Quality Object.

The Indicator is not justified merely because its subject is generally important.

Its relevance should be explainable through the ways in which the Support Intended Function or Support Intended Results can fail to be realized.

Failure Modes therefore provide an important analytical bridge.

For each Indicator, the analysis should ask:

What Failure Modes become observable through this Indicator?

Could those Failure Modes materially affect Function Realization?

Would removal of the Indicator make those Failure Modes more difficult to recognize or distinguish?

This does not require a one-to-one relationship between an Indicator and a Failure Mode.

One Indicator may expose several Failure Modes.

One Failure Mode may also affect several Indicators.

The relevant issue is whether the Indicator preserves a necessary view of how Function Realization can become inadequate.

4.6 Support Service Realization Pathway Relevance

The same Core Quality Indicator may become relevant at different points in different Support Service Realization Pathways.

Consider an illustrative Meal Support service.

A communicated food restriction may enter the PCA Support Service Quality Object through an external Interface before the Interaction begins.

It may then affect meal preparation or selection, communication between Support Workers, the Support Work actually performed, observation during the meal, and any response to an unexpected condition.

An applicable Indicator should not be justified only because the restriction exists.

Its justification depends on what determination function it preserves within the realization pathway.

The analysis therefore asks where and how the Indicator makes a quality-relevant condition visible as the support service is organized and carried into practice.

4.7 Boundary and Interface Relevance

Some Indicators cannot be understood adequately if the PCA Support Service Quality Object is treated as an isolated worker-task interaction.

Quality-relevant conditions may cross internal or external Interfaces.

Information may originate outside the external Boundary.

Equipment may connect the support service to another responsible party.

A Support Worker may recognize a condition that requires escalation beyond the worker's Functional Scope.

Responsibility may transfer between Support Workers or Support Service Arrangements.

An illustrative case is a family member informing a PCA that an important support instruction has changed while the service information available to the worker still contains the previous instruction.

The quality question is not whether the PCA independently determines which instruction is clinically correct.

That may be outside Functional Scope.

The determination question may instead concern whether the conflicting information entering through the Interface is recognized, appropriately communicated, and handled within the applicable responsibility and authority boundaries.

Where an Indicator preserves visibility of such a Boundary or Interface condition, that function forms part of its justification.

4.8 Evidence and Determinability Test

A Core Quality Indicator identifies what must remain observable and determinable.

It does not itself constitute Evidence.

The Evidence and determinability test therefore asks whether the Indicator establishes a sufficiently distinct focus against which relevant Evidence can be evaluated.

Evidence may arise from different sources depending on the Indicator and Service Context.

It may concern observed Support Work, Support Results, the Person Receiving Support's experience or direction, support-relevant information, equipment conditions, communication, records, Interfaces, environmental conditions, or other elements within the declared Evidence basis.

The methodological question is not simply:

Is Evidence available?

It is:

Does the Indicator make clear what the Evidence must help determine?

An Indicator that does not preserve a distinguishable determination focus risks becoming only a general subject heading.

An invariant Core Quality Indicator should instead support an Evidence-Supported Finding concerning a defined aspect of Function Realization.

4.9 Context-Invariance Test

An Indicator proposed for invariant Core status must remain meaningful across materially different PCA Service Contexts.

The test does not require identical Context-Specific Quality Outcome Criteria or identical Evidence.

It asks whether the same underlying determination function remains necessary.

Bathing Support, Mobility Support, and Meal Support provide useful current tests because their physical conditions, Support Work, Failure Modes, Critical Service Conditions, Boundaries, Interfaces, and Evidence needs differ substantially while the PCA Core remains invariant.

For each Indicator, the analysis should therefore ask:

Can the Indicator be interpreted meaningfully in each materially different Context?

Does it continue to expose a quality-relevant aspect of Function Realization?

Does its meaning remain stable even though its Context-specific expression changes?

If an Indicator is meaningful only for one narrow support activity, that would weaken the case for invariant Core status and suggest that the subject may belong instead in a Context-Specific Quality Outcome Criterion or other Context-specific layer.

4.10 Conditions for Retaining an Indicator as an Invariant PCA Core Quality Indicator

The preceding tests provide the basis for retaining an established Indicator within the invariant PCA Core.

Retention is supported where the Indicator:

performs a necessary determination function within an established Core Quality Factor;

makes a materially relevant aspect of Function Realization observable and determinable;

exposes Failure Modes or quality-relevant conditions that would become materially less visible if the Indicator were removed;

remains distinguishable from neighboring Indicators despite possible overlap;

cannot be adequately replaced by another existing Indicator at the same Core-level resolution;

supports a defined focus for Evidence-Supported Findings;

remains meaningful across materially different PCA Service Contexts;

and

operates at an appropriate invariant Core resolution rather than representing merely Context-specific detail.

These conditions do not require an Indicator to operate independently.

The PCA Support Service Quality Object is a coherent whole, and its Indicators necessarily interact.

The test is whether each Indicator contributes a necessary and distinguishable determination view of that whole.

This method will be applied to the thirty-two established PCA Core Quality Indicators in the Factor-by-Factor analysis.

Before that analysis, however, one additional horizontal research question should be examined:

Do different Indicators perform recurring types of determination function — particularly Quality-State, Quality-State Determination, and Quality-State Influence functions — even when they address different quality-relevant subject matter?

5. FUNCTIONAL TYPES OF CORE QUALITY INDICATORS — A HORIZONTAL RESEARCH QUESTION

5.1 Why Indicator Function Should Be Examined Separately from Indicator Subject Matter

The thirty-two PCA Core Quality Indicators are organized under eight Core Quality Factors according to the quality-relevant dimensions they help make observable and determinable.

A second question can nevertheless be asked horizontally across the Indicator layer:

What function does an Indicator perform in Support Service Quality State determination?

This question differs from asking what subject the Indicator addresses.

Two Indicators located under different Core Quality Factors may address different subject matter while performing a similar determination function.

Conversely, two Indicators located under the same Factor may contribute to determination in different ways.

Horizontal examination of Indicator function may therefore reveal recurring patterns that are not visible from the Factor structure alone.

For research purposes, three possible functions are examined:

Quality-State Indicators;

Quality-State Determination Indicators;

and

Quality-State Influence Indicators.

These categories are not introduced as additional PCA Core elements.

They are analytical categories used to examine how the established Indicators contribute to determining, knowing, and influencing the Support Service Quality State of the PCA Support Service Quality Object.

5.2 Quality-State Indicators

A Quality-State Indicator provides Evidence relevant to the actual condition or performance of the PCA Support Service Quality Object.

Its principal determination function is to help answer:

What is the quality-relevant state of the object with respect to this aspect of Function Realization?

Such an Indicator may make visible, for example:

whether foreseeable harmful conditions are adequately controlled;

whether health or bodily integrity is being maintained;

whether daily-life functioning is being supported;

whether dignity, privacy, choice, or autonomy is being respected;

or

whether infection and contamination risks are adequately controlled.

The emphasis is on the condition or performance being determined.

An illustrative example is Mobility Support in which a transfer is completed.

Completion alone does not establish the relevant Quality State.

Evidence may show that the person was appropriately positioned, the transfer conditions were suitable, the required assistance was provided, and the Support Result was achieved without an unfavorable condition becoming evident.

An Indicator directed toward those conditions contributes Evidence concerning the actual quality-relevant state of the support service.

Quality-State Indicators therefore help make Function Realization itself observable.

5.3 Quality-State Determination Indicators

A different function concerns the capability to determine the Quality State reliably.

The actual state of the PCA Support Service Quality Object and the capability to know that state are not necessarily identical.

A service may contain an unfavorable condition while the available information, observation, communication, or Evidence fails to reveal it adequately.

Quality-State Determination Indicators therefore concern conditions affecting whether the Support Service Quality State can be recognized and determined with sufficient reliability.

They may involve, depending on the established Indicator:

recognition of changing conditions;

accuracy and continuity of support-relevant information;

communication across Interfaces;

availability of material information;

observation;

verification;

or

other conditions affecting the reliability of the Evidence basis.

Consider an illustrative change of Support Workers.

The outgoing worker observed that the Person Receiving Support had become unusually weak during Mobility Support but did not communicate that information.

The next worker therefore begins the subsequent Interaction without material information concerning the observed change.

The person's actual condition exists independently of whether it was communicated.

But the capability of the PCA Support Service Quality Object to determine and respond to that condition has been weakened.

This distinction is important.

A favorable reported or perceived state cannot be assumed to represent the actual Support Service Quality State when the means of determining that state are materially unreliable.

5.4 Quality-State Influence Indicators

A third possible function concerns the capability of the PCA Support Service Quality Object to influence its quality-relevant state.

Support Work is not limited to passive observation.

Within applicable Functional Scope, the Support Worker and other relevant constituents of the Support Service Arrangement may act to:

preserve an acceptable condition;

prevent deterioration;

adapt Support Work;

stop or defer an unsafe activity;

seek assistance;

escalate a changing condition;

restore an appropriate realization pathway;

or

otherwise move the support service toward an acceptable Support Result.

Quality-State Influence Indicators therefore help make observable the capability to act appropriately on quality-relevant conditions.

Consider an illustrative Bathing Support Interaction.

The Person Receiving Support becomes suddenly dizzy while standing.

Recognition of the change contributes to determination of the condition.

But recognition alone does not establish satisfactory Function Realization.

The support service must also be capable, within the applicable Functional Scope and circumstances, of influencing the developing situation — for example, by stopping the planned activity, assisting the person toward a safer condition, and escalating where required.

The determination function concerning knowledge of the condition and the determination function concerning appropriate influence on that condition are related but distinguishable.

5.5 Relationships and Possible Overlap Among the Three Functions

The three proposed functional types should not be treated as mutually exclusive compartments.

One Core Quality Indicator may contribute to more than one function.

For example, an Indicator concerning recognition and escalation may contribute to:

Quality-State Determination because a changing condition must first become observable;

and

Quality-State Influence because appropriate escalation may change the realization pathway and affect what happens next.

Similarly, an Indicator concerning support-relevant information may contribute to determination by improving the reliability of what is known and to influence by enabling an appropriate action to be selected.

A Quality-State Indicator may also provide information that triggers subsequent determination or influence functions.

The analytical question is therefore not necessarily:

Which single category does this Indicator belong to?

A more useful question may be:

Which determination functions does this Indicator materially support, and which appears to be its principal function?

This avoids forcing the thirty-two Indicators into an artificial one-to-one classification.

5.6 Why This Classification Is Provisional Rather Than a New Normative PCA Core Layer

PCA1 establishes eight Core Quality Factors and thirty-two Core Quality Indicators.

It does not presently establish Quality-State Indicators, Quality-State Determination Indicators, and Quality-State Influence Indicators as separate normative classes within the PCA Core.

The three-function classification is therefore treated in this paper as a research proposition.

Its purpose is analytical.

It may help reveal:

recurring Indicator functions across different Factors;

concentrations or gaps in the present Indicator structure;

Indicators performing several functions simultaneously;

or

determination functions that are weakly represented across the current Core.

The classification should not alter the meaning, location, or normative status of an established PCA Core Quality Indicator.

Nor should an Indicator be added to PCA1 merely to complete a theoretical three-part classification.

The Core remains the established PCA Core.

The functional classification is a research lens through which that Core can be examined.

5.7 Use of the Classification in the Indicator-Justification Analysis

The Factor-by-Factor analysis in the next Section will justify each established Core Quality Indicator primarily through the method developed in Section 4:

necessity;

removal;

distinguishability;

non-redundancy;

relationship to Function Realization and Failure Modes;

Support Service Realization Pathway relevance;

Boundary and Interface relevance;

Evidence and determinability;

and

Context invariance.

Where useful, the analysis will also identify whether an Indicator appears to contribute principally to:

Quality-State visibility;

Quality-State Determination capability;

Quality-State Influence capability;

or

more than one of these functions.

This secondary analysis is important because it allows the thirty-two Indicators to be examined not only vertically within their eight Factors but also horizontally across the complete PCA Core.

For example, Indicators under different Factors may reveal a recurring need to:

observe the actual Support Service Quality State;

preserve the integrity of information used to determine that state;

or

enable timely and appropriate influence on that state.

If such patterns recur, they may provide useful findings for future PCA Core research.

If an apparent functional gap emerges, however, it should not immediately be interpreted as a missing Core Quality Indicator.

The first question must remain:

Is the determination need already represented adequately through an existing Indicator, Context-Specific Quality Outcome Criterion, Failure Mode, Critical Service Condition, Evidence requirement, Reference Layer provision, Boundary, Interface, or other established methodological element?

Only after those possibilities are excluded should a recurring gap be preserved as a provisional additional Indicator finding.

The three-function classification therefore serves the Indicator justification without predetermining its outcome.

The next Section applies the justification method directly to the thirty-two established invariant PCA Core Quality Indicators, beginning with Factor 1 — Protection from Foreseeable Harm.

6. FACTOR-BY-FACTOR JUSTIFICATION OF THE THIRTY-TWO INVARIANT PCA CORE QUALITY INDICATORS

6.1 Factor 1 — Protection from Foreseeable Harm

Factor 1 addresses whether foreseeable harm conditions relevant to Function Realization of the PCA Support Service Quality Object are appropriately identified and addressed.

PCA1 resolves this Factor through four invariant Core Quality Indicators:

Indicator 1.1 — Identification of Foreseeable Harm Conditions;

Indicator 1.2 — Adjustment of Support to Mitigate Identified Risk;

Indicator 1.3 — Prevention of Avoidable Injury or Harm;

and

Indicator 1.4 — Pausing, Modifying, or Escalating When Unsafe Conditions Arise.

The four Indicators form a related but non-redundant determination sequence.

They make visible:

recognition of foreseeable harm conditions;

adaptation of Support Work in response to identified risk;

whether avoidable harm is actually prevented or minimized;

and

the capability to interrupt, modify, or escalate the realization pathway when continuation becomes unsafe.

The Context Guides confirm that the physical expression of these conditions can differ substantially. In Meal Support, for example, foreseeable harm may involve positioning, coughing or choking signs, observed swallowing difficulty, food or drink temperature, spills, seating, utensils, communicated allergy or restriction information, contamination, fatigue, distress, refusal, or communication barriers. Bathing Support applies the same Indicator structure to materially different conditions such as wet surfaces, water temperature, transfers, lighting, equipment, restricted movement, fatigue, dizziness, pain, privacy loss, and contamination.

This variation provides an initial test of the invariance of the four Indicators.

6.1.1 Indicator 1.1 — Identification of Foreseeable Harm Conditions

Determination Function

Indicator 1.1 makes foreseeable harm conditions observable before or during Support Service realization.

Its principal question is:

Have material foreseeable harm conditions relevant to the declared PCA Support Service Quality Object been identified?

This determination must precede meaningful risk-responsive action.

A condition that remains unidentified cannot reliably inform adjustment, prevention, pausing, modification, or escalation.

The Indicator therefore performs principally a Quality-State Determination function: it concerns the capability of the PCA Support Service Quality Object to recognize quality-relevant conditions that already exist or become observable during realization.

Removal Test

Assume Indicator 1.1 is removed.

Indicators 1.2–1.4 could still examine whether support was adjusted, whether avoidable harm was prevented, and whether unsafe continuation was stopped or escalated.

But the Core would no longer preserve a separate determination concerning whether foreseeable harm conditions were identified in the first place.

This creates an important gap.

An uneventful Support Service Episode could appear satisfactory because no injury occurred, even though an important foreseeable condition was never recognized.

Absence of realized harm is not equivalent to identification of foreseeable harm.

Illustrative Scenario

A PCA assists a person with bathing.

The bathtub area contains a loose floor mat that moves when stepped on. No fall occurs during the Service Period.

If determination considers only whether injury occurred, the episode may appear satisfactory.

Indicator 1.1 asks a different question:

Was the foreseeable slipping condition identified?

The condition existed independently of whether it ultimately produced injury.

This is precisely why the Bathing Support Context Guide treats wet or slippery surfaces, unstable transfers, lighting, equipment, clutter, and other environmental or personal conditions as possible expressions of Indicator 1.1.

Distinguishability

Indicator 1.1 cannot be replaced by Indicator 1.3.

Indicator 1.3 concerns prevention of avoidable injury or harm.

Indicator 1.1 concerns recognition of the condition from which harm could arise.

Nor can Indicator 1.1 be replaced by Indicator 1.4.

Indicator 1.4 concerns what happens when an unsafe condition arises or becomes visible.

Indicator 1.1 preserves the antecedent determination question of whether the condition becomes visible to the support service at all.

Conclusion

Removal of Indicator 1.1 would materially weaken the capability to distinguish:

a service in which foreseeable harm conditions were recognized and appropriately managed;
from

a service in which harm happened not to occur even though relevant foreseeable conditions remained unidentified.

Indicator 1.1 is therefore necessary and distinguishable at the invariant Core level.

6.1.2 Indicator 1.2 — Adjustment of Support to Mitigate Identified Risk

Determination Function

Indicator 1.2 addresses what happens after a relevant risk has been identified.

Its principal question is:

Is Support Work appropriately adjusted to the actual conditions so that identified risk is mitigated within the applicable PCA Support Role and Functional Scope?

The Indicator therefore moves the determination from recognition toward influence.

Its principal functional type is Quality-State Influence.

The service is not satisfactory merely because a risk has been recognized.

Where an appropriate adjustment is available within Functional Scope, the realization pathway must be responsive to the identified condition.

In Meal Support, for example, adjustment may involve pacing, positioning, sequencing, cueing, communication, environmental setup, food or drink presentation, privacy protection, authorized utensils or equipment, or assistance level.

Removal Test

Assume Indicator 1.2 is removed.

Indicator 1.1 could establish that a foreseeable harm condition was identified.

Indicator 1.3 could examine whether avoidable harm occurred or was prevented.

Indicator 1.4 could address unsafe conditions requiring pausing, modification, or escalation.

What would become less visible is the ordinary adaptive function between these points:

whether Support Work was appropriately adjusted in response to an identified risk before the condition required stopping or escalation.

Illustrative Scenario

During Meal Support, a person is eating safely but begins showing increasing fatigue.

The condition does not yet require discontinuation or emergency escalation.

The PCA recognizes the fatigue and can appropriately slow the pace, allow additional time, improve positioning, or otherwise adjust authorized Support Work.

If Indicator 1.2 were absent, the Core could record that fatigue was recognized and that no injury occurred.

It would not preserve equally direct visibility of whether the support service actually adapted to the identified condition.

Distinguishability

Indicator 1.2 differs from Indicator 1.1 because recognition is not adjustment.

It differs from Indicator 1.3 because a favorable outcome does not establish that appropriate risk-responsive adjustment occurred.

It differs from Indicator 1.4 because not every identified risk requires interruption or escalation.

Many foreseeable risks can be mitigated through ordinary modification of Support Work within Functional Scope.

Conclusion

Indicator 1.2 preserves the adaptive capability of the PCA Support Service Quality Object between recognition of risk and realization of harm.

Without it, a material part of Quality-State Influence would become less determinable.

Indicator 1.2 is therefore necessary and distinguishable.

6.1.3 Indicator 1.3 — Prevention of Avoidable Injury or Harm

Determination Function

Indicator 1.3 directs attention to whether avoidable injury or harm is actually prevented or minimized during Function Realization.

Its principal question is:

Does the realized PCA support avoid or minimize harm that could reasonably have been prevented within the declared Support Service Boundary and applicable Functional Scope?

In the present horizontal analysis, this Indicator principally contributes to Quality-State visibility.

Indicators 1.1 and 1.2 may show that a condition was recognized and that Support Work was adjusted.

Indicator 1.3 asks about the quality-relevant result of the realization pathway with respect to avoidable harm.

The Meal Support Context Guide, for example, interprets avoidable harm to include conditions such as avoidable choking-related danger, burns, positioning-related falls or injury, unnecessary discomfort, dignity loss, contamination, and psychological distress.

Removal Test

Assume Indicator 1.3 is removed.

The Core could still determine that foreseeable harm conditions were identified.

It could determine that Support Work was adjusted.

It could determine that unsafe continuation was appropriately stopped or escalated.

But it would lose the direct determination question:

Was avoidable injury or harm actually prevented or minimized?

Process responsiveness cannot substitute completely for the realized quality-relevant state.

Illustrative Scenario

A PCA recognizes that bath water is excessively hot.

The worker acknowledges the condition and attempts an adjustment, but the temperature remains unsafe and the person sustains an avoidable burn.

Indicators concerning recognition and adjustment would provide important Evidence.

They would not justify a favorable conclusion concerning prevention of avoidable harm.

Indicator 1.3 preserves that separate determination view.

The reverse is also important.

If no burn occurs despite inadequate control of the water temperature, the absence of injury does not establish satisfactory performance under Indicators 1.1 or 1.2.

The Indicators therefore cannot substitute for one another.

Distinguishability

Indicator 1.3 differs principally because it concerns the realized quality-relevant condition rather than only the capability to recognize or influence it.

This distinction supports the horizontal functional classification:

Indicator 1.1 principally contributes to Quality-State Determination;

Indicator 1.2 principally contributes to Quality-State Influence;

and

Indicator 1.3 principally contributes to Quality-State visibility.

Conclusion

Removal of Indicator 1.3 would allow recognition and responsive-action Evidence to stand without a separate Core-level determination concerning avoidable harm itself.

That would materially weaken interpretation of Factor 1.

Indicator 1.3 is therefore necessary and distinguishable.

6.1.4 Indicator 1.4 — Pausing, Modifying, or Escalating When Unsafe Conditions Arise

Determination Function

Indicator 1.4 addresses conditions in which continuation of the existing Support Service Realization Pathway becomes unsafe or otherwise inappropriate.

Its principal question is:

When an unsafe condition arises, does the support service appropriately pause, modify, discontinue, seek assistance, or escalate rather than continue unchanged?

This Indicator has a strong Quality-State Influence function.

It is particularly important where the Support Worker cannot adequately resolve the condition through ordinary adjustment within Functional Scope.

The Meal Support Context Guide expressly recognizes that unsafe conditions may require pausing, modifying, or discontinuing support, seeking assistance, or escalating through appropriate channels.

Removal Test

Assume Indicator 1.4 is removed.

Indicator 1.1 could reveal that an unsafe condition was identified.

Indicator 1.2 could reveal whether some adjustment occurred.

Indicator 1.3 could reveal whether avoidable harm was prevented.

But the Core would no longer preserve a direct determination concerning the service's capability to interrupt an unsafe realization pathway or move the condition through the appropriate Interface when it cannot be safely resolved within ordinary Support Work.

Illustrative Scenario

During a bed-to-wheelchair transfer, the Person Receiving Support suddenly becomes markedly weak and is unable to maintain the expected standing position.

The PCA recognizes the change.

The relevant quality question is not simply whether the worker can alter hand placement or continue more slowly.

The existing transfer pathway may itself have become unsafe.

Appropriate Function Realization may require stopping the transfer, returning the person to a safer position if this can be done safely, seeking assistance, and escalating the observed change through the applicable pathway.

Indicator 1.4 makes this interruption-and-escalation capability directly visible.

Distinguishability

Indicator 1.4 differs from Indicator 1.2 in degree and function.

Indicator 1.2 addresses adjustment of Support Work to mitigate an identified risk while the support service can continue through an appropriately modified realization pathway.

Indicator 1.4 preserves the determination question that arises when continuation itself becomes unsafe or when the condition requires assistance or escalation beyond what ordinary adjustment can adequately address.

The boundary between the two may be Context-dependent.

That does not make the Indicators redundant.

It reflects different possible responses to different levels or types of quality-relevant condition.

Indicator 1.4 also interacts strongly with Factor 5 — Timely Recognition and Escalation of Risk.

The distinction is that Indicator 1.4 remains anchored to Factor 1's protection-from-harm function: whether unsafe continuation is prevented.

Factor 5 examines the broader recognition, communication, escalation, and follow-through pathway associated with emerging or changing risk.

This relationship should be tested again when Factor 5 is analyzed.

Conclusion

Without Indicator 1.4, the PCA Core would materially weaken visibility of whether an unsafe realization pathway can actually be interrupted or moved through the appropriate Interface.

Indicator 1.4 is therefore necessary and distinguishable.

6.1.5 Factor 1 Indicator-Set Conclusion

The four Factor 1 Indicators form a coherent determination structure:

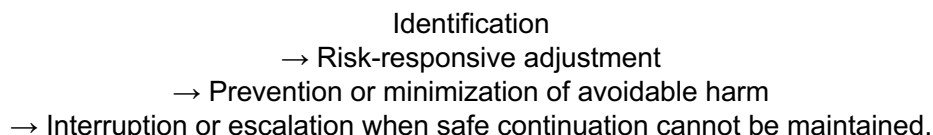
Indicator 1.1 asks whether foreseeable harm conditions are identified.

Indicator 1.2 asks whether Support Work is adjusted to mitigate identified risk.

Indicator 1.3 asks whether avoidable injury or harm is prevented or minimized.

Indicator 1.4 asks whether unsafe continuation is paused, modified, discontinued, or escalated when necessary.

The sequence can be represented functionally as:



This is not a mandatory chronological sequence in every PCA Interaction.

The Indicators may operate simultaneously, and one condition may engage several of them.

Their importance lies in preserving four distinguishable determination views.

The horizontal functional analysis also reveals an important pattern:

Indicator 1.1 principally supports Quality-State Determination;

Indicator 1.2 principally supports Quality-State Influence;

Indicator 1.3 principally supports Quality-State visibility;

and

Indicator 1.4 principally supports Quality-State Influence, with an important connection to determination and escalation.

Thus, Factor 1 already contains all three proposed horizontal Indicator functions.

The present analysis does not identify redundancy among its four established Indicators.

Removal of any one would leave a materially different part of the protection-from-foreseeable-harm determination less visible.

The Factor 1 Indicator set is therefore supported for retention within the invariant PCA Core.

6.2 Factor 2 — Maintenance of Health and Bodily Integrity

Factor 2 addresses whether the PCA Support Service Quality Object maintains physical well-being, comfort, health-related stability, and bodily integrity within the authorized PCA Support Role and Functional Scope.

PCA1 resolves this Factor through four invariant Core Quality Indicators:

Indicator 2.1 — Protection of Skin, Joints, and Physical Integrity;

Indicator 2.2 — Support of Hydration, Nutrition, and Physiological Stability Within Functional Scope;

Indicator 2.3 — Recognition of Physical Changes Relevant to Health Stability;

and

Indicator 2.4 — Minimization of Physiological Stress During Assistance.

PCA1 expressly distinguishes these four determination focuses. It requires examination of physical integrity during Support Work, support contributing to basic physiological stability, recognition of observable physical changes, and avoidance of unnecessary physiological stress.

The distinction is important because satisfactory performance under one of these Indicators does not establish satisfactory performance under the others.

A person may experience no skin or joint injury while becoming excessively fatigued.

Hydration- or nutrition-related support may be appropriately provided while an important physical change remains unrecognized.

A changing physical condition may be recognized while the manner of assistance still creates unnecessary physiological stress.

The four Indicators therefore examine related but distinguishable aspects of Function Realization.

6.2.1 Indicator 2.1 — Protection of Skin, Joints, and Physical Integrity

Determination Function

Indicator 2.1 makes visible whether the manner in which PCA Support Work is performed protects the person's bodily integrity.

PCA1 identifies avoidable discomfort, excessive force, unsafe positioning, skin injury, joint strain, and other preventable physical harm associated with PCA activities as relevant to this Indicator.

Its principal question is:

Does the Support Work itself preserve physical integrity while assistance is being provided?

This Indicator is principally a Quality-State Indicator because it concerns the actual bodily-integrity condition associated with realization of the support service.

Removal Test

Assume Indicator 2.1 is removed.

Indicator 2.2 could still examine support contributing to hydration, nutrition, or physiological stability.

Indicator 2.3 could identify observable physical changes.

Indicator 2.4 could examine unnecessary physiological stress.

But none preserves with equal clarity the direct question of whether hands-on Support Work protects skin, joints, posture, pressure areas, and bodily integrity.

The Mobility Support Context Guide illustrates the distinction particularly clearly. Movement, transfer, repositioning, sitting, standing, and hands-on assistance may directly affect skin integrity, joints, posture, pressure, shear, comfort, and bodily integrity.

Illustrative Scenario

A PCA repositions a person in bed.

The repositioning is completed, and the person does not show unusual fatigue or other systemic distress.

However, the worker repeatedly pulls the person's arm rather than supporting the body appropriately, creating avoidable joint strain and skin shear.

Indicator 2.4 concerning physiological stress would not fully capture this condition.

Indicator 2.1 asks directly whether the physical manner of assistance protects bodily integrity.

Distinguishability

Indicator 2.1 differs from Factor 1's general prevention-of-harm Indicators because it preserves a more specific bodily-integrity determination within Factor 2.

It differs from Indicator 2.4 because localized physical integrity and physiological stress are not the same condition.

A support activity may avoid excessive fatigue while still involving rough handling, pressure, twisting, or skin shear.

Conversely, physical handling may protect skin and joints while the overall activity produces unnecessary overexertion.

Conclusion

Indicator 2.1 preserves direct visibility of the bodily effects of Support Work on skin, joints, posture, and physical integrity.

Its removal would materially weaken Factor 2.

It is therefore necessary and distinguishable.

6.2.2 Indicator 2.2 — Support of Hydration, Nutrition, and Physiological Stability Within Functional Scope

Determination Function

Indicator 2.2 concerns PCA Support Work that contributes, within Functional Scope, to maintaining basic physiological well-being.

PCA1 states that support appropriate to the applicable service plan or Support Service Arrangement and PCA responsibilities should be examined for its contribution to hydration, nutrition, and physiological stability, without requiring independent clinical decisions concerning diet, medication, hydration therapy, or treatment.

Its principal question is:

Does authorized PCA Support Work appropriately contribute to the basic physiological stability relevant to the declared Support Service Quality Object?

This Indicator is principally a Quality-State Influence Indicator because it concerns Support Work intended to preserve or maintain a physiological condition.

Removal Test

Assume Indicator 2.2 is removed.

The remaining Factor 2 Indicators could still examine bodily integrity, recognition of physical change, and physiological stress.

But the Core would lose the direct determination question concerning whether authorized everyday support contributes appropriately to maintaining hydration-, nutrition-, and related physiological stability.

This would be particularly significant in Meal Support.

The Meal Support Context Guide applies the Indicator to hydration, nutrition-related support needs, tolerance, comfort, observable intake-related concerns, and communicated diet, texture, allergy, or restriction information within Functional Scope.

Illustrative Scenario

A Person Receiving Support requires authorized reminders and assistance to drink during meals because otherwise the person commonly leaves drinks untouched.

The meal itself is served safely.

There is no skin injury, rough handling, or unusual exertion.

If the PCA repeatedly omits the authorized hydration-related assistance, Factor 2 would contain a quality-relevant deficiency even if none of the other three Indicators failed visibly during that single meal.

Indicator 2.2 preserves this determination.

Distinguishability

Indicator 2.2 differs from Indicator 2.3 because maintaining physiological stability and recognizing deterioration are different functions.

A support service should not need to wait for dehydration, weakness, or another observable change before hydration-related Support Work becomes quality-relevant.

It differs from Indicator 2.4 because adequate physiological support and avoidance of unnecessary stress are not interchangeable.

It is also bounded deliberately by Functional Scope.

The Indicator does not transfer medical, dietary, or clinical decision authority to the PCA.

Conclusion

Indicator 2.2 preserves visibility of an important influence pathway through which authorized PCA Support Work contributes to basic physiological stability.

Without it, this positive maintenance function would become materially less determinable.

Indicator 2.2 is therefore necessary and distinguishable.

6.2.3 Indicator 2.3 — Recognition of Physical Changes Relevant to Health Stability

Determination Function

Indicator 2.3 concerns whether observable physical changes relevant to health stability are noticed and recognized as potentially significant during Support Service realization.

PCA1 expressly states that recognition does not require diagnosis. It requires awareness of observable conditions relevant to realization of the Support Intended Function.

Its principal question is:

Does the PCA Support Service Quality Object have sufficient observational capability to recognize a physical change that may materially affect health stability or daily functioning?

In the present horizontal analysis, this Indicator principally contributes to Quality-State Determination.

It distinguishes the actual physical condition of the person from the service's capability to recognize that the condition has changed.

Removal Test

Assume Indicator 2.3 is removed.

Indicator 2.1 could still examine physical integrity.

Indicator 2.2 could examine basic physiological support.

Indicator 2.4 could examine stress caused by assistance.

But a material physical change arising independently of those questions could remain insufficiently visible.

For Meal Support, the Context Guide identifies examples such as coughing, choking signs, breathing difficulty, fatigue, weakness, nausea, pain, distress, reduced alertness, appetite changes, and hydration concerns.

Illustrative Scenario

A PCA has assisted the same person with breakfast regularly.

One morning, the person is markedly less alert, responds unusually slowly, and shows new weakness when reaching for the cup.

The PCA is not responsible for diagnosing the cause.

But the change itself is material to the PCA Support Service Quality Object.

If the service simply proceeds because the prescribed tasks remain unchanged, the actual condition may be inadequately represented in the determination.

Indicator 2.3 makes recognition of that change separately visible.

Distinguishability

Indicator 2.3 interacts strongly with Factor 5 — Timely Recognition and Escalation of Risk.

The distinction is important.

Indicator 2.3 identifies the health-stability determination function:

Was a relevant physical change recognized?

Factor 5 subsequently examines the broader risk-response pathway, including communication, escalation, and follow-through.

The same event may therefore engage both Factors without making either Indicator redundant.

Indicator 2.3 also differs from Indicator 2.2 because a change may arise even when all authorized hydration-, nutrition-, or stability-related Support Work was performed correctly.

Conclusion

Indicator 2.3 preserves the capability to distinguish an unchanged physical presentation from a materially changed one without requiring diagnosis.

Its removal would materially weaken Quality-State Determination within Factor 2.

It is therefore necessary and distinguishable.

6.2.4 Indicator 2.4 — Minimization of Physiological Stress During Assistance

Determination Function

Indicator 2.4 concerns whether the manner and intensity of Support Work avoid unnecessary fatigue, pain, discomfort, overexertion, or other avoidable physiological stress.

PCA1 expressly distinguishes unnecessary stress arising from the manner in which support is provided from discomfort attributable to the person's underlying condition.

Its principal question is:

Is the support being realized in a way that avoids imposing unnecessary physiological burden on the Person Receiving Support?

This Indicator has both Quality-State and Quality-State Influence functions.

It concerns the actual stress produced during the service and whether the realization pathway is paced, positioned, or otherwise adapted to reduce avoidable burden.

Removal Test

Assume Indicator 2.4 is removed.

The Core could still examine whether skin and joints were protected, whether basic physiological support was provided, and whether physical changes were recognized.

But it would lose direct visibility of whether the assistance itself unnecessarily exhausts or stresses the person.

The Mobility Support Context Guide shows why this distinction matters. Physiological stress may arise from exertion, excessive speed, repeated attempts, prolonged standing, awkward positioning, fear, pain, fatigue, dizziness, or shortness of breath. Its criteria require appropriate pacing and modification where discomfort, distress, or reduced tolerance becomes evident.

Illustrative Scenario

A person can walk from the bedroom to the bathroom with PCA assistance.

The worker completes the route safely and without falls or improper physical handling.

However, the worker insists on moving quickly because of schedule pressure, does not allow the person's usual rest pause, and the person becomes markedly short of breath and exhausted.

Indicators 2.1 and 2.2 may not identify the principal failure.

The problem lies in unnecessary physiological stress generated by the manner of assistance.

Indicator 2.4 makes that condition directly determinable.

Distinguishability

Indicator 2.4 differs from Indicator 2.1 because bodily integrity can remain intact while physiological stress becomes excessive.

It differs from Indicator 2.3 because recognition of fatigue or shortness of breath does not establish that the support was appropriately paced or modified.

It differs from Factor 1 because not every unnecessary physiological burden rises immediately to the level of an unsafe condition or foreseeable injury.

Factor 2 appropriately preserves this more continuous health-and-well-being dimension.

Conclusion

Indicator 2.4 prevents a support service from being considered satisfactory merely because the activity was completed without acute injury.

It makes the physiological burden created by the manner of Support Work visible.

Indicator 2.4 is therefore necessary and distinguishable.

6.2.5 Factor 2 Indicator-Set Conclusion

The four Factor 2 Indicators preserve four different determination views:

Indicator 2.1 — whether Support Work protects skin, joints, and physical integrity;

Indicator 2.2 — whether authorized Support Work contributes appropriately to hydration, nutrition, and physiological stability;

Indicator 2.3 — whether observable physical changes relevant to health stability are recognized;

and

Indicator 2.4 — whether the manner of assistance minimizes unnecessary physiological stress.

These functions cannot be reduced to one general question of “health.”

They concern respectively:

bodily integrity;

maintenance of basic physiological stability;

recognition of changing physical state;

and

physiological burden produced through Support Work.

The horizontal functional analysis also reveals a differentiated pattern:

Indicator 2.1 principally supports Quality-State visibility;

Indicator 2.2 principally supports Quality-State Influence;

Indicator 2.3 principally supports Quality-State Determination;

and

Indicator 2.4 combines Quality-State visibility with Quality-State Influence.

The present Context Guides support the invariance of these distinctions.

Bathing Support interprets Factor 2 through skin, joints, posture, pressure areas, comfort, fatigue, heat tolerance, physiological stress, and bodily integrity, while remaining within PCA Functional Scope. Mobility Support applies the same Core to movement-related physical integrity and physiological tolerance. Meal Support applies the same Indicators to hydration, nutrition-related support, intake-related concerns, physical changes, pacing, and physiological stress.

The physical expressions differ, but the four determination functions remain meaningful.

The Factor 2 Indicator set is therefore supported for retention within the invariant PCA Core.

6.3 Factor 3 — Support for Daily-Life Functioning

Factor 3 addresses whether the PCA Support Service Quality Object supports the Person Receiving Support in performing, maintaining, or participating in daily-life activities to the extent appropriate to the person's abilities, preferences, support needs, and Service Context.

PCA1 resolves this Factor through four invariant Core Quality Indicators:

Indicator 3.1 — Alignment of Assistance with Functional Ability;

Indicator 3.2 — Support Without Creating Unnecessary Dependency;

Indicator 3.3 — Appropriate Use of Available Supports and Equipment Within Functional Scope;

and

Indicator 3.4 — Adaptation of Assistance as Functional Abilities Change.

PCA1 expressly recognizes that the purpose of PCA support is not simply task completion. The Factor concerns whether assistance supports actual daily-life functioning and participation.

The four Indicators distinguish four related determination questions:

Is the level and form of assistance aligned with the person's actual functional ability?

Does the support preserve appropriate participation without creating unnecessary dependency or withdrawing needed assistance?

Are available authorized supports and equipment used appropriately to enable functioning?

Does the assistance remain responsive when functional abilities change?

These questions cannot be reduced to one general judgment that “the task was completed.”

6.3.1 Indicator 3.1 — Alignment of Assistance with Functional Ability

Determination Function

Indicator 3.1 examines whether the assistance actually provided corresponds to the person's functional abilities, limitations, preferences, and identified support needs rather than assumptions, routine practice, or worker convenience.

PCA1 recognizes that appropriate assistance may vary as the person's condition, abilities, or circumstances change.

Its principal question is:

Is the Support Work appropriately matched to what the Person Receiving Support can do, cannot do, and needs assistance to do within the declared Service Context?

This Indicator contributes principally to Quality-State visibility because it examines the actual relationship between Support Work and functional presentation.

It also supports Quality-State Determination because that alignment cannot be assessed responsibly unless the person's actual ability is sufficiently observed.

Removal Test

Assume Indicator 3.1 is removed.

Indicator 3.2 could still examine unnecessary dependency.

Indicator 3.3 could examine use of supports and equipment.

Indicator 3.4 could examine adaptation after abilities change.

But the Core would lose the direct baseline determination concerning whether the initial or current level of assistance is appropriately matched to functional ability.

This is significant because support may be excessive or insufficient even in the absence of a clearly observed change.

Illustrative Scenario

A Person Receiving Support can wash the face and upper body independently but requires assistance with lower-body bathing.

A PCA, following habit rather than the person's actual ability, performs the entire bathing activity for the person.

The bath is completed safely.

No injury occurs.

The person is treated politely.

Nevertheless, the Support Work is not appropriately aligned with the person's functional ability.

Indicator 3.1 makes that mismatch visible.

The Bathing Support Context Guide expressly requires assistance to reflect the person's actual abilities and current presentation rather than assumptions or routine practice.

Distinguishability

Indicator 3.1 differs from Indicator 3.2.

Indicator 3.1 asks whether assistance matches functional ability.

Indicator 3.2 asks whether the resulting support relationship unnecessarily replaces the person's participation or, conversely, withholds needed assistance.

The concepts overlap, but they can fail separately.

A worker could correctly understand that the person can perform part of an activity yet still take over unnecessarily.

Conversely, a worker might encourage participation but misjudge the amount of assistance actually required.

Conclusion

Indicator 3.1 preserves the foundational relationship between Support Work and actual functional ability.

Without it, the Core could not directly determine whether the support provided is appropriately matched to the person.

Indicator 3.1 is therefore necessary and distinguishable.

6.3.2 Indicator 3.2 — Support Without Creating Unnecessary Dependency

Determination Function

Indicator 3.2 examines whether PCA support enables appropriate participation without replacing the person's abilities unnecessarily.

PCA1 states that the Indicator should promote the person's abilities without creating unnecessary dependency while still providing the level of support actually required. It expressly does not assume that greater independence is always the desired result.

Its principal question is:

Does the support preserve an appropriate balance between assistance and participation rather than becoming either unnecessarily substitutive or inadequately supportive?

This Indicator is principally a Quality-State Influence Indicator because the manner and amount of Support Work can preserve, enable, weaken, or unnecessarily replace functional participation.

Removal Test

Assume Indicator 3.2 is removed.

Indicator 3.1 could establish that the worker understands the person's functional abilities.

But understanding ability does not guarantee that the support relationship preserves appropriate participation.

A worker may know that the person can perform part of an activity and nevertheless routinely perform it for the person because doing so is faster.

Conversely, a worker could interpret “independence” too aggressively and withdraw assistance that is actually required.

The Context Guides preserve both sides of this determination. Meal Support, for example, requires participation to be encouraged where appropriate while assistance is neither excessive nor insufficient.

Illustrative Scenario

A person can feed herself slowly using an adapted spoon but needs help opening containers and occasionally stabilizing the plate.

Because the meal takes longer when the person participates, the PCA begins feeding the person directly at every meal.

The immediate task is completed efficiently.

The amount of food consumed may even remain satisfactory.

But the support unnecessarily replaces an ability the person can exercise.

Indicator 3.2 makes that quality-relevant condition visible.

A reverse example is equally important.

If the PCA refuses needed assistance because the person “should try to be independent,” the Indicator can also reveal inadequate support.

Distinguishability

Indicator 3.2 differs from Factor 4 — Respect for Personhood and Autonomy.

A person may willingly accept excessive assistance.

That does not necessarily mean the support appropriately preserves daily-life functioning.

Conversely, support may encourage participation but disregard the person's choice about how assistance should occur, creating a Factor 4 issue.

Indicator 3.2 therefore preserves a functional determination rather than merely an autonomy determination.

Conclusion

Indicator 3.2 prevents daily-life functioning from being reduced either to task completion or to an abstract preference for maximum independence.

It preserves the quality question of whether Support Work enables appropriate participation while providing the assistance actually needed.

Indicator 3.2 is therefore necessary and distinguishable.

6.3.3 Indicator 3.3 — Appropriate Use of Available Supports and Equipment Within Functional Scope

Determination Function

Indicator 3.3 examines whether available authorized supports, assistive devices, and equipment that contribute to daily-life functioning are used appropriately within the PCA Support Role and Functional Scope.

PCA1 does not require the PCA to prescribe, modify, repair, or authorize equipment beyond occupational responsibility. It asks whether available resources relevant to Function Realization are appropriately and consistently used.

Its principal question is:

Where an authorized support or equipment item forms part of the applicable realization pathway, is it appropriately used so that it contributes to the intended Support Result?

In the present horizontal analysis, this Indicator principally contributes to Quality-State Influence.

Equipment or another support may alter what the person can safely and effectively do, but only if it is incorporated appropriately into the Support Work.

Removal Test

Assume Indicator 3.3 is removed.

The Core could still examine functional alignment, participation, and adaptation.

But it would lose a separate determination concerning whether available authorized resources necessary to Function Realization are actually used appropriately.

Equipment cannot simply be treated as part of the background environment.

In some PCA Support Service Quality Objects, it is a material element of the realization pathway.

Mobility Support makes this particularly visible. The Context Guide identifies walkers, canes, wheelchairs, gait belts, grab bars, transfer boards, bed rails, chairs, lifts, footwear, and seating supports as examples of available supports that may contribute to Function Realization.

Illustrative Scenario

A person normally uses a prescribed walker for movement from the bedroom to the bathroom.

The walker is available and usable.

A substitute PCA decides that holding the person's arm is quicker and leaves the walker beside the bed.

The person reaches the bathroom without falling.

Task completion alone might suggest a satisfactory result.

Indicator 3.3 asks whether an available authorized support that forms part of the person's functional realization pathway was appropriately used.

That determination is distinct from simply asking whether the person reached the destination.

Distinguishability

Indicator 3.3 differs from Indicator 3.1 because matching assistance to ability does not establish appropriate use of available supports.

It differs from Indicator 3.2 because equipment may promote participation, but the quality question is not only whether dependency is avoided.

The separate issue is whether a material support resource is appropriately incorporated into Support Work.

It also differs from Factor 1.

Unsafe equipment use may create foreseeable harm, but Indicator 3.3 additionally addresses equipment as an enabler of daily-life functioning.

The same equipment condition may therefore be relevant to both Factors for different determination reasons.

Conclusion

Indicator 3.3 preserves visibility of the relationship among the Person Receiving Support, Support Work, available supports or equipment, and Function Realization.

Its removal would make an important realization pathway materially less determinable.

Indicator 3.3 is therefore necessary and distinguishable.

6.3.4 Indicator 3.4 — Adaptation of Assistance as Functional Abilities Change

Determination Function

Indicator 3.4 examines whether Support Work remains aligned with the Person Receiving Support when functional presentation changes during the Service Period.

PCA1 states that adaptation may include modifying the approach to assistance, adjusting the level of support, seeking clarification, or communicating observed changes through appropriate channels, while not authorizing independent changes to service plans or clinical decision-making beyond PCA scope.

Its principal question is:

When functional ability or support need changes, does the PCA support service adapt appropriately within Functional Scope rather than continuing a previously appropriate pattern mechanically?

This Indicator combines Quality-State Determination and Quality-State Influence.

The change must first become visible.

The assistance must then respond appropriately to that change.

Removal Test

Assume Indicator 3.4 is removed.

Indicator 3.1 could establish that the initial support was aligned appropriately.

Indicator 3.2 could examine participation.

Indicator 3.3 could examine supports and equipment.

But the Core would not preserve a direct determination concerning whether an initially appropriate realization pathway remains appropriate when functional presentation changes.

This distinction is particularly important in PCA services because ability can vary within one Interaction or Service Period.

The Mobility Support Context Guide identifies fatigue, pain, cognition, balance, dizziness, shortness of breath, fear, confidence, environmental conditions, equipment usability, and route conditions as possible causes or expressions of changing functional presentation.

Illustrative Scenario

A person usually walks from the bedroom to the kitchen with light PCA assistance.

Halfway through the route, the person becomes unusually fatigued and begins relying much more heavily on the worker.

The original assistance level was appropriate when the Interaction began.

Continuing exactly the same support pattern is no longer necessarily appropriate.

Indicator 3.4 asks whether the service adapts to the changed functional presentation—for example by increasing authorized assistance, pausing, using an available support, changing the immediate approach, or seeking further assistance as appropriate.

Distinguishability

Indicator 3.4 differs from Indicator 3.1 primarily through its temporal function.

Indicator 3.1 asks whether assistance is aligned with actual ability.

Indicator 3.4 makes the continuing responsiveness of that alignment separately visible when ability changes.

One might argue that Indicator 3.4 could simply be absorbed into Indicator 3.1.

The removal test shows why separate visibility remains useful.

Without Indicator 3.4, a determination could establish that the initial assistance was correctly matched without separately examining whether the service responded when that match ceased to be valid.

Indicator 3.4 also interacts strongly with Indicator 2.3 and Factor 5.

Indicator 2.3 concerns recognition of physical changes relevant to health stability.

Indicator 3.4 concerns what those changes mean for the functional assistance being provided.

Factor 5 concerns the broader recognition and escalation pathway when changing conditions create or indicate risk.

These are related but different determination functions.

Conclusion

Indicator 3.4 makes the dynamic character of daily-life functioning visible.

It prevents an initially appropriate support pattern from being assumed to remain appropriate throughout the Service Period.

Indicator 3.4 is therefore necessary and distinguishable.

6.3.5 Factor 3 Indicator-Set Conclusion

The four Factor 3 Indicators form a coherent functional-support determination structure:

Indicator 3.1 asks whether assistance is aligned with actual functional ability.

Indicator 3.2 asks whether that assistance preserves appropriate participation without creating unnecessary dependency or withdrawing needed support.

Indicator 3.3 asks whether available authorized supports and equipment are appropriately incorporated into Function Realization.

Indicator 3.4 asks whether assistance adapts when functional abilities change.

The relationship can be expressed as:

- Functional alignment
- Appropriate participation and level of assistance
 - Use of enabling supports and equipment
- Adaptation to changing functional presentation.

This sequence is conceptual rather than mandatory or chronological.

The four Indicators may operate simultaneously within the same PCA Interaction.

The Context Guides support their invariance.

Bathing Support applies them to participation in bathing, functional changes related to strength, balance, fatigue, cognition, discomfort, and the use of bathing-related equipment.

Mobility Support applies them to movement, sitting, standing, transfers, walking, Mobility Supports, changing balance, fatigue, pain, dizziness, equipment usability, and route conditions.

Meal Support applies them to meal setup, eating, drinking, hydration routines, participation, utensils, adaptive items, seating supports, and changing fatigue, cognition, appetite, anxiety, tolerance, or communication.

The physical activities and supports differ substantially.

The four determination functions remain stable.

The horizontal functional analysis suggests:

Indicator 3.1 principally supports Quality-State visibility and Determination;

Indicator 3.2 principally supports Quality-State Influence;

Indicator 3.3 principally supports Quality-State Influence;

and

Indicator 3.4 combines Quality-State Determination and Quality-State Influence.

Removal of any one would leave a materially different aspect of daily-life Function Realization less visible.

The Factor 3 Indicator set is therefore supported for retention within the invariant PCA Core.

6.4 Factor 4 — Respect for Personhood and Autonomy

Factor 4 addresses whether the PCA Support Service Quality Object respects the Person Receiving Support as an individual with dignity, rights, preferences, values, and personal autonomy.

PCA1 resolves this Factor through four invariant Core Quality Indicators:

Indicator 4.1 — Maintenance of Privacy and Bodily Dignity;

Indicator 4.2 — Respect for Choice, Consent, and Individual Preferences;

Indicator 4.3 — Respect for Cultural, Personal, and Household Values;

and

Indicator 4.4 — Absence of Coercive, Disrespectful, or Demeaning Practices.

PCA1 treats these matters as quality conditions of the support service itself rather than as optional interpersonal qualities of the Support Worker. For example, Indicator 4.4 expressly states that respectful

interaction is a condition of the Support Service Quality Object and not merely a desirable worker characteristic.

The four Indicators preserve different aspects of personhood and autonomy:

privacy and bodily dignity;

choice, consent, preferences, and participation in decisions;

individual cultural, personal, religious, linguistic, household, and lifestyle values;

and

freedom from coercive, humiliating, intimidating, disrespectful, or demeaning practice.

These conditions interact strongly but are not interchangeable.

6.4.1 Indicator 4.1 — Maintenance of Privacy and Bodily Dignity

Determination Function

Indicator 4.1 examines whether PCA Support Work involving the person's body, private activities, intimate spaces, or personal circumstances is performed in a manner that preserves privacy, modesty, respect, comfort, and bodily dignity.

PCA1 establishes privacy and bodily dignity as integral to Support Service Quality realization.

Its principal question is:

Does realization of the PCA support service preserve the person's privacy and bodily dignity throughout the applicable Support Work and Support Results?

This Indicator is principally a Quality-State Indicator because it concerns an actual quality condition of the service as experienced and realized.

Removal Test

Assume Indicator 4.1 is removed.

Indicator 4.2 could still examine consent and preferences.

Indicator 4.3 could examine cultural or household values.

Indicator 4.4 could examine coercive or demeaning practices.

But the Core would lose direct visibility of privacy and bodily exposure as distinct quality conditions.

A support activity can occur with valid consent and without overt humiliation while still exposing the person's body unnecessarily or failing to protect private space.

The Bathing Support Context makes this especially clear. Bathing frequently involves physical exposure, intimate personal care, close physical interaction, and private space, and PAB1 treats preservation of privacy and bodily dignity as integral to Function Realization.

Illustrative Scenario

A PCA assists a person with bathing in a shared household.

The person agrees to the bath and does not object to the worker's assistance.

However, the bathroom door is repeatedly left open while other household members move through the nearby hallway, and the person remains unnecessarily uncovered during portions of the activity.

No physical harm occurs.

The worker does not insult or threaten the person.

Yet the Quality State of the support service is unfavorable with respect to privacy and bodily dignity.

Indicator 4.1 makes that condition directly visible.

Distinguishability

Indicator 4.1 differs from Indicator 4.2 because consent to Support Work does not constitute consent to unnecessary exposure.

It differs from Indicator 4.4 because loss of privacy can occur without explicit coercion, humiliation, or disrespectful language.

It also differs from Factor 1 because unnecessary exposure may not create immediate foreseeable physical harm while still materially degrading the Support Intended Result.

Conclusion

Indicator 4.1 preserves a distinct and necessary quality condition concerning privacy and bodily dignity.

Its removal would allow an intimate support service to appear satisfactory despite unnecessary exposure or loss of private space.

Indicator 4.1 is therefore necessary and distinguishable.

6.4.2 Indicator 4.2 — Respect for Choice, Consent, and Individual Preferences

Determination Function

Indicator 4.2 examines whether the choices, consent, preferences, pace, and participation of the Person Receiving Support are appropriately recognized in decisions affecting Support Work.

PCA1 states that the person's participation in decisions affecting the support being provided must be appropriately recognized and respected, while also clarifying that the Indicator does not require compliance with choices that create immediate danger, violate applicable law, or exceed PCA responsibilities.

Its principal question is:

Is the PCA Support Service realized with appropriate respect for the person's valid choice, consent, refusal, preferences, pace, and participation?

This Indicator combines Quality-State visibility with Quality-State Influence.

It concerns the actual autonomy condition of the support service, while the person's direction and preferences may also influence how the realization pathway proceeds.

Removal Test

Assume Indicator 4.2 is removed.

Privacy could still be protected.

Cultural and household values could still be recognized.

The service could remain free from overt coercion or humiliation.

Yet the person could still be excluded from decisions or have valid preferences routinely disregarded.

The three Context Guides show that this Indicator remains relevant in different physical forms.

In Mobility Support, it includes choices concerning movement, pace, support, routine, confidence, fear, participation, refusal, and discomfort.

In Meal Support, it includes food, drink, timing, routine, pace, consent, refusal, discomfort, and distress.

Illustrative Scenario

A person receives Meal Support and prefers to eat slowly, taking short pauses between bites.

The PCA is not physically rough and does not insult the person.

The meal is nutritionally appropriate and safely prepared.

However, because the worker wants to finish quickly, the worker repeatedly presents the next bite before the person is ready and disregards repeated requests to slow down.

The issue is not primarily privacy.

It is not necessarily a cultural-value issue.

It may not yet amount to overt coercion.

The direct determination question is whether the person's pace and expressed preference are respected.

Indicator 4.2 preserves that distinction.

Distinguishability

Indicator 4.2 differs from Indicator 4.4 because an autonomy failure may occur through routine disregard rather than overt coercion or degrading behavior.

It differs from Indicator 4.3 because an individual preference about a particular Interaction need not be cultural, religious, or household-based.

It also differs from Indicator 3.2.

Factor 3 asks whether participation supports daily-life functioning and avoids unnecessary dependency.

Indicator 4.2 asks whether the person's valid choice and consent govern the support relationship appropriately.

A person may choose a higher level of assistance than would maximize functional participation.

The Factor 3 and Factor 4 questions must therefore remain distinguishable.

Conclusion

Indicator 4.2 preserves the decision-participation and consent dimension of the PCA Support Service Quality Object.

Without it, technically correct Support Work could be treated as satisfactory despite systematic disregard of the person's valid choices or preferences.

Indicator 4.2 is therefore necessary and distinguishable.

6.4.3 Indicator 4.3 — Respect for Cultural, Personal, and Household Values

Determination Function

Indicator 4.3 examines whether Support Work is realized in a manner consistent, where applicable, with the person's cultural, personal, religious, linguistic, household, and lifestyle values.

PCA1 requires these differences to be respected where consistent with the Support Intended Function and applicable requirements.

Its principal question is:

Does the manner in which PCA support is realized appropriately recognize the person's individual values and life context rather than imposing a standardized support pattern unrelated to that person?

This Indicator is principally a Quality-State Influence Indicator because these values shape how otherwise similar Support Work should be configured and carried into practice.

Removal Test

Assume Indicator 4.3 is removed.

The Core could still examine privacy, consent, and absence of coercion.

Yet a support service could still systematically disregard materially relevant cultural, religious, linguistic, household, or lifestyle conditions.

The Context Guides demonstrate that these values can enter different realization pathways.

Mobility routines may involve preferences concerning touch, gender, physical assistance, personal space, timing, independence, and public movement.

Meal Support may involve personal, cultural, religious, linguistic, household, family, dietary, or lifestyle preferences.

Bathing routines may likewise reflect personal, cultural, religious, linguistic, household, or family preferences.

Illustrative Scenario

A person receiving PCA support has a longstanding religious preference that intimate bathing assistance, when reasonably available within the authorized service arrangement, be provided by a worker of the same sex.

The person communicates this preference clearly.

A particular Support Service Arrangement ignores the preference routinely, not because of an emergency, safety limitation, or unavoidable staffing condition, but because the organization regards such preferences as irrelevant to service quality.

The issue cannot be fully captured simply by asking whether the person technically consented to each bath after the worker arrived.

Indicator 4.3 asks whether the service realization itself respects an established personal and religious value where this can be done consistently with applicable requirements and the Support Intended Function.

Distinguishability

Indicator 4.3 differs from Indicator 4.2 because individual consent and cultural or personal values are not identical.

A person may reluctantly consent to a support arrangement that systematically disregards an important cultural or household preference.

Likewise, a cultural value may shape the appropriate manner of support even where no explicit choice is restated during every Interaction.

Indicator 4.3 also differs from Indicator 4.1 because preservation of privacy does not by itself establish respect for the person's cultural or lifestyle context.

Conclusion

Indicator 4.3 prevents the PCA Support Service Quality Object from being interpreted as though all people should receive support through one standardized interpersonal pattern.

It preserves individualized value-related conditions of Function Realization.

Indicator 4.3 is therefore necessary and distinguishable.

6.4.4 Indicator 4.4 — Absence of Coercive, Disrespectful, or Demeaning Practices

Determination Function

Indicator 4.4 examines whether PCA support is free from coercive, disrespectful, humiliating, intimidating, or demeaning practices.

PCA1 explicitly connects this Indicator to preservation of dignity, emotional well-being, and trust and states that respectful interaction is a quality condition of the Support Service Quality Object.

Its principal question is:

Is the PCA Support Service realized without coercive, degrading, intimidating, humiliating, or otherwise demeaning treatment of the Person Receiving Support?

In the present horizontal analysis, this Indicator principally contributes to Quality-State visibility.

It concerns an actual condition of the support relationship that cannot be inferred merely from task completion, physical safety, or formal consent.

Removal Test

Assume Indicator 4.4 is removed.

The Core could still examine privacy, choices, consent, and cultural preferences.

But overtly degrading or coercive behavior could become fragmented among those Indicators without a direct determination focus of its own.

This would be a material loss.

The Mobility Support Context Guide gives concrete expressions of the problem: forcing movement, rushing a transfer, shaming fear or slowness, pulling the person, or ignoring refusal.

The Meal Support Context Guide includes pressuring, shaming, rushing, ridiculing, or forcing the person in relation to food, drink, pace, appetite, or refusal.

Illustrative Scenario

A person moves slowly during a transfer because of fear of falling.

The PCA repeatedly says that the person is “acting like a baby,” tells the person to stop wasting time, and forcibly pulls the person's arm to accelerate the transfer.

The person reaches the chair without falling.

The movement task is completed.

Even if no acute injury occurs, the Support Service Quality State cannot be interpreted

6.5 Factor 5 — Timely Recognition and Escalation of Risk

Factor 5 addresses whether changing or emerging conditions relevant to the PCA Support Service Quality Object are recognized, appropriately judged within Functional Scope, communicated through the appropriate Interface, and followed through within the time available for responsible response.

PCA1 resolves this Factor through four invariant Core Quality Indicators:

Indicator 5.1 — Observation of Relevant Changes in Condition or Response;

Indicator 5.2 — Judgment Regarding the Significance of Observed Changes Within Functional Scope;

Indicator 5.3 — Timely Communication of Concerns;

and

Indicator 5.4 — Appropriate Follow-Through After Escalation.

These four Indicators form one of the clearest determination pathways in the PCA Core.

PCA1 distinguishes observation of change from judgment concerning its significance, communication of the resulting concern, and follow-through after communication or escalation.

The four questions are therefore:

Was a relevant change observed?

Was its potential significance appropriately recognized within Functional Scope?

Was the concern communicated to the appropriate person or authority in time?

Did appropriate follow-through occur afterward?

Failure at any one point can interrupt the observation-to-response pathway even where the other three functions exist.

6.5.1 Indicator 5.1 — Observation of Relevant Changes in Condition or Response

Determination Function

Indicator 5.1 examines whether relevant changes in the person's condition, behavior, functioning, or response become visible during Support Service realization.

PCA1 expressly limits the Indicator to observation within PCA Functional Scope. Observation does not require diagnosis or interpretation beyond the authorized Support Role.

Its principal question is:

Does the PCA Support Service Quality Object have sufficient observational capability to recognize that something materially relevant has changed?

In the present horizontal analysis, this function principally contributes to Quality-State Determination.

The actual condition may change independently of whether the support service recognizes that change.

Indicator 5.1 makes this distinction visible.

Removal Test

Assume Indicator 5.1 is removed.

Indicator 5.2 could still address judgment concerning an observed change.

Indicator 5.3 could still address communication.

Indicator 5.4 could still address follow-through.

But all three depend on something first becoming observable.

A condition that is not noticed cannot reliably enter the judgment, communication, or escalation pathway.

Illustrative Scenario

A PCA regularly assists a person with breakfast.

On one morning, the person is unusually quiet, repeatedly drops the spoon, and takes substantially longer than usual to respond to simple questions.

The PCA is not required to diagnose the cause.

The quality-relevant question at this stage is more basic:

Was the change from the person's usual presentation observed?

If it was not, the subsequent determination pathway may never begin.

Distinguishability

Indicator 5.1 differs from Indicator 2.3 — Recognition of Physical Changes Relevant to Health Stability.

Indicator 2.3 is specifically anchored to physical changes relevant to health stability under Factor 2.

Indicator 5.1 is broader.

PCA1 includes changes in condition, behavior, functioning, or response that may affect realization of the Support Intended Function.

A meaningful change may therefore be functional, behavioral, communicative, or otherwise relevant to risk even where its health significance is unknown.

Indicator 5.1 also differs from Indicator 5.2 because observation and judgment are separate functions.

The worker may accurately observe a change but fail to recognize that it may require communication or escalation.

Conclusion

Indicator 5.1 preserves the first necessary link in the changing-risk pathway:

the change must become visible.

Without this Indicator, later communication or escalation requirements could be examined without determining whether the PCA Support Service Quality Object reliably detects the conditions that should activate them.

Indicator 5.1 is therefore necessary and distinguishable.

6.5.2 Indicator 5.2 — Judgment Regarding the Significance of Observed Changes Within Functional Scope

Determination Function

Indicator 5.2 addresses what happens after a change has been observed.

PCA1 asks whether the Personal Care Aide appropriately distinguishes ordinary variations from changes that may require communication or escalation, while expressly excluding clinical judgment or medical decision-making.

Its principal question is:

Within the authorized PCA Support Role and Functional Scope, is an observed change appropriately recognized as potentially significant or not significant to continued Support Work?

In the present horizontal analysis, this Indicator principally contributes to Quality-State Determination.

It concerns interpretation at the level necessary to decide whether the observation should alter the realization pathway.

Removal Test

Assume Indicator 5.2 is removed.

Indicator 5.1 could establish that a change was observed.

Indicator 5.3 could determine whether concerns were communicated.

But the Core would no longer preserve the intermediate question:

Was the observed change appropriately recognized as one that may require action?

This creates two possible failures.

A materially significant change may be observed but dismissed as unimportant.

Or an ordinary variation may be treated as requiring unnecessary escalation because the worker cannot appropriately distinguish its significance within Functional Scope.

Illustrative Scenario

During Mobility Support, a person who normally pauses once while walking to the kitchen asks to stop twice because of mild tiredness.

On another day, the same person suddenly becomes unable to bear the usual amount of weight and appears markedly weaker than at the beginning of the Interaction.

Both are observations.

They are not necessarily equivalent in significance.

Indicator 5.2 asks whether the PCA appropriately distinguishes the ordinary variation from the materially changed condition without requiring diagnosis.

Distinguishability

Indicator 5.2 differs from Indicator 5.1 because seeing a change does not establish understanding of its potential relevance.

It differs from Indicator 5.3 because communication is downstream of judgment.

A worker may observe and correctly recognize a significant condition but fail to communicate it.

Alternatively, the worker may communicate every minor variation because the determination of significance is poor.

Indicator 5.2 also differs from Factor 8.

Factor 8 addresses whether practice and judgment remain within Functional Scope more generally.

Indicator 5.2 focuses specifically on judgment concerning the significance of observed changes within the changing-risk pathway.

Conclusion

Indicator 5.2 preserves the conversion of raw observation into role-appropriate recognition of significance.

Without it, the Core would jump directly from observation to communication without examining whether the support service can distinguish what requires a changed response.

Indicator 5.2 is therefore necessary and distinguishable.

6.5.3 Indicator 5.3 — Timely Communication of Concerns

Determination Function

Indicator 5.3 examines whether relevant concerns are communicated to the appropriate person or authority through the appropriate channel and within a time compatible with the condition.

PCA1 states that information affecting safety, health, daily functioning, or continuity of support should be communicated accurately, timely, and consistently with the applicable Support Service Arrangement.

Its principal question is:

Once a material concern has been recognized, does it reach the person or authority able or responsible to receive it within the time needed for responsible response?

This Indicator serves both Quality-State Determination and Quality-State Influence.

Communication preserves the integrity of what is known across an Interface.

It can also enable another constituent or external party to influence what happens next.

Removal Test

Assume Indicator 5.3 is removed.

A PCA could correctly observe a change and appropriately recognize its potential significance.

But the determination could still appear satisfactory even though the information never leaves the observation point.

That would create an obvious break in the realization pathway.

Illustrative Scenario

A PCA assisting with Meal Support observes repeated new coughing during eating and recognizes that the condition is unusual and potentially significant.

The worker makes a mental note but does not report the concern because the shift is almost over.

The next Support Worker and the responsible supervisory or other authorized person receive no information about the observed change.

Observation was satisfactory.

Judgment may also have been satisfactory.

The communication pathway failed.

Indicator 5.3 makes that failure separately visible.

Interface Relevance

Indicator 5.3 is especially important because the PCA Support Service Quality Object may have an octopus-like Interface structure rather than a single linear communication path.

A concern may need to move from the observation point to:

another Support Worker;

a supervisor;

a family member or representative where authorized;

an emergency service;

a clinical or other external responsible party;

or

another authority identified by the Support Service Arrangement.

The quality question is not simply whether “someone was told.”

It is whether the relevant concern reached the appropriate destination through the applicable Interface in sufficient time.

Distinguishability

Indicator 5.3 differs from Indicator 5.2 because recognizing significance does not itself transfer information.

It differs from Indicator 5.4 because successful communication does not establish that appropriate follow-through occurred.

It also interacts strongly with Factor 6 — Continuity and Accuracy of Support-Relevant Information.

The distinction is that Indicator 5.3 focuses specifically on timely communication of a recognized concern within the changing-risk pathway.

Factor 6 addresses the broader integrity, continuity, availability, accuracy, and handling of support-relevant information across the service.

Conclusion

Indicator 5.3 preserves the communication link between recognition of a concern and the wider response capability of the PCA Support Service Quality Object.

Without it, correct observation and judgment could remain trapped at the observation point.

Indicator 5.3 is therefore necessary and distinguishable.

6.5.4 Indicator 5.4 — Appropriate Follow-Through After Escalation

Determination Function

Indicator 5.4 examines whether appropriate action continues after a concern has been communicated or escalated.

PCA1 identifies responding to instructions, documenting where required, or continuing support appropriately within the authorized PCA Support Role and Functional Scope as possible expressions of follow-through.

Its principal question is:

After communication or escalation, does the PCA support service appropriately complete the role-relevant part of the response pathway rather than treating transmission of the concern as the end of responsibility?

In the present horizontal analysis, this Indicator principally contributes to Quality-State Influence.

It examines whether escalation produces an appropriate continuing response within the part of the pathway belonging to the PCA Support Service Quality Object.

Removal Test

Assume Indicator 5.4 is removed.

The Core could establish that:

the change was observed;

its potential significance was recognized;

and

the concern was communicated promptly.

Yet the determination could stop at that point.

This would leave unclear whether the subsequent instructions were followed, whether support was modified as directed, whether required documentation occurred, or whether the concern simply disappeared after transmission.

Illustrative Scenario

During bathing, a PCA observes that a person becomes unusually dizzy.

The worker recognizes the condition as significant, stops the activity, and contacts the appropriate supervisor.

The supervisor instructs the PCA not to resume standing bathing and to assist the person only in a safer seated arrangement pending further direction.

The worker receives the instruction but later resumes the original standing approach because the person says the dizziness has improved.

The observation, judgment, and communication functions were all present.

The follow-through failed.

Indicator 5.4 makes that failure visible.

Distinguishability

Indicator 5.4 differs from Indicator 5.3 because communication and follow-through are not the same event.

A message can be transmitted successfully while no appropriate subsequent action occurs.

Indicator 5.4 also differs from Indicator 1.4.

Indicator 1.4 concerns pausing, modifying, or escalating when continuation becomes unsafe.

Indicator 5.4 examines the continuation of the risk-response pathway after communication or escalation has already occurred.

It also differs from Factor 8 because Factor 8 examines the broader correctness of practice and judgment within Functional Scope.

Indicator 5.4 is specifically concerned with completion of the post-escalation part of the changing-risk pathway.

Conclusion

Indicator 5.4 prevents escalation from being interpreted as a one-time communication act.

It preserves visibility of whether appropriate role-specific response continues after the concern crosses an Interface.

Indicator 5.4 is therefore necessary and distinguishable.

6.5.5 Factor 5 Indicator-Set Conclusion

The four Factor 5 Indicators form a coherent observation-to-response pathway:

Indicator 5.1 — observation of relevant change;

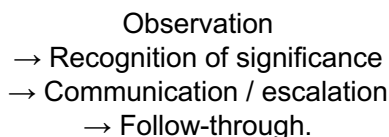
Indicator 5.2 — role-appropriate judgment concerning its significance;

Indicator 5.3 — timely communication of the resulting concern;

and

Indicator 5.4 — appropriate follow-through after communication or escalation.

The relationship can be expressed as:



This pathway is conceptually sequential, although actual PCA Support Work may require several functions to occur almost simultaneously.

The distinction among the four Indicators becomes particularly important where time is limited.

A support service may fail because:

a material change is never observed;

the change is observed but minimized;

its significance is understood but communication is delayed;

or

communication occurs but the subsequent response pathway is not completed.

These failures are different even where they lead to the same unfavorable Support Result.

The horizontal functional analysis also shows that Factor 5 is heavily concentrated on the capability to determine and influence a changing Quality State:

Indicator 5.1 principally supports Quality-State Determination;

Indicator 5.2 principally supports Quality-State Determination;

Indicator 5.3 supports both Quality-State Determination and Quality-State Influence across an Interface;

and

Indicator 5.4 principally supports Quality-State Influence.

This concentration is methodologically important.

Factor 5 demonstrates particularly clearly that determining the quality of the PCA Support Service Quality Object cannot be limited to observing its eventual Support Result.

The capability to recognize, interpret, communicate, and respond to changing conditions is itself part of Function Realization.

Removal of any one of the four Indicators would break a distinguishable link in that capability.

The Factor 5 Indicator set is therefore supported for retention within the invariant PCA Core.

6.6 Factor 6 — Continuity and Accuracy of Support-Relevant Information

Factor 6 addresses whether information necessary for realization of the Support Intended Function remains accurate, available, appropriately transferred, consistent with authorized direction, and protected from loss, distortion, misunderstanding, or inappropriate disclosure.

PCA1 resolves this Factor through four invariant Core Quality Indicators:

Indicator 6.1 — Accuracy of Information Used to Guide PCA Support;

Indicator 6.2 — Information Transfer Across Support Workers, Shifts, or Support Arrangements;

Indicator 6.3 — Consistency with Authorized Service Direction or Person-Directed Instruction;

and

Indicator 6.4 — Protection from Information Loss, Distortion, or Inappropriate Disclosure.

PCA1 treats continuity of information as necessary to continuity of support. It expressly recognizes that individual Support Work may be performed correctly while Function Realization is nevertheless interrupted because the information guiding that work is inaccurate, incomplete, outdated, poorly transferred, or otherwise unreliable.

The four Indicators preserve distinguishable questions:

Is the information used to guide Support Work sufficiently accurate, current, and relevant?

Does material information move reliably across workers, shifts, and Support Service Arrangements?

Is actual Support Work consistent with the applicable authorized or person-directed service direction?

Is support-relevant information protected from loss, distortion, misunderstanding, and inappropriate disclosure?

6.6.1 Indicator 6.1 — Accuracy of Information Used to Guide PCA Support

Determination Function

Indicator 6.1 examines the reliability of information upon which PCA Support Work is based.

PCA1 requires examination of whether information used to guide PCA support is accurate, current, and relevant rather than based on assumptions, outdated instructions, incomplete communication, or misunderstanding. It also makes clear that the PCA is not required to determine the clinical correctness of information received through authorized sources.

Its principal question is:

Is the information actually used to guide the PCA support service sufficiently reliable for the Support Work being realized?

In the present horizontal analysis, this Indicator principally contributes to Quality-State Determination.

If the information base is unreliable, the service may not be able to determine or realize the appropriate support pathway reliably even where the worker acts conscientiously.

Removal Test

Assume Indicator 6.1 is removed.

Indicator 6.2 could still examine whether information was transferred.

Indicator 6.3 could examine whether Support Work followed the applicable direction.

Indicator 6.4 could examine whether information was protected from loss or distortion.

But the Core would lose the direct question concerning the quality of the information being relied upon at the point of Support Work.

A message can be transferred perfectly and followed exactly while still being outdated or incorrect for the current support arrangement.

Illustrative Scenario

A PCA is assisting a person with morning mobility.

The information available to the worker states that the person uses a cane for the bedroom-to-bathroom route.

The person's current authorized support information has already changed to use of a walker, but the worker's copy was never updated.

The PCA follows the information in hand precisely.

The issue is not worker disobedience.

The issue is that the information used to guide Support Work is no longer current.

Indicator 6.1 makes that determination gap directly visible.

Distinguishability

Indicator 6.1 differs from Indicator 6.2 because information can be transferred completely but still be inaccurate.

It differs from Indicator 6.3 because consistency with direction cannot establish that the underlying information itself is reliable.

It differs from Indicator 6.4 because protection from distortion concerns preservation and handling of information, while Indicator 6.1 concerns the substantive reliability of the information being used.

Conclusion

Indicator 6.1 prevents accurate task execution from being mistaken for satisfactory Function Realization when the information guiding the task is itself unreliable.

Its removal would materially weaken the PCA Core's ability to distinguish actual support quality from apparent compliance with an inaccurate information base.

Indicator 6.1 is therefore necessary and distinguishable.

6.6.2 Indicator 6.2 — Information Transfer Across Support Workers, Shifts, or Support Arrangements

Determination Function

Indicator 6.2 examines whether support-relevant information moves completely, accurately, and in a timely manner across Support Workers, shifts, or other Support Service Arrangements.

PCA1 expressly recognizes that ineffective information transfer can interrupt Function Realization even where individual support activities are performed correctly.

Its principal question is:

When responsibility or participation changes within the PCA Support Service Quality Object, does material support-relevant information cross the applicable Interface without losing the continuity needed for Function Realization?

In the present horizontal analysis, this Indicator principally contributes to Quality-State Determination.

It concerns continuity of what the support service knows across time and across constituent parts.

Removal Test

Assume Indicator 6.2 is removed.

The information available to one worker could be accurate.

Support Work could be consistent with the information each worker actually possesses.

Information might also be appropriately protected.

Yet material information could disappear when responsibility passes from one worker to another.

Illustrative Scenario

An evening PCA observes that the Person Receiving Support is unusually weak during a transfer.

The condition is not judged to require emergency response, but it is relevant to subsequent Mobility Support.

The evening worker records nothing and does not tell the morning worker.

The next morning, the new PCA begins the usual transfer without knowing about the previous change.

Nothing necessarily became inaccurate at its source.

The failure occurred at the Interface between workers and Service Periods.

Indicator 6.2 makes that loss of continuity visible.

Interface Relevance

Indicator 6.2 is inherently Interface-sensitive.

Information may need to move:

between two Support Workers;

between shifts;

between a person-directed and agency-directed part of a Support Service Arrangement;

between a PCA and supervisor;

or

between other constituent parts included within the declared Quality Object.

The number of handoffs is less important than whether the support-relevant information required for Function Realization survives those transitions with adequate integrity and timeliness.

Distinguishability

Indicator 6.2 differs from Indicator 5.3 — Timely Communication of Concerns.

Indicator 5.3 concerns communication of a recognized concern within a changing-risk pathway.

Indicator 6.2 is broader.

It concerns continuity of support-relevant information across workers, shifts, and arrangements even where no new risk event has occurred.

Routine but material information may therefore fall under Indicator 6.2 without being an escalation concern.

Conclusion

Indicator 6.2 preserves continuity of the information state of the PCA Support Service Quality Object across internal Interfaces and time.

Without it, the Core could examine each individual Interaction while missing a systemic loss occurring between them.

Indicator 6.2 is therefore necessary and distinguishable.

6.6.3 Indicator 6.3 — Consistency with Authorized Service Direction or Person-Directed Instruction

Determination Function

Indicator 6.3 examines whether actual PCA Support Work remains consistent with applicable authorized service direction, authorized instructions, or person-directed or consumer-directed Support Service Arrangements.

PCA1 also makes clear that consistency does not require blind continuation where instructions appear inconsistent with safety or exceed the authorized PCA Support Role. Appropriate communication or escalation remains possible.

Its principal question is:

Does the Support Work actually performed correspond to the applicable authorized and person-directed basis for the service, while preserving appropriate response to conflicting or unsafe conditions?

This Indicator is principally a Quality-State Indicator with an important Quality-State Influence function.

It examines the actual alignment between agreed direction and realized Support Work.

Removal Test

Assume Indicator 6.3 is removed.

The information used could be accurate.

It could transfer reliably across workers.

It could be protected from distortion.

Yet workers could still disregard the applicable service direction in actual practice.

Illustrative Scenario

A Person Receiving Support directs that, during morning dressing, she wants to choose between two prepared outfits and perform as much of the dressing as she can herself.

The authorized Support Service Arrangement permits this.

The PCA has accurate information about the arrangement and understands it.

Nevertheless, the worker routinely chooses the clothing and dresses the person completely because it is faster.

The information system has not failed.

The realization of Support Work has departed from the applicable direction.

Indicator 6.3 makes that mismatch visible.

A second case illustrates the opposite boundary.

Suppose a family member gives the PCA a new instruction that conflicts with the authorized service direction and appears unsafe.

Indicator 6.3 does not require the worker simply to follow it.

The appropriate quality condition may be to recognize the conflict and use the applicable communication or escalation pathway.

Distinguishability

Indicator 6.3 differs from Indicator 6.1 because accurate information does not establish that it is followed.

It differs from Indicator 6.2 because successful transfer does not establish consistency of subsequent Support Work.

It differs from Factor 4 because person-directed instruction may overlap with autonomy but also concerns the operational basis of the Support Service Arrangement.

Conclusion

Indicator 6.3 preserves the link between the information/direction structure of the PCA Support Service Quality Object and the Support Work actually performed.

Without it, a reliable information system could coexist with routine deviation from the agreed realization pathway.

Indicator 6.3 is therefore necessary and distinguishable.

6.6.4 Indicator 6.4 — Protection from Information Loss, Distortion, or Inappropriate Disclosure

Determination Function

Indicator 6.4 examines whether support-relevant information is preserved accurately and protected from loss, distortion, misunderstanding, or inappropriate disclosure.

PCA1 explicitly connects this Indicator to information essential to realization of the Support Intended Function and to communication through appropriate channels.

Its principal question is:

Does the PCA Support Service Quality Object preserve the integrity and appropriate handling of support-relevant information throughout its use and movement across Interfaces?

This Indicator is principally a Quality-State Determination Indicator because corrupted or missing information weakens the reliability of the basis on which the Support Service Quality State is known and acted upon.

It also has a personhood dimension where inappropriate disclosure affects privacy.

Removal Test

Assume Indicator 6.4 is removed.

Information could be accurate when originally created.

It could be transferred.

Support Work could initially follow the correct direction.

But the Core would not separately examine whether information becomes lost, altered, misunderstood, or disclosed through an inappropriate channel during its lifecycle.

Illustrative Scenario

A PCA receives a written note that the Person Receiving Support has asked that a sensitive personal-care preference be communicated only to workers directly involved in intimate support.

The information itself is accurate and relevant.

A worker later posts the note in an open common area where unrelated visitors and other personnel can read it.

The support information has not necessarily become false.

But its handling has become inappropriate and the person's privacy has been compromised.

Indicator 6.4 makes that quality-relevant failure visible.

A different example concerns distortion.

One worker tells the next worker that the person "cannot walk anymore," although the original observation was only that the person was more fatigued than usual during one episode.

As the information moves across Interfaces, a bounded observation becomes an exaggerated conclusion.

Indicator 6.4 addresses this loss of information integrity.

Distinguishability

Indicator 6.4 differs from Indicator 6.1 because the original information may have been accurate before it was distorted.

It differs from Indicator 6.2 because transfer can occur successfully while meaning is altered.

It differs from Indicator 4.1 because inappropriate disclosure can affect privacy, but Indicator 6.4 addresses the integrity and controlled handling of information as an information-system function.

Conclusion

Indicator 6.4 preserves visibility of information integrity across the lifecycle of support-relevant information.

Without it, the PCA Core could determine that information exists and moves without adequately determining whether it remains faithful, protected, and appropriately bounded.

Indicator 6.4 is therefore necessary and distinguishable.

6.6.5 Factor 6 Indicator-Set Conclusion

The four Factor 6 Indicators form a coherent information-integrity structure:

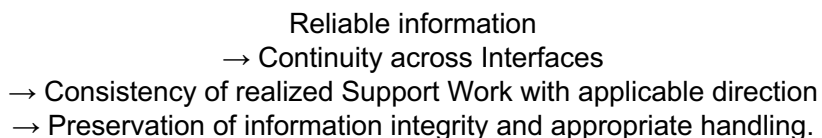
Indicator 6.1 — Is the information used to guide support accurate, current, and relevant?

Indicator 6.2 — Does that information move reliably across workers, shifts, and Support Service Arrangements?

Indicator 6.3 — Is actual Support Work consistent with the applicable authorized or person-directed service direction?

Indicator 6.4 — Is the information protected from loss, distortion, misunderstanding, and inappropriate disclosure?

The relationship can be expressed conceptually as:



These Indicators cannot be collapsed into a single concept of “communication.”

Information may be:

accurate but not transferred;

transferred but ignored;

followed but subsequently distorted;

or

accurate, transferred, and followed while being disclosed inappropriately.

Each condition represents a different determination problem.

The horizontal functional analysis shows that Factor 6 has a particularly strong Quality-State Determination role:

Indicator 6.1 principally supports Quality-State Determination;

Indicator 6.2 principally supports Quality-State Determination across Interfaces;

Indicator 6.3 principally supports Quality-State visibility and Influence by linking direction to actual Support Work;

and

Indicator 6.4 principally supports Quality-State Determination through preservation of information integrity.

This Factor therefore addresses a central Whole Quality distinction:

the actual Support Service Quality State and the information through which that state is known are related but not identical.

A PCA service cannot be determined responsibly if its information pathways systematically lose, distort, delay, or misdirect material information.

Removal of any one of the four Indicators would leave a different part of that information pathway materially less visible.

The Factor 6 Indicator set is therefore supported for retention within the invariant PCA Core.

6.7 Factor 7 — Control of Infection and Contamination Risks

Factor 7 addresses whether PCA Support Work contributes to maintaining hygienic conditions and reducing avoidable infection and contamination risks within the authorized PCA Support Role and Functional Scope.

PCA1 resolves this Factor through four invariant Core Quality Indicators:

Indicator 7.1 — Maintenance of Hygienic Service Conditions;

Indicator 7.2 — Appropriate Use of Clean Technique Within Functional Scope;

Indicator 7.3 — Prevention of Cross-Contamination;

and

Indicator 7.4 — Recognition and Escalation of Infection or Contamination Risks.

PCA1 expressly distinguishes PCA responsibility from clinical infection-control responsibility. The Factor concerns hygienic Support Work within Functional Scope and does not transfer diagnosis, treatment, or infection-control policy responsibility to the PCA.

The four Indicators preserve different determination questions:

Are hygienic service conditions maintained?

Are appropriate clean techniques used during Support Work?

Is avoidable transfer between clean and contaminated conditions prevented?

Are observable infection or contamination risks recognized and appropriately communicated or escalated?

6.7.1 Indicator 7.1 — Maintenance of Hygienic Service Conditions

Determination Function

Indicator 7.1 examines whether the conditions in which PCA Support Work is realized remain appropriately clean and hygienic for the support activity being performed.

PCA1 states that the Indicator concerns whether Support Work contributes to maintaining a clean and hygienic service environment appropriate to the activity, without imposing clinical or institutional infection-control standards beyond PCA Functional Scope.

Its principal question is:

Are the relevant conditions surrounding and supporting PCA service sufficiently hygienic for responsible Function Realization?

In the present horizontal analysis, this Indicator principally contributes to Quality-State visibility.

It concerns the actual hygienic condition of the support environment and relevant materials during the service.

Removal Test

Assume Indicator 7.1 is removed.

Indicator 7.2 could still examine clean technique.

Indicator 7.3 could still examine cross-contamination.

Indicator 7.4 could examine recognition of an emerging contamination risk.

But the Core would no longer preserve a direct determination concerning the general hygienic condition in which Support Work occurs.

Technique alone cannot compensate for an inadequately hygienic service environment.

Illustrative Scenario

A PCA is preparing to assist with Meal Support.

The worker uses appropriate hand hygiene and handles the food carefully.

However, the meal-preparation surface remains visibly contaminated from earlier household activity, and soiled materials are left immediately beside the food-preparation area.

The worker's personal technique may be appropriate.

The surrounding service condition is not.

Indicator 7.1 makes that distinction visible.

Distinguishability

Indicator 7.1 differs from Indicator 7.2 because hygienic conditions and worker technique are not identical.

A worker can use appropriate technique in an inadequately hygienic environment.

Conversely, an environment may be clean while the worker uses poor hygiene practices.

Indicator 7.1 also differs from Indicator 7.3 because cross-contamination concerns transfer between clean and contaminated elements rather than the underlying hygienic condition itself.

Conclusion

Indicator 7.1 preserves visibility of the hygienic state of the service conditions within which PCA Support Work is realized.

Without it, the Core could focus on technique while overlooking the quality of the surrounding conditions.

Indicator 7.1 is therefore necessary and distinguishable.

6.7.2 Indicator 7.2 — Appropriate Use of Clean Technique Within Functional Scope

Determination Function

Indicator 7.2 examines whether accepted hygiene practices appropriate to the support context are consistently used during PCA Support Work.

PCA1 expressly limits the Indicator to clean technique within the authorized PCA Support Role and Functional Scope and does not require sterile technique or procedures reserved for licensed healthcare professionals.

Its principal question is:

Is Support Work performed using hygiene practices appropriate to the PCA service activity and Functional Scope?

In the present horizontal analysis, this Indicator principally contributes to Quality-State Influence.

The manner in which Support Work is performed can preserve or degrade the hygienic condition of the service.

Removal Test

Assume Indicator 7.2 is removed.

The service environment could be clean.

Cross-contamination could be examined after it becomes apparent.

Observable infection or contamination concerns could be escalated.

But the Core would lose the direct question of whether the worker's routine service technique appropriately controls contamination risk during performance of Support Work.

Illustrative Scenario

During bathing assistance, the PCA handles a visibly soiled washcloth and then immediately uses the same hands to handle clean personal-care items without following the applicable clean hygiene practice.

The bathroom itself may be adequately clean.

No obvious infection develops during the Service Period.

The problem lies in the manner in which the Support Work is performed.

Indicator 7.2 makes that practice condition directly determinable.

Distinguishability

Indicator 7.2 differs from Indicator 7.1 because an adequate environment does not establish appropriate technique.

It differs from Indicator 7.3 because clean technique is broader than prevention of a specific transfer from one contaminated source to another person, surface, item, or activity.

It also differs from Factor 8.

Factor 8 examines practice and judgment within Functional Scope generally.

Indicator 7.2 preserves a specific infection- and contamination-control function of that practice.

Conclusion

Indicator 7.2 makes the hygiene quality of the PCA's actual Support Work visible.

Without it, Factor 7 could determine environmental conditions and contamination outcomes without directly evaluating the technique through which those outcomes are influenced.

Indicator 7.2 is therefore necessary and distinguishable.

6.7.3 Indicator 7.3 — Prevention of Cross-Contamination

Determination Function

Indicator 7.3 examines whether PCA Support Work minimizes avoidable transfer between clean and contaminated conditions, materials, equipment, people, or activities.

PCA1 states that the Indicator concerns appropriate separation of clean and contaminated conditions, materials, equipment, or activities and recognizes that cross-contamination control protects both the Person Receiving Support and others participating in the service.

Its principal question is:

Does the realization pathway prevent avoidable movement of contamination from one part of the PCA Support Service Quality Object to another?

This Indicator is principally a Quality-State Influence Indicator with a strong Boundary and Interface function.

Cross-contamination is fundamentally about movement across a boundary that should remain controlled.

Removal Test

Assume Indicator 7.3 is removed.

Indicator 7.1 could establish that service conditions were generally hygienic.

Indicator 7.2 could establish that clean technique was used in some parts of Support Work.

Indicator 7.4 could establish that observable contamination concerns were recognized.

But the Core would lose the direct determination of whether contamination is transferred between otherwise distinguishable clean and contaminated elements.

Illustrative Scenario

During Meal Support, the PCA first assists with handling an item contaminated by raw food and then uses the same utensil on ready-to-eat food without appropriate separation or cleaning.

The kitchen may otherwise be clean.

The worker may have used hand hygiene appropriately.

The specific quality failure is the transfer pathway between a contaminated item and food ready for consumption.

Indicator 7.3 makes that pathway visible.

A Bathing Support example would be the inappropriate reuse of a contaminated personal-care item on a clean body area or between persons where the support arrangement makes such separation relevant.

Boundary and Interface Relevance

Indicator 7.3 is especially important methodologically because contamination can move across internal Interfaces:

from one body area to another;

from equipment to the person;

from a contaminated surface to a clean item;

from one activity to the next;

or

between participants in the support service.

The quality issue therefore concerns not merely the existence of contamination but whether the realization pathway controls its movement.

Distinguishability

Indicator 7.3 differs from Indicator 7.1 because a generally clean environment can still contain one uncontrolled contamination-transfer pathway.

It differs from Indicator 7.2 because a clean-technique rule and the actual prevention of cross-contamination are related but not identical.

A worker may perform several techniques correctly while one critical separation fails.

It also differs from Indicator 7.4 because prevention of transfer and recognition of an emerging contamination concern are different functions.

Conclusion

Indicator 7.3 preserves direct visibility of contamination movement across relevant Boundaries and Interfaces.

Without it, an important mechanism through which infection or contamination risk is realized could remain hidden within broader hygiene judgments.

Indicator 7.3 is therefore necessary and distinguishable.

6.7.4 Indicator 7.4 — Recognition and Escalation of Infection or Contamination Risks

Determination Function

Indicator 7.4 examines whether observable infection or contamination risks are recognized and appropriately communicated or escalated within Functional Scope.

PCA1 expressly states that the Indicator does not require diagnosis of infection or independent clinical decision-making. It concerns identification of conditions that may require additional attention, communication, or escalation.

Its principal question is:

When a material infection- or contamination-related condition becomes observable, does the PCA Support Service Quality Object recognize it and move it through the appropriate response pathway?

This Indicator combines Quality-State Determination and Quality-State Influence.

The condition must first become visible.

The support service must then respond appropriately within its Boundary and Functional Scope.

Removal Test

Assume Indicator 7.4 is removed.

The Core could still examine hygienic conditions, clean technique, and prevention of cross-contamination.

But it would lose direct visibility of the response to an unexpected or emerging contamination-related condition that cannot simply be resolved through routine hygiene practice.

Illustrative Scenario

During bathing assistance, a PCA observes that a reusable bathing item normally used as part of the service has become visibly contaminated in an unexpected way.

The worker is uncertain whether it remains appropriate for continued use.

The PCA is not expected to make a clinical infection-control determination.

But responsible Function Realization may require stopping use of the item, isolating it as appropriate, and communicating the concern through the applicable pathway.

If the worker simply continues because the usual bathing routine calls for that item, the support service has failed to respond to the newly observable condition.

Indicator 7.4 makes that failure visible.

Distinguishability

Indicator 7.4 differs from Indicator 7.3 because a risk may require recognition and escalation even before actual cross-contamination is demonstrated.

It differs from Indicator 7.2 because routine clean technique may not resolve an unusual contamination condition.

It also interacts strongly with Factor 5.

Factor 5 addresses the general pathway of observing, judging, communicating, and following through on changing risk.

Indicator 7.4 anchors that same broader capability to a specific infection- and contamination-related quality dimension.

This overlap is not necessarily redundant.

A contamination event can therefore be relevant under both Factor 7 and Factor 5 for different determination purposes:

Factor 7 asks whether the infection or contamination risk is appropriately controlled;

Factor 5 asks whether the changing-risk response pathway functions appropriately.

Conclusion

Indicator 7.4 ensures that Factor 7 is not limited to static cleanliness or routine technique.

It preserves the capability to recognize and respond to emerging contamination-related conditions.

Indicator 7.4 is therefore necessary and distinguishable.

6.7.5 Factor 7 Indicator-Set Conclusion

The four Factor 7 Indicators form a coherent infection- and contamination-control determination structure:

Indicator 7.1 — maintenance of hygienic service conditions;

Indicator 7.2 — appropriate clean technique during Support Work;

Indicator 7.3 — prevention of cross-contamination across relevant Boundaries and Interfaces;

and

Indicator 7.4 — recognition and escalation of observable infection or contamination risks.

The relationship can be expressed conceptually as:

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Hygienic service condition
→ Appropriate clean technique
→ Control of contamination transfer
→ Recognition and response when contamination-related risk emerges.
    
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These four functions are related but not interchangeable.

A service environment may be clean while technique is poor.

Technique may be appropriate while a specific cross-contamination pathway remains uncontrolled.

Routine controls may be satisfactory until an unexpected contamination condition arises that requires recognition and escalation.

The horizontal functional analysis suggests:

Indicator 7.1 principally supports Quality-State visibility;

Indicator 7.2 principally supports Quality-State Influence;

Indicator 7.3 principally supports Quality-State Influence through control of contamination pathways;

and

Indicator 7.4 combines Quality-State Determination and Quality-State Influence.

Factor 7 also illustrates why PCA Core Indicators must remain bounded by Functional Scope.

The PCA Core does not transform Personal Care Aide work into clinical infection-control practice.

It asks whether the support service appropriately controls those hygienic, clean-technique, cross-contamination, and observable-risk conditions that materially affect Function Realization within the declared PCA Support Service Quality Object.

Removal of any one of the four Indicators would leave a distinguishable part of that control structure materially less visible.

The Factor 7 Indicator set is therefore supported for retention within the invariant PCA Core.

6.8 Factor 8 — Practice and Judgment Within Functional Scope

Factor 8 addresses whether PCA Support Work is performed within the authorized PCA Support Role and Functional Scope and whether judgment exercised during service delivery remains appropriate to that scope, the Person Receiving Support, the Service Context, available information, foreseeable risks, and the Support Intended Function.

PCA1 resolves this Factor through four invariant Core Quality Indicators:

Indicator 8.1 — Support Work Within the Authorized Support Role and Functional Scope;

Indicator 8.2 — Appropriate Judgment Within Functional Scope;

Indicator 8.3 — Avoidance of Unauthorized Diagnosis, Treatment, or Reserved Professional Practice;

and

Indicator 8.4 — Appropriate Pausing, Assistance Seeking, and Escalation.

PCA1 expressly recognizes that quality depends both on appropriate action and on appropriate recognition of the limits of the authorized PCA Support Role and Functional Scope.

The four Indicators preserve four related but distinguishable questions:

Is the Support Work itself within authorized scope?

Are decisions made within that scope appropriately judged?

Does the worker avoid crossing into diagnosis, treatment, prescribing, or another reserved professional function?

When the available situation cannot be addressed appropriately within Functional Scope, does the worker pause, seek assistance, request clarification, or escalate rather than continue beyond that boundary?

6.8.1 Indicator 8.1 — Support Work Within the Authorized Support Role and Functional Scope

Determination Function

Indicator 8.1 examines whether the PCA Support Work actually performed remains consistent with the responsibilities, limitations, and Support Intended Function of the authorized PCA occupation.

PCA1 recognizes that acting outside the authorized PCA Support Role or Functional Scope may compromise the Support Service Quality State of the declared Support Service Quality Object.

Its principal question is:

Is the Support Work being performed something the PCA is authorized and responsible to perform within the declared Support Service Arrangement?

In the present horizontal analysis, this Indicator principally contributes to Quality-State visibility.

It concerns the actual relationship between performed Support Work and the role boundary applicable to the service.

Removal Test

Assume Indicator 8.1 is removed.

Indicator 8.2 could still examine judgment.

Indicator 8.3 could still prohibit particular reserved professional activities.

Indicator 8.4 could still examine pausing or escalation.

But the Core would lose the broader direct determination concerning whether ordinary Support Work remains within the worker's authorized Support Role and Functional Scope.

Not every scope violation necessarily constitutes diagnosis, treatment, or another reserved professional activity.

Illustrative Scenario

A family member asks a PCA to perform a support activity that is not included within the worker's authorized Functional Scope for the declared service arrangement.

The worker believes the activity is simple and performs it routinely.

No immediate harm occurs.

The question under Indicator 8.1 is not whether the worker acted carefully.

It is whether that Support Work belonged within the authorized PCA role in the first place.

A favorable physical outcome cannot substitute for that determination.

Distinguishability

Indicator 8.1 differs from Indicator 8.3 because Indicator 8.3 identifies an especially important class of prohibited boundary crossing: unauthorized diagnosis, treatment, prescribing, or reserved professional practice.

Indicator 8.1 is broader.

It preserves the complete role-and-scope boundary for PCA Support Work.

It also differs from Indicator 6.3.

Indicator 6.3 asks whether Support Work is consistent with applicable authorized or person-directed service direction.

Indicator 8.1 asks whether the work itself falls within what the PCA is authorized to perform.

An instruction can be clearly communicated and still ask the PCA to act outside Functional Scope.

Conclusion

Indicator 8.1 preserves direct visibility of the occupational and functional boundary of PCA Support Work.

Without it, performance could be judged principally by outcome or technical execution even where the activity itself was outside the worker's authorized role.

Indicator 8.1 is therefore necessary and distinguishable.

6.8.2 Indicator 8.2 — Appropriate Judgment Within Functional Scope

Determination Function

Indicator 8.2 examines whether decisions made during PCA Support Work appropriately consider the person's condition, Service Context, foreseeable risks, available information, and Support Intended Function while remaining inside Functional Scope.

PCA1 expressly states that the Indicator does not require independent clinical, legal, or supervisory judgment beyond the PCA Support Role and Functional Scope.

Its principal question is:

Within what the PCA is authorized to do, is role-appropriate judgment exercised responsibly in selecting, continuing, adapting, or stopping Support Work?

This Indicator combines Quality-State Determination and Quality-State Influence.

The worker must interpret the actual situation sufficiently to choose an appropriate action within scope.

Removal Test

Assume Indicator 8.2 is removed.

Indicator 8.1 could establish that an activity is authorized.

Indicator 8.3 could establish that reserved professional practice is avoided.

Indicator 8.4 could examine whether assistance is sought once a limit is recognized.

But none would directly preserve the quality of judgment exercised inside the authorized area itself.

Authorization does not establish appropriateness.

Illustrative Scenario

A PCA is authorized to assist a person with a routine transfer using an available walker.

The activity is clearly within Functional Scope.

On a particular morning, however, the person appears much weaker than usual and repeatedly states that standing feels unsafe.

The worker nevertheless decides to proceed exactly as usual because “this is the normal routine.”

The problem is not that transfers are outside PCA scope.

The problem is that the worker's judgment within scope fails to consider the actual condition and Service Context.

Indicator 8.2 makes that determination visible.

Distinguishability

Indicator 8.2 differs from Indicator 8.1 because being authorized to perform an activity does not establish that performing it in a particular way or at a particular time is appropriate.

It differs from Indicator 5.2 because Indicator 5.2 specifically concerns judgment regarding the significance of an observed change within the risk-recognition pathway.

Indicator 8.2 is broader.

It concerns role-appropriate judgment throughout Support Work, including situations that do not begin with a newly observed risk.

It differs from Factor 3 because support may be aligned with functional ability while still involving poor judgment regarding timing, sequencing, available information, or Service Context.

Conclusion

Indicator 8.2 preserves the quality of decision-making inside the authorized PCA role.

Without it, the Core could establish that Support Work was permitted without determining whether the worker exercised sound role-appropriate judgment in realizing it.

Indicator 8.2 is therefore necessary and distinguishable.

6.8.3 Indicator 8.3 — Avoidance of Unauthorized Diagnosis, Treatment, or Reserved Professional Practice

Determination Function

Indicator 8.3 examines whether PCA Support Work avoids unauthorized diagnosis, treatment, prescribing, or other activities reserved for licensed or otherwise authorized professionals.

PCA1 identifies respect for these occupational boundaries as directly relevant to safe realization of the Support Intended Function.

Its principal question is:

Does the PCA support service preserve the boundary between authorized PCA support and professional functions requiring another form of authorization?

This Indicator is principally a Quality-State Indicator with an important Boundary-control function.

Removal Test

Assume Indicator 8.3 is removed.

Indicator 8.1 would still provide a general Functional Scope boundary.

One could therefore ask whether a separate Indicator 8.3 is redundant.

The removal test shows why it remains useful.

Unauthorized diagnosis, treatment, prescribing, and reserved professional practice represent a particularly consequential form of scope crossing because the worker may appear to be helping while actually substituting personal judgment for an external professional function.

A broad scope Indicator may identify that the action is outside role.

Indicator 8.3 ensures that this specific boundary between support and professional practice remains directly visible at Core level.

Illustrative Scenario

During repeated Meal Support, a PCA observes that a person often coughs while eating.

Rather than reporting the observation through the applicable Interface, the worker independently decides that the person “has a swallowing disorder” and changes the food consistency according to the worker's own judgment.

The worker may be motivated by concern.

But recognizing coughing is different from diagnosing its cause or independently prescribing a treatment-related change.

The appropriate PCA role may involve observation, pausing where needed, communication, and escalation.

Indicator 8.3 makes the prohibited substitution of professional judgment directly visible.

Distinguishability

Indicator 8.3 differs from Indicator 8.1 because it protects a particularly important external Boundary between the PCA Support Service Quality Object and professional responsibilities that remain outside the worker's role.

It differs from Indicator 8.2 because “sound judgment” within Functional Scope cannot authorize judgment outside Functional Scope.

It also interacts strongly with the Reference Layer.

Clinical direction, professional instructions, laws, organizational requirements, and other external sources may affect PCA Support Work through Interfaces.

Their existence does not transfer the authority underlying them to the PCA.

Conclusion

Indicator 8.3 preserves a critical boundary between support and unauthorized professional practice.

Without separate visibility, apparently helpful actions could obscure transfer of diagnosis, treatment, prescribing, or other reserved responsibility into the PCA role.

Indicator 8.3 is therefore necessary and distinguishable.

6.8.4 Indicator 8.4 — Appropriate Pausing, Assistance Seeking, and Escalation

Determination Function

Indicator 8.4 examines whether the PCA recognizes situations in which continuation without additional guidance would be inappropriate, unsafe, or outside Functional Scope and responds by pausing, seeking assistance, requesting clarification, or escalating.

PCA1 makes this function explicit.

Its principal question is:

When the worker reaches the practical or authority boundary of the PCA role, does the Support Service Realization Pathway provide an appropriate way to stop unsupported continuation and connect the condition to additional guidance or authority?

This Indicator is principally a Quality-State Influence Indicator with a strong Interface function.

Removal Test

Assume Indicator 8.4 is removed.

Indicator 8.1 could determine that a boundary exists.

Indicator 8.2 could determine that sound judgment is required.

Indicator 8.3 could identify activities that must not be undertaken.

But the Core would not separately examine what happens when the PCA reaches that boundary in real time.

Simply knowing what one must not do is insufficient.

The support service also needs an appropriate pathway for what to do instead.

Illustrative Scenario

A PCA preparing to assist with bathing finds that a piece of equipment normally used for the activity appears damaged.

The PCA is not authorized to repair or modify it and cannot determine that it remains safe.

Indicator 8.1 helps establish the worker's responsibility boundary.

Indicator 8.3 prevents the worker from assuming another professional or technical role.

Indicator 8.4 asks the practical next question:

Does the worker pause, seek assistance, request clarification, or escalate rather than improvise and continue?

That response capability is part of Function Realization.

Distinguishability

Indicator 8.4 differs from Indicator 1.4.

Indicator 1.4 is anchored to protection from foreseeable harm and asks whether unsafe continuation is paused, modified, or escalated.

Indicator 8.4 is anchored to Functional Scope and asks whether the worker appropriately stops or seeks assistance when the limits of role, authority, competence, or available guidance are reached.

The same event may activate both Indicators for different reasons.

It also differs from Indicator 5.3 because not every request for assistance or clarification arises from a newly observed risk.

Indicator 8.4 also differs from Indicator 5.4: Indicator 5.4 concerns follow-through after communication or escalation has already occurred, whereas Indicator 8.4 concerns the point at which independent PCA action reaches a practical or authority boundary and additional guidance or assistance is required.

A worker may need clarification because instructions conflict, responsibility is uncertain, or an unfamiliar condition lies outside available authority.

Conclusion

Indicator 8.4 turns recognition of Functional Scope from a static boundary into an operational response capability.

Without it, the Core could identify what the PCA should not do without determining whether the service provides an appropriate route for proceeding when that boundary is reached.

Indicator 8.4 is therefore necessary and distinguishable.

6.8.5 Factor 8 Indicator-Set Conclusion

The four Factor 8 Indicators form a coherent practice-and-boundary determination structure:

Indicator 8.1 — whether Support Work remains within the authorized PCA Support Role and Functional Scope;

Indicator 8.2 — whether sound judgment is exercised within that scope;

Indicator 8.3 — whether diagnosis, treatment, prescribing, or other reserved professional practice is avoided;
and

Indicator 8.4 — whether the worker appropriately pauses, seeks assistance, requests clarification, or escalates when safe and responsible continuation requires support beyond the worker's available authority or guidance.

The relationship can be expressed conceptually as:

Authorized work
→ Appropriate judgment within authorization
→ Respect for external professional boundaries
→ Appropriate response when the boundary of independent PCA action is reached.

These are related but not redundant.

Authorized work can be performed with poor judgment.

Good judgment cannot justify unauthorized professional practice.

Recognition that an action is outside scope does not establish that the worker pauses or seeks appropriate assistance.

The horizontal functional analysis suggests:

Indicator 8.1 principally supports Quality-State visibility;

Indicator 8.2 combines Quality-State Determination and Quality-State Influence;

Indicator 8.3 principally supports Quality-State visibility and Boundary control;

and

Indicator 8.4 principally supports Quality-State Influence through pausing, assistance seeking, clarification, and escalation.

Factor 8 therefore performs an important limiting and enabling function simultaneously.

It limits PCA Support Work to the authorized role.

But it also makes visible the mechanisms by which the support service can continue responsibly when the worker reaches the limit of that role.

Removal of any one of the four Indicators would leave a distinguishable part of this practice, judgment, Boundary, or Interface structure materially less visible.

The Factor 8 Indicator set is therefore supported for retention within the invariant PCA Core.

6.9 Factor-by-Factor Conclusion

The Factor-by-Factor analysis supports retention of all thirty-two established PCA Core Quality Indicators.

For each Indicator, removal would weaken a distinguishable determination function within its associated Core Quality Factor.

The analysis also demonstrates that apparent overlap among Indicators frequently reflects interaction within the same PCA Support Service Quality Object rather than redundancy.

Several conditions can be relevant simultaneously to safety, health stability, daily-life functioning, autonomy, escalation, information integrity, contamination control, and Functional Scope.

The relevant test is not whether Indicators sometimes examine the same event.

It is whether they ask the same determination question.

The analysis does not support that conclusion.

Across the eight Factors, the thirty-two Indicators preserve distinguishable views concerning:

foreseeable harm recognition and response;

health and bodily integrity;

functional alignment and participation;

personhood and autonomy;

changing-risk recognition and escalation;

support-relevant information integrity;

infection and contamination control;

and

practice, judgment, and role boundaries.

The horizontal analysis also confirms that the proposed Quality-State, Quality-State Determination, and Quality-State Influence functions recur throughout the PCA Core Indicator structure.

Some Indicators principally make the actual state or performance condition visible.

Some principally preserve the capability to know that state reliably.

Some principally preserve the capability to influence the developing state through appropriate Support Work, modification, communication, escalation, or other action within Functional Scope.

A number of Indicators perform more than one of these functions.

This does not establish a new normative classification.

It provides a useful horizontal view of why the Indicator layer cannot be reduced to a flat list of thirty-two service characteristics.

The thirty-two Indicators collectively form a determination structure.

The next Section therefore moves from the vertical Factor-by-Factor analysis to a horizontal comparison across the complete PCA Core.

7. HORIZONTAL ANALYSIS ACROSS THE EIGHT CORE QUALITY FACTORS

7.1 Recurring Indicator Functions Across Different Factors

The Factor-by-Factor analysis examined the thirty-two Core Quality Indicators vertically within their eight established Core Quality Factors.

A different view becomes visible when the Indicators are compared horizontally across the complete PCA Core.

The same type of determination function appears repeatedly under different subject-matter Factors.

For example:

recognition functions appear under foreseeable harm, health stability, changing risk, information integrity, infection and contamination, and Functional Scope;

influence functions appear through adjustment, prevention, adaptation, escalation, information transfer, clean technique, and assistance seeking;

and

Quality-State visibility appears through realized harm conditions, bodily integrity, daily-life functioning, autonomy, information use, hygienic conditions, and role-conforming practice.

This recurring pattern supports the research proposition introduced in Section 5:

Core Quality Indicators can be examined not only by what subject they address, but also by what function they perform in determining or influencing the Support Service Quality State.

The horizontal analysis does not replace the eight-Factor structure.

It provides a second analytical axis across that architecture.

7.2 Quality-State Indicators Across the PCA Core

Quality-State Indicators principally make the actual condition or performance of the PCA Support Service Quality Object visible.

Their central question is:

What is the quality-relevant state of the object with respect to this aspect of Function Realization?

Examples identified in the Factor-by-Factor analysis include Indicators that preserve visibility of:

avoidable injury or harm;

skin, joints, and physical integrity;

alignment of assistance with functional ability;

privacy and bodily dignity;

absence of coercive or demeaning practice;

consistency of realized Support Work with applicable direction;

hygienic service conditions;

and

whether Support Work remains within the authorized Support Role and Functional Scope.

These Indicators differ in subject matter.

Nevertheless, each contributes Evidence concerning what is actually occurring or has been realized within the declared PCA Support Service Quality Object.

This function is important because a support service cannot be evaluated responsibly only by examining what procedures, information pathways, or intentions exist.

The realized condition also matters.

Illustrative Scenario

A PCA follows all required communication pathways during a Mobility Support Episode.

The worker receives correct information, uses authorized equipment, and remains within Functional Scope.

Nevertheless, the person is repeatedly pulled by the arm during transfers in a manner that creates avoidable joint strain.

The determination infrastructure may function correctly in several respects.

The actual quality-relevant state under bodily integrity remains unfavorable.

Quality-State visibility prevents procedural correctness from replacing determination of the realized condition.

7.3 Quality-State Determination Indicators Across the PCA Core

A second recurring group concerns the capability to know the Support Service Quality State reliably.

These Indicators address the distinction between:

the actual condition of the PCA Support Service Quality Object;

and

the capability of the support service to recognize, preserve, communicate, and interpret information concerning that condition.

Examples identified in the analysis include functions relating to:

identification of foreseeable harm conditions;

recognition of physical changes relevant to health stability;

observation of changes in condition, behavior, functioning, or response;

judgment concerning the significance of observed changes;

accuracy of support-relevant information;

information transfer across workers, shifts, or Support Service Arrangements;

protection from information loss or distortion;

recognition of infection or contamination risk;

and

judgment within Functional Scope.

These Indicators are methodologically significant because absence of an observed failure does not establish that the actual Quality State is favorable when the means of determining that state are unreliable.

Consider an illustrative example.

A worker reports that Meal Support was completed without difficulty.

No incident was recorded.

The person later states that repeated coughing occurred during the meal but the worker did not notice or report it.

The favorable service record describes the reported state.

It does not necessarily describe the actual Support Service Quality State.

A Quality-State Determination Indicator makes visible the reliability of the pathway through which the state becomes known.

This distinction is especially important where information passes through several internal or external Interfaces.

A support service may therefore have two different quality problems:

an unfavorable actual condition;

or

an inadequate capability to determine whether such a condition exists.

The two can occur together, but they should not be treated as the same problem.

7.4 Quality-State Influence Indicators Across the PCA Core

A third recurring function concerns the capability of the PCA Support Service Quality Object to preserve, restore, adapt, or otherwise influence the developing quality-relevant state.

These Indicators ask:

Once a relevant condition is known, can the support service act appropriately within the available Functional Scope, authority, time, and realization pathway?

Examples identified in the Factor-by-Factor analysis include:

adjustment of Support Work to mitigate identified risk;

pausing, modifying, or escalating when continuation becomes unsafe;

support contributing to hydration, nutrition, or physiological stability;

minimization of unnecessary physiological stress;

support without creating unnecessary dependency;

appropriate use of available supports and equipment;

adaptation as functional abilities change;

respect for person-directed choices that shape the realization pathway;

timely communication and escalation;

follow-through after escalation;

information transfer enabling continuity;

appropriate clean technique;

prevention of cross-contamination;

and

pausing, assistance seeking, clarification, or escalation when Functional Scope is reached.

These Indicators demonstrate that PCA support is not only observed.

It is realized through action.

Illustrative Scenario

During Bathing Support, the Person Receiving Support becomes dizzy.

Three different functions can be distinguished.

First, the change must become observable.

Second, the service must recognize that the change may be significant.

Third, the realization pathway must be influenced appropriately — for example by stopping the standing activity, assisting the person toward a safer condition, and seeking further guidance where required.

The first two are primarily determination functions.

The third is primarily an influence function.

A support service that knows the condition but cannot act appropriately on it remains incomplete in Function Realization.

7.5 Indicators Serving More Than One Determination Function

The horizontal analysis does not support a rigid one-Indicator/one-function classification.

Several Core Quality Indicators perform more than one function.

For example:

Indicator 1.4 — Pausing, Modifying, or Escalating When Unsafe Conditions Arise — principally influences the developing Quality State, but it also depends upon recognition of the condition.

Indicator 3.4 — Adaptation of Assistance as Functional Abilities Change — requires both determination that functional presentation has changed and influence through adaptation of Support Work.

Indicator 5.3 — Timely Communication of Concerns — supports Quality-State Determination by preserving material information across an Interface and Quality-State Influence by enabling another responsible party to act.

Indicator 7.4 — Recognition and Escalation of Infection or Contamination Risks — combines recognition of the condition with an influence pathway.

Indicator 8.2 — Appropriate Judgment Within Functional Scope — contributes to determination of what the condition requires and influences selection of the appropriate Support Work.

This overlap is not a weakness.

It reflects the structure of Function Realization.

Observation, interpretation, communication, and action are frequently connected.

The useful research question is therefore:

What is the principal determination function of the Indicator, and what additional functions does it materially support?

The horizontal classification should remain flexible enough to represent these multi-function relationships.

7.6 Apparent Gaps Revealed by Horizontal Comparison

Horizontal comparison can also reveal a different type of research finding.

An Indicator set may appear complete when examined only within individual Factors while still revealing a recurring weakly represented function across the Core.

For example, repeated Context Guide analysis may identify strong representation of:

actual Quality-State conditions;

and

initial recognition of those conditions;

but comparatively weak representation of:

the integrity of the information pathway through which the condition reaches a decision point;

or

the authority and capability to intervene within the available time.

Such a finding does not automatically demonstrate that a new Core Quality Indicator is required.

It first creates a research question.

The analysis should ask:

Is the apparent gap already represented through one or more established Indicators?

Is it principally a Context-Specific Quality Outcome Criterion?

Is it a Failure Mode?

Is it a Critical Service Condition?

Is it an Evidence sufficiency issue?

Is it a Boundary or Interface issue?

Is it part of the Reference Layer?

Or

does it represent a recurring Core-level determination function that remains inadequately visible despite those existing elements?

Only the last possibility would support consideration of an additional invariant Core Quality Indicator.

Illustrative Scenario

Suppose several future Context Guides repeatedly show that a PCA correctly observes and communicates an important condition, but the information routinely becomes delayed or distorted before reaching the person authorized to respond.

At first glance, this might appear to require a new “escalation-path reliability” Indicator.

Horizontal analysis would first test whether the problem is already adequately represented through:

Indicator 5.3 — Timely Communication of Concerns;

Indicator 5.4 — Appropriate Follow-Through After Escalation;

Indicator 6.2 — Information Transfer Across Support Workers, Shifts, or Support Arrangements;

and

Indicator 6.4 — Protection from Information Loss, Distortion, or Inappropriate Disclosure.

If those Indicators already preserve the necessary determination function, no new Core Indicator is justified.

If repeated applications demonstrate a distinct unresolved function that cannot be represented adequately through them, a provisional additional Indicator finding may be warranted.

7.7 Distinguishing a Missing Core Quality Indicator from a Context-Specific Need

The most important governance question in horizontal Indicator research is whether an apparent gap belongs at the invariant Core layer.

Context-specific diversity alone does not justify a new Core Quality Indicator.

Bathing Support may require attention to water temperature, wet surfaces, bodily exposure, bathing equipment, or heat tolerance.

Mobility Support may require attention to transfers, routes, balance, walkers, wheelchairs, or fatigue.

Meal Support may require attention to utensils, positioning, food temperature, coughing, intake, or cultural food preferences.

These conditions differ materially.

Yet they can be represented through the same invariant PCA Core Quality Indicators because the underlying determination functions remain stable.

A candidate Core Quality Indicator should therefore satisfy a stronger test.

It should represent a determination need that:

recurs across materially different PCA Service Contexts;

cannot be represented adequately through an existing Core Quality Indicator;

cannot be resolved solely through a Context-Specific Quality Outcome Criterion;

cannot be treated merely as a Failure Mode, Critical Service Condition, Evidence requirement, Reference Layer element, Boundary, or Interface condition;

produces a material loss of determination capability if omitted;

and

remains meaningful at the invariant PCA Core level.

This distinction protects the PCA Core from two opposite errors.

The first is under-resolution:

a recurring major determination function remains hidden because it is repeatedly treated as Context-specific detail.

The second is over-resolution:

every new task, hazard, technology, support arrangement, or service condition is elevated into a separate invariant Core Quality Indicator.

The appropriate PCA Core Indicator structure lies between those extremes.

The present horizontal analysis supports the thirty-two established Indicators as a coherent determination structure while preserving the possibility that continued cross-Context research may identify a genuine recurring Core-level gap.

The next Section therefore tests the PCA Core Indicator structure directly through the existing PCA Context Guides — Bathing Support, Mobility Support, and Meal Support — using them not only as applications of PCA1 but also as research and test cases for continued Core development.

8. TESTING THE PCA CORE INDICATOR STRUCTURE THROUGH PCA CONTEXT GUIDES

8.1 Context Guides as Applications and Research/Test Cases

The PCA Core is intended to remain invariant across materially different PCA Service Contexts.

The practical question at the Indicator layer is therefore:

Do the same thirty-two Core Quality Indicators remain meaningful when the PCA Support Service Quality Object is realized through different forms of Support Work, under different conditions, and through different Support Service Realization Pathways?

The existing PCA Context Guide family provides three current test cases:

PAB1 — Bathing Support;

PAM1 — Mobility Support;

and

PAF1 — Meal Support.

Each Guide preserves the same eight Core Quality Factors and thirty-two Core Quality Indicators while developing different Context-Specific Interpretations, Context-Specific Quality Outcome Criteria, Failure Modes, Critical Service Conditions, and Evidence considerations.

This makes the Context Guides useful in two ways.

First, they are applications of PCA1.

Second, they are research/test cases through which the adequacy of the invariant Indicator structure can be examined.

PCA1 expressly requires that Context Guides not silently change the Core. If a Context appears to require a different Core Quality Factor or Core Quality Indicator, the issue must instead be reviewed as a possible PCA1 revision, a different support-service domain, or a Root-level methodological question.

The purpose of cross-Context testing is therefore not to force every Context into the existing Indicator structure.

It is to determine whether the existing structure remains adequate when confronted with materially different realization conditions.

8.2 Bathing Support Context Guide — PAB1

Bathing Support provides a demanding test of the PCA Core Indicator structure because it combines intimate bodily assistance, privacy, environmental conditions, movement, equipment, hygiene, fatigue, communication, and changing physical presentation within one Service Context.

The declared Bathing Support Quality Object may include showering, tub bathing, seated bathing, bed bathing, partial bathing, sink-based hygiene, direct physical assistance, prompting, standby support, adaptive equipment, or combinations of these pathways.

The Context therefore creates materially different expressions of the same invariant Indicators.

For example:

Indicator 1.1 — Identification of Foreseeable Harm Conditions — may be expressed through wet surfaces, water temperature, transfer conditions, lighting, equipment stability, fatigue, dizziness, pain, or restricted movement.

Indicator 2.1 — Protection of Skin, Joints, and Physical Integrity — may concern friction, pulling, twisting, posture, pressure areas, and bodily handling.

Indicator 3.1 — Alignment of Assistance with Functional Ability — may concern whether the person can participate independently in some parts of bathing while requiring assistance in others.

Indicator 4.1 — Maintenance of Privacy and Bodily Dignity — becomes especially visible because bathing frequently involves intimate exposure and close physical assistance. PAB1 expressly treats privacy and bodily dignity as integral to Function Realization rather than optional courtesy.

Indicator 7.2 — Appropriate Use of Clean Technique Within Functional Scope — may concern hygiene practices specific to bathing-related Support Work.

Indicator 8.4 — Appropriate Pausing, Assistance Seeking, and Escalation — may become relevant when equipment appears unsafe, the person becomes dizzy, or continuation exceeds what the PCA can responsibly manage.

The important methodological finding is that PAB1 does not require new Bathing-specific Core Quality Indicators.

Instead, it interprets the invariant Indicators through Bathing-specific Quality Outcome Criteria and Evidence.

This supports the distinction between:

Core determination function;

and

Context-specific expression.

8.3 Mobility Support Context Guide — PAM1

Mobility Support provides a different test.

Its principal realization conditions involve movement, transfer, repositioning, ambulation, sitting, standing, balance, equipment, routes, physical confidence, fatigue, and changing functional presentation.

PAM1 may apply in private homes, community residences, institutional settings, workplaces, vehicles, public locations, or other settings where PCA Mobility Support is provided. The setting itself does not determine the Quality Object Boundary or Functional Scope.

The same invariant Indicators remain applicable.

For example:

Indicator 2.4 — Minimization of Physiological Stress During Assistance — may be interpreted through exertion, prolonged standing, repeated attempts, speed, pain, fatigue, dizziness, or shortness of breath.

Indicator 3.3 — Appropriate Use of Available Supports and Equipment Within Functional Scope — may involve walkers, canes, wheelchairs, gait belts, grab bars, transfer boards, lifts, footwear, seating supports, or other authorized Mobility Supports.

Indicator 3.4 — Adaptation of Assistance as Functional Abilities Change — may concern a person's changing balance, pain, strength, fear, confidence, tolerance, or equipment usability.

Indicator 4.2 — Respect for Choice, Consent, and Individual Preferences — may concern pace, movement preference, confidence, fear, refusal, participation, or the chosen level of assistance.

Indicator 5.1 — Observation of Relevant Changes in Condition or Response — becomes especially important where a person's mobility presentation changes during the Interaction.

Indicator 8.2 — Appropriate Judgment Within Functional Scope — may determine whether a routine transfer should proceed, be modified, or be paused under the person's actual condition.

The Mobility Context therefore stresses the temporal and adaptive functions of the PCA Core Indicator structure.

An Indicator set that worked only for static task conditions would be inadequate here.

The existing PCA Core remains meaningful because it includes Indicators concerned not only with task execution but also with changing condition, adaptation, judgment, information, escalation, and Functional Scope.

8.4 Meal Support Context Guide — PAF1

Meal Support provides another materially different realization environment.

The relevant Support Work may involve meal setup, eating, drinking, hydration routines, pacing, positioning, utensils, adaptive items, communication, person-directed choice, food and drink presentation, cleanup-related activities, and observation during the meal.

PAF1 expressly states that all eight Factors and thirty-two Indicators remain applicable even when a meal appears routine, food was prepared or consumed, no incident was reported, or documentation exists.

This is methodologically important.

Task completion is not used as a substitute for Indicator-level determination.

Examples include:

Indicator 1.1 — Identification of Foreseeable Harm Conditions — may involve positioning, coughing, choking signs, observed swallowing difficulty, food or drink temperature, unstable seating, allergy or restriction information as communicated, contamination, fatigue, distress, refusal, or communication barriers.

Indicator 2.2 — Support of Hydration, Nutrition, and Physiological Stability Within Functional Scope — becomes directly relevant to authorized hydration and nutrition-related assistance.

Indicator 4.2 — Respect for Choice, Consent, and Individual Preferences — may involve food, drink, timing, routine, pace, refusal, appetite, or participation.

Indicator 4.3 — Respect for Cultural, Personal, and Household Values — may involve cultural, religious, linguistic, dietary, family, or lifestyle preferences.

Indicator 5.3 — Timely Communication of Concerns — may be activated by repeated coughing, unusual fatigue, reduced intake, distress, or another observed condition requiring communication.

Indicator 7.3 — Prevention of Cross-Contamination — may involve food, utensils, surfaces, equipment, and clean/contaminated handling pathways.

Again, no new Meal-specific Core Quality Indicator is required merely because the physical subject matter is different.

The same determination functions remain applicable.

8.5 Interpretation of the Same Invariant Indicators Across Different PCA Service Contexts

The three Context Guides demonstrate an important pattern.

The Indicator title and Core-level determination function remain stable.

The physical expression of the Indicator changes.

For example:

Indicator 3.3 — Appropriate Use of Available Supports and Equipment Within Functional Scope — may involve bathing equipment in PAB1;

walkers, wheelchairs, transfer supports, or other Mobility Supports in PAM1;

and

utensils, cups, trays, adaptive items, or seating supports in PAF1.

The equipment differs.

The determination function does not.

Likewise:

Indicator 4.1 — Maintenance of Privacy and Bodily Dignity —

may concern intimate exposure during bathing;

vulnerability or public visibility during Mobility Support;

or

embarrassment, dependence, coughing, spills, or close physical assistance during Meal Support.

The Context-Specific Quality Outcome Criteria differ.

The invariant determination question remains identifiable.

This is evidence of Indicator invariance rather than evidence of Indicator vagueness.

An invariant Indicator should be broad enough to remain applicable across different Contexts but specific enough to preserve a distinguishable determination function.

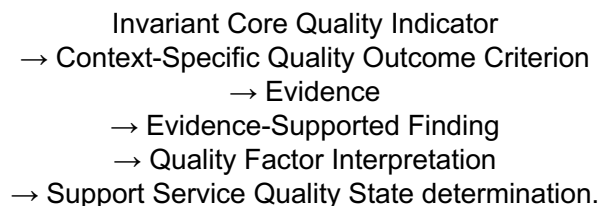
The present Context Guides generally demonstrate that balance.

8.6 Context-Specific Quality Outcome Criteria and Evidence

The Context Guides also show why Core Quality Indicators should not absorb all detailed requirements.

PCA1 establishes that a Context-Specific Quality Outcome Criterion should state an expected condition or result for the declared Context and that Evidence sources, Evidence limitations, Assumptions, attribution limits, and material Uncertainty should be identified. The criterion must remain traceable to the governing Indicator and Factor.

The methodological relationship is therefore:



The Context Guide does not replace the Indicator.

The Indicator does not replace the criterion.

The criterion does not constitute Evidence.

And Evidence alone does not establish the Support Service Quality State.

This layered structure allows the PCA Core to remain invariant while giving each Service Context the smaller-resolution detail needed for responsible determination.

8.7 Identification of Recurring Indicator Gaps

The existing three Context Guides provide only a limited sample of the wider PCA service domain.

PCA1 itself identifies many other possible Contexts, including dressing and grooming, toileting, medication assistance within Functional Scope, oral hygiene and skin care, household support, shopping and errands, community participation, transportation assistance, communication support, observation and reporting, overnight support, and emergency response within PCA Functional Scope.

Future Context Guides may therefore reveal determination needs not strongly visible in the present three applications.

A recurring apparent gap should be recorded when:

a material quality-relevant condition repeatedly appears;
the existing Indicators represent it only indirectly or incompletely;
its omission reduces determination capability;
and
the issue recurs across more than one materially different Service Context.
However, recurrence alone is not enough.

The analysis must first determine whether the apparent gap belongs to:

an existing Core Quality Indicator;
a Context-Specific Quality Outcome Criterion;
a Failure Mode;
a Critical Service Condition;
Evidence Sufficiency;
a Boundary or Interface;
Functional Scope;
the Reference Layer;
or
another existing methodological element.

Only after those alternatives are tested should the finding be treated as a possible Indicator-level Core gap.

8.8 When a Context-Guide Finding May Support a New Invariant Core Quality Indicator

A Context Guide finding may support consideration of an additional Core Quality Indicator only under a demanding set of conditions.

The proposed determination need should:

be materially relevant to Function Realization;
remain distinguishable from the functions of the existing thirty-two Indicators;
produce a meaningful loss of determination capability when omitted;
recur across materially different PCA Service Contexts;
remain meaningful independently of one specific task, technology, provider model, payer, jurisdiction, or documentation format;
not be adequately representable through Context-Specific Quality Outcome Criteria, Evidence, Failure Modes, Critical Service Conditions, Boundaries, Interfaces, Functional Scope, or the Reference Layer;
and
operate at an appropriate invariant Core-level resolution.

Even when these conditions appear to be satisfied, a Context Guide should not create the new Indicator itself.

PCA1's Core Preservation Rule requires such a finding to be treated as a possible PCA1 revision rather than being silently introduced into a Context Guide.

The present three Context Guides do not demonstrate a clear need for an additional invariant Core Quality Indicator.

They instead show that materially different Bathing, Mobility, and Meal Support conditions can presently be represented through the same thirty-two-PCA Core Indicator structure while using different Context-Specific Quality Outcome Criteria and Evidence.

This does not prove permanent sufficiency.

It provides current practical support for the stability of the established Indicator structure.

The next Section therefore addresses how possible additional Indicator findings should be preserved and examined without prematurely revising the PCA Core.

9. PROVISIONAL ADDITIONAL INDICATOR FINDINGS

9.1 Purpose of Provisional Indicator Findings

The PCA Core should remain stable while continuing to be tested through new Context Guides, applications, Evidence, and horizontal comparison across the Indicator layer.

For this reason, identification of a possible Indicator gap should not immediately result in creation of a new invariant Core Quality Indicator.

Instead, the finding should first be preserved as a provisional additional Indicator finding.

A provisional finding records that a recurring quality-relevant determination need may not be adequately represented by the present thirty-two-Indicator structure.

Its purpose is to preserve the research question without prematurely changing PCA1.

This approach is consistent with the PCA1 Core Preservation Rule. A Context Guide shall not change the invariant Core Quality Factors or Core Quality Indicators. Where a Context appears to require a different Indicator, the issue is to be reviewed as a possible PCA1 revision, a different support-service domain, or a Root-level methodological question.

The provisional-finding mechanism therefore separates:

identification of a possible gap;

testing of that gap;

and

formal revision of the PCA Core.

These are three different methodological stages.

9.2 Criteria for Recording a Candidate Indicator

A candidate additional Indicator should not be recorded merely because a new activity, hazard, technology, documentation practice, population, or service arrangement has been encountered.

The initial threshold should be higher.

A provisional candidate may be recorded where application suggests that:

a material quality-relevant condition or determination function exists;

the condition affects Function Realization of the PCA Support Service Quality Object;

the present Core Quality Indicators do not appear to make that condition sufficiently observable or determinable;

the issue cannot readily be resolved through a Context-Specific Quality Outcome Criterion;

the issue is not merely a Failure Mode, Critical Service Condition, Evidence requirement, Boundary, Interface, Functional Scope issue, or Reference Layer requirement;

and

there is a reasonable basis to expect that the determination need may recur beyond one narrowly defined Service Context.

At this stage, recurrence across several Contexts need not yet be proven.

The purpose is to preserve the candidate for further testing.

The candidate should therefore be described in functional terms.

The question should not be:

What new subject should be added?

It should be:

What necessary determination capability appears to be missing?

9.3 Quality-State Findings

A provisional Quality-State Indicator finding arises where application suggests that an important aspect of the actual Support Service Quality State is not sufficiently visible through the existing Indicator structure.

The provisional question is:

Is there a recurring quality-relevant condition of the PCA Support Service Quality Object that can materially affect Function Realization but is not adequately represented by the present Indicators?

For example, suppose several future PCA Context Guides repeatedly reveal an important realized condition that cannot be responsibly interpreted through:

foreseeable harm;

health and bodily integrity;

daily-life functioning;

personhood and autonomy;

changing-risk response;

support-relevant information;

infection and contamination;

or

practice and judgment within Functional Scope.

That recurring condition might represent a candidate Quality-State Indicator finding.

However, the first analytical task would be to test whether the apparent gap actually reflects insufficient Context-Specific Interpretation of an existing Indicator.

A new physical manifestation does not establish a new Indicator function.

Illustrative Example

Suppose a future Transportation Assistance Context Guide repeatedly identifies severe disruption of the person's ability to complete the intended trip because the support arrangement itself creates long, unpredictable waiting periods.

The first question should not be:

Should "timeliness of transportation" become a new Core Quality Indicator?

The analysis should first ask whether the condition is already adequately represented through:

Support for Daily-Life Functioning;

foreseeable harm;

physiological stress;

personhood and autonomy;

continuity of support-relevant information;

or

another established Indicator.

Only if the actual quality-relevant state remains materially underrepresented after those tests would a provisional additional Indicator finding be justified.

9.4 Quality-State Determination Findings

A second class of provisional finding concerns the capability to determine the Support Service Quality State reliably.

The question is:

Does application reveal a recurring weakness in how the actual quality-relevant state becomes observable, interpreted, preserved, communicated, or supported by Evidence?

Factor-by-Factor analysis has already identified several strong determination functions within the present Core:

- recognition of foreseeable harm;
- recognition of physical changes;
- observation of changes in condition or response;
- judgment regarding significance;
- accuracy of support-relevant information;
- information transfer;
- protection from information loss or distortion;
- recognition of infection or contamination risk;
- and
- judgment within Functional Scope.

A provisional Quality-State Determination finding should therefore be recorded only where the recurring function cannot be adequately represented through these existing Indicators.

Illustrative Example

Suppose future Context Guides repeatedly show that the quality of PCA support depends on information generated by a remote monitoring device.

The device reports that the person has completed an activity successfully, but direct observation periodically shows that the device misclassifies incomplete or unsuccessful performance as satisfactory.

At first, this may look like a need for a new “technology reliability” Indicator.

But the proper analysis should first examine:

- Indicator 6.1 — Accuracy of Information Used to Guide PCA Support;
- Indicator 6.4 — Protection from Information Loss, Distortion, or Inappropriate Disclosure;
- Indicator 8.2 — Appropriate Judgment Within Functional Scope;
- Evidence Sufficiency;
- Uncertainty;
- and
- the technology Interface within the declared Quality Object.

If these established elements adequately preserve the determination problem, no additional Core Indicator is required.

Only a residual recurring determination function would justify a provisional finding.

9.5 Quality-State Influence Findings

A third type of provisional finding concerns the capability of the PCA Support Service Quality Object to preserve, restore, modify, or otherwise influence a quality-relevant condition.

The question is:

Does the present PCA Core Indicator structure provide sufficient visibility of the service's capability to act appropriately once a material condition is known?

The current Core already contains substantial influence functions, including:

- risk-responsive adjustment;
- pausing or modifying unsafe Support Work;
- support of physiological stability;
- adaptation to changing functional ability;
- person-directed adjustment;
- timely communication;
- follow-through after escalation;
- clean technique;
- control of cross-contamination;
- and
- assistance seeking or escalation when Functional Scope is reached.

A possible additional influence Indicator should therefore represent something more than another example of adaptation, escalation, or response.

Illustrative Example

Suppose several future Context Guides repeatedly reveal that a PCA correctly identifies a material condition and communicates it appropriately, but no authorized response pathway is available within the Service Period even though the condition requires timely intervention.

The initial question might be whether the PCA Core lacks an Indicator concerning “availability of effective intervention.”

Before proposing such an Indicator, however, the analysis should test whether the problem is already visible through:

- Indicator 5.3 — Timely Communication of Concerns;
- Indicator 5.4 — Appropriate Follow-Through After Escalation;
- Indicator 8.4 — Appropriate Pausing, Assistance Seeking, and Escalation;
- the Support Service Arrangement;
- external Interfaces;
- Critical Service Conditions;
- and
- the Reference Layer.

Only if a recurring influence capability remains materially underrepresented would a provisional Core Indicator finding be warranted.

9.6 Cross-Function Findings

Some provisional findings may not fit cleanly within only one of the three horizontal functions.

A recurring condition may affect:

the actual Quality State;

the capability to determine that state;

and

the capability to influence it.

Such cross-function findings should not be forced prematurely into one category.

Illustrative Example

Consider repeated failures involving communication technology used by a remote supervisor and a PCA working in the person's home.

If the communication path fails:

the PCA may be unable to transmit an observed concern;

the responsible person may be unable to determine the developing Support Service Quality State;

and

the service may lose the capability to obtain guidance or influence the condition within the available time.

This one Interface condition therefore affects both Quality-State Determination and Quality-State Influence.

The appropriate research question is not whether “communication technology” deserves its own Core Indicator.

It is whether the existing Indicators collectively preserve sufficient visibility of the recurring function.

The issue may already be represented through:

Indicator 5.3 — Timely Communication of Concerns;

Indicator 5.4 — Appropriate Follow-Through After Escalation;

Indicator 6.2 — Information Transfer Across Support Workers, Shifts, or Support Arrangements;

Indicator 6.4 — Protection from Information Loss, Distortion, or Inappropriate Disclosure;

Indicator 8.4 — Appropriate Pausing, Assistance Seeking, and Escalation;

and

the applicable external Interface.

If those elements adequately represent the condition, the finding does not justify another Core Indicator.

If they repeatedly do not, the cross-function gap should remain visible for further research.

9.7 Why Identification Does Not Automatically Require PCA Core Revision

A provisional additional Indicator finding is evidence of a research question.

It is not evidence by itself that PCA1 should be revised.

Several additional tests are required.

First, recurrence must be demonstrated.

A condition appearing in one Context or one unusual Support Service Arrangement may belong at the Context-specific level.

Second, the determination function must be distinguishable.

A new title for a function already adequately preserved by an existing Indicator does not justify another invariant Indicator.

Third, the finding must operate at the appropriate methodological resolution.

Detailed activities, technologies, hazards, documentation forms, organizational arrangements, payer requirements, or jurisdiction-specific rules should not automatically become Core Quality Indicators.

PCA1 already establishes that Context-specific requirements should remain traceable to the invariant Core rather than silently changing it.

Fourth, removal must matter.

The proposed Indicator should answer a determination question whose absence would materially weaken responsible Support Service Quality State determination.

Fifth, the finding should survive cross-Context testing.

A candidate becomes stronger where the same missing determination function appears in materially different PCA Service Contexts.

The appropriate developmental sequence is therefore:

- Context-specific observation
- provisional additional Indicator finding
 - horizontal comparison
 - cross-Context recurrence testing
- distinguishability and removal testing
 - Core-level resolution test
 - Evidence review
- possible controlled PCA1 revision.

This sequence protects two important objectives simultaneously.

It protects Core stability by preventing premature expansion.

It also protects Core validity by ensuring that recurring determination gaps are not ignored merely because the present Indicator set has already been established.

The thirty-two Core Quality Indicators should therefore be treated as invariant for current PCA1 application, but not as permanently insulated from Evidence.

The next Section addresses this distinction directly:

why the present Indicator set can be justified as necessary and stable without being declared permanently closed.

10. WHY THE PRESENT INDICATOR SET IS NECESSARY BUT NOT DECLARED CLOSED

10.1 Results of the Indicator Necessity Tests

The Factor-by-Factor analysis applied the same basic necessity question to each of the thirty-two established PCA Core Quality Indicators:

What becomes materially less observable or determinable if this Indicator is removed?

Across all eight Core Quality Factors, the analysis produced the same general result.

Each established Indicator preserves a distinguishable determination function that is not fully replaced by the remaining Indicators.

The removal tests showed that loss may occur in different ways.

Removal may weaken visibility of:

an actual quality-relevant condition;

recognition of a changing condition;

appropriate interpretation of that condition;

adaptation of Support Work;

information integrity;

communication across an Interface;

continuity after escalation;

protection of personhood;

control of contamination pathways;

or

practice and judgment within Functional Scope.

The fact that several Indicators interact with one another does not invalidate these findings.

The appropriate test is not whether the same event can be relevant to several Indicators.

It is whether removal of one Indicator leaves the same determination function sufficiently explicit and usable through the remaining Core.

The present analysis does not support that conclusion for any of the thirty-two Indicators.

The established Indicator set is therefore supported as individually necessary at the present PCA Core methodological resolution.

10.2 What the Analysis Demonstrates

The analysis demonstrates several related propositions.

First, the Indicator layer is necessary.

The eight Core Quality Factors identify major quality-relevant dimensions, but Factor-level statements alone do not provide sufficient resolution for responsible Support Service Quality State determination.

The thirty-two Indicators resolve those Factors into more specific and distinguishable determination questions.

Second, the present thirty-two Indicators are not merely examples of desirable PCA practice.

Each performs a methodological role in making some aspect of Function Realization observable and determinable.

Third, the Indicators remain meaningful across materially different PCA Service Contexts.

Bathing Support, Mobility Support, and Meal Support preserve the same thirty-two Indicators while changing the Context-Specific Quality Outcome Criteria, Failure Modes, Critical Service Conditions, realization pathways, and Evidence considerations. PCA1 expressly requires Context Guides to preserve the invariant Indicator structure rather than silently altering it.

Fourth, the horizontal analysis reveals recurring functions across the PCA Core Indicator structure.

The Indicators contribute in different combinations to:

Quality-State visibility;

Quality-State Determination;

and

Quality-State Influence.

This reinforces the conclusion that the Indicator layer forms a determination structure rather than a flat list.

Fifth, the present three Context Guides do not reveal a clear recurring determination function that requires a thirty-third Core Quality Indicator.

Their materially different conditions can presently be represented through the existing Core together with Context-Specific Quality Outcome Criteria, Evidence, Failure Modes, Critical Service Conditions, Boundaries, Interfaces, Functional Scope, and the Reference Layer.

10.3 What the Analysis Does Not Demonstrate

The present study does not demonstrate that thirty-two is a permanently sufficient number of PCA Core Quality Indicators.

That stronger conclusion would exceed the available Evidence.

The current cross-Context test is based primarily on three developed PCA Context Guides:

Bathing Support;

Mobility Support;

and

Meal Support.

PCA1 identifies a substantially wider range of potential PCA contexts, including dressing and grooming, toileting, medication assistance within Functional Scope, oral hygiene and skin care, household support, shopping and essential errands, community participation, transportation assistance, communication support, overnight support, observation and reporting of changes, and emergency response within Functional Scope.

Future applications may expose realization conditions not strongly represented in the present three Guides.

New technologies may alter information and decision Interfaces.

Different service arrangements may distribute responsibility, supervision, communication, or authority differently.

New Context Guides may expose recurring Failure Modes that are presently visible only indirectly.

The study therefore does not claim:

that every future PCA determination need is already known;

that every possible PCA Service Context has been tested;

that no Indicator boundary could ever require refinement;

or

that no future Evidence could justify an additional invariant Core Quality Indicator.

Nor does the study imply that every newly identified issue should become a Core Indicator.

Many future findings will appropriately remain at the Context-specific level.

The distinction between Core-level determination function and Context-specific expression must remain preserved.

10.4 Present Status of the Thirty-Two-Indicator PCA Core

The appropriate conclusion is therefore bounded.

The present thirty-two Core Quality Indicators are supported as necessary, distinguishable, and invariant for current PCA1 application.

They provide sufficient Core-level resolution for the current scope of tested PCA1 application and make the established eight Core Quality Factors meaningfully observable and determinable across the present developed PCA Context Guide family.

They should therefore remain stable as the current PCA Core Indicator structure.

At the same time, the PCA Core Indicator structure should not be declared permanently closed.

Future Context Guide development and cross-Context research should continue to test whether:

an established Indicator repeatedly proves unnecessary or substantially redundant;

an Indicator boundary is drawn too broadly or too narrowly;

a recurring determination function is being represented only indirectly;

or

a material Core-level gap remains after existing Indicators and other methodological elements have been fully considered.

Where such a finding arises, it should first be preserved as a provisional Core-revision finding rather than immediately changing PCA1.

The governing position can therefore be expressed as:

Stable invariant Indicator structure for present application

+

continued horizontal and cross-Context testing

+

controlled revision only where sufficiently supported by Evidence.

This position avoids two opposite methodological errors.

The first would be to treat thirty-two as permanently fixed merely because PCA1 presently establishes thirty-two Indicators.

The second would be to expand the Core whenever a new Context introduces additional detail.

Neither approach is justified.

The present conclusion is instead:

The thirty-two established PCA Core Quality Indicators are necessary at the current methodological resolution and should remain invariant for present PCA1 application, while the PCA Core Indicator structure remains open to controlled future development where repeated and sufficiently supported Evidence demonstrates a genuine Core-level determination need.

11. RESEARCH FINDINGS AND IMPLICATIONS FOR PCA CORE DEVELOPMENT

11.1 Context Guides as Applications and Research/Test Cases

The existing PCA Context Guides — PAB1 Bathing Support, PAM1 Mobility Support, and PAF1 Meal Support — provide materially different present applications of the same eight Core Quality Factors and thirty-two Core Quality Indicators.

Their physical conditions, Support Service Realization Pathways, Failure Modes, Critical Service Conditions, and Evidence needs differ substantially. Nevertheless, the same invariant Indicator structure remains usable when the Context-specific detail is developed through Context-Specific Quality Outcome Criteria and related Context Guide elements.

The present Context Guide family therefore provides practical support for the invariance of the thirty-two-Indicator structure at the current methodological resolution. It does not establish permanent sufficiency across every future PCA Service Context.

For continued Core development, Context Guides should function simultaneously as applications of PCA1 and as research/test cases through which the adequacy of the invariant Core can be examined.

11.2 Horizontal Comparative Research Across PCA Context Guides

Horizontal comparison across the eight Factors reveals recurring determination functions that are not fully visible when Indicators are examined only within their parent Factors.

Three provisional functional types are useful for this research: Quality-State, Quality-State Determination, and Quality-State Influence. Their purpose is analytical rather than normative. They do not create new PCA1 Indicator classes and do not alter the meaning, location, or status of any established Core Quality Indicator.

A particularly important horizontal finding is the distinction between the actual Support Service Quality State and the capability to determine that state reliably. A quality-relevant condition may exist without being observed; an observed change may be misjudged; a concern may not be communicated; or information may be distorted across an Interface. A favorable reported or perceived state therefore cannot be assumed to represent the actual Support Service Quality State when the determination pathway is materially unreliable.

This finding suggests an important continuing research direction: compare multiple Context Guides at the Indicator layer to determine whether recurring functions of state visibility, state determination, and state influence remain adequately represented across materially different PCA Service Contexts.

11.3 Provisional Core-Revision Findings and Evidence Accumulation

The present analysis does not identify a sufficiently supported need for an additional invariant PCA Core Quality Indicator. Nor does it identify an established Indicator that should presently be removed or merged.

A possible additional Indicator finding should therefore be preserved first as a provisional Core-revision finding rather than inserted directly into PCA1. The purpose is to accumulate Evidence across applications while protecting the stability of the current Core.

A candidate should be described in functional terms: what necessary determination capability appears to be missing, what becomes materially less observable or determinable without it, and whether the same need recurs across materially different Service Contexts.

A new task, hazard, technology, documentation practice, provider model, payer requirement, jurisdictional rule, or Service Context does not by itself justify a new Core Quality Indicator.

11.4 Conditions for Controlled PCA Core Revision

A controlled PCA Core revision should be considered only where a candidate determination need is materially relevant to Function Realization, distinguishable from the existing thirty-two Indicators, and associated with a meaningful loss of determination capability when omitted.

The candidate should recur across materially different PCA Service Contexts and remain meaningful independently of one narrow task, technology, provider model, payer, jurisdiction, or documentation format. It should also remain inadequately represented after testing against existing Core Quality Indicators, Context-Specific Quality Outcome Criteria, Failure Modes, Critical Service Conditions, Evidence requirements, Boundaries, Interfaces, Functional Scope, and the Reference Layer.

The preferred development sequence is:

- Context-specific observation
 - provisional Core-revision finding
- horizontal comparison across Context Guides
 - recurrence testing
- removal and distinguishability testing
 - Core-level resolution test
 - Evidence review
- controlled PCA1 revision, where justified.

This sequence protects Core stability while allowing sufficiently supported future development.

11.5 Continuing PCA Core Research Program

Future PCA Context Guides should continue to test both the vertical Factor-to-Indicator structure and the horizontal determination functions identified in this paper.

Particular attention should be given to recurring conditions involving information integrity, Interface reliability, changing conditions, authority to intervene, timely escalation, response availability, technology-assisted support, and the relationship between actual Support Service Quality State and the means used to determine it.

Any recurring gap should be preserved provisionally and tested across multiple Context Guides before PCA1 is revised. Conversely, if an established Indicator repeatedly proves redundant or its boundary is shown to be incorrectly drawn, that finding should also be preserved for controlled Core review.

The governing position is therefore a stable present PCA Core Indicator structure combined with continuing Evidence-supported research and controlled revision.

12. CONCLUSIONS

12.1 The Indicator Layer Is Necessary

The eight PCA Core Quality Factors identify the major quality-relevant dimensions of Function Realization, but Factor-level statements alone do not provide sufficient resolution for responsible determination. The Indicator layer is necessary because it makes distinguishable aspects of each Factor observable and determinable.

12.2 The Established Thirty-Two Core Quality Indicators Are Individually Justified

The removal and distinguishability tests support retention of all thirty-two established PCA Core Quality Indicators as necessary and distinguishable at the present PCA Core methodological resolution. For each Indicator, removal would weaken a determination function that is not adequately preserved by the remaining Indicator structure.

Overlap among Indicators does not generally represent redundancy. The same PCA Interaction may activate several Indicators because one event can raise different quality questions concerning harm, health stability, functioning, autonomy, changing risk, information integrity, contamination control, or Functional Scope.

12.3 The Present Indicator Set Provides a Stable Core-Level Determination Structure

The thirty-two Indicators collectively provide sufficient Core-level resolution for the current scope of tested PCA1 application. Their organization under the eight established Core Quality Factors should therefore be retained for present PCA1 use.

The horizontal analysis further shows that the Indicator layer operates as a determination structure rather than a flat list of service characteristics.

12.4 Context-Specific Diversity Does Not by Itself Require Additional Core Quality Indicators

Bathing Support, Mobility Support, and Meal Support demonstrate materially different physical conditions and realization pathways while remaining interpretable through the same thirty-two-Indicator structure. Their differences are appropriately developed through Context-Specific Quality Outcome Criteria, Evidence, Failure Modes, Critical Service Conditions, Boundaries, Interfaces, Functional Scope, and the Reference Layer.

A new Context-specific manifestation therefore does not by itself justify a new invariant Core Quality Indicator.

12.5 The Indicator Structure Remains Open to Evidence

The present study is a methodological justification, not a statistical or population-level empirical validation of the thirty-two-Indicator set. The current Indicator structure should remain stable for present application but should not be declared permanently closed.

Future Context Guide development and horizontal comparative research may identify a recurring determination gap, redundancy, or incorrectly drawn Indicator boundary. Such findings should be preserved provisionally and evaluated through controlled Core-review criteria before PCA1 is revised.

12.6 Final Proposition

The thirty-two established PCA Core Quality Indicators are supported for continued application as necessary and distinguishable elements of the present invariant PCA Core.

Their justification rests on the determination functions they preserve: making Function Realization sufficiently observable, supporting reliable determination of the Support Service Quality State, and preserving visibility of the service's capability to influence quality-relevant conditions within applicable Functional Scope.

Accordingly, the present thirty-two-Indicator structure should remain stable for current PCA1 application while continuing to be tested through new Context Guides, horizontal comparative research, and Evidence-supported controlled development under the Whole Quality methodology.

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REFERENCE USE

PCA1 provides the established PCA Support Service Quality Object framework, eight invariant Core Quality Factors, and thirty-two invariant Core Quality Indicators examined in this study.

PAB1, PAM1, and PAF1 provide the current Context Guide applications used to test the thirty-two Core Quality Indicators across materially different PCA Service Contexts.

The WQI and AMSI vocabulary and methodological publications provide the terminology and methodological relationships used for interpretation of Quality Object, Intended Function, Function Realization, Quality State, Quality Factors, Quality Indicators, Quality Outcome Criteria, Evidence, Boundaries, Interfaces, and related Whole Quality concepts.

External laws, regulations, occupational requirements, service-plan requirements, organizational requirements, professional guidance, and other Reference Layer sources may govern particular PCA Support Service Arrangements or Service Contexts.

Such external sources are not used in this study to redefine the invariant PCA Core.

Their requirements enter the analysis through the applicable Reference Layer, Functional Scope, Context-Specific Quality Outcome Criteria, Evidence, Boundaries, Interfaces, Failure Modes, Critical Service Conditions, or other established PCA1 methodological elements.

Accordingly, this study remains a methodological justification of the invariant PCA Core Quality Indicator structure rather than a jurisdiction-specific legal, clinical, occupational, or regulatory standard.

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