



Justification of the Eight Invariant PCA Core Quality Factors

*Methodological justification of the eight invariant Core Quality Factors established by
the Personal Care Aide Whole Quality Standard — Core (PCA1)*

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Introduction

The Personal Care Aide Whole Quality Standard — Core (PCA1) establishes eight invariant Core Quality Factors for the PCA support-service domain.

This paper examines why the PCA Core resolves into these eight Factors and whether they provide an appropriate methodological resolution for Support Service Quality State determination.

The analysis begins with the declared PCA Support Service Quality Object, its Support Intended Functions and Support Intended Results, Function Realization, Support Service Realization Pathways, and principal Failure-Mode Families.

It then tests whether each Core Quality Factor preserves a necessary and distinguishable major quality-relevant dimension and whether the complete eight-Factor Core provides sufficient collective coverage.

The three existing PCA Context Guides — Bathing Support, Mobility Support, and Meal Support — provide practical application Evidence for testing the same invariant Core across materially different Service Contexts.

The purpose is not to defend the number eight because it already exists in PCA1.

It is to determine whether eight is presently justified as the Core methodological resolution for the PCA support-service domain, while keeping future revision open to sufficiently supported Evidence.

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1. Purpose and Scope

1.1 Purpose of This Paper

The Personal Care Aide Whole Quality Standard — Core (PCA1) establishes eight invariant Core Quality Factors and thirty-two Core Quality Indicators for the PCA support-service domain.

The purpose of this paper is to examine why the PCA Core requires these eight Core Quality Factors and why they should remain separately visible in Support Service Quality State determination.

PCA1 applies to a declared PCA Support Service Quality Object rather than to a worker, provider organization, payer, technology, or isolated task considered separately. The object is formed through Support Work and Support Results for a Person Receiving Support within a defined Service Period, Support Service Arrangement, Support Service Boundary, Support Service Interfaces, and Service Context.

The Core must therefore remain applicable across different PCA Service Contexts, service models, provider arrangements, funding sources, technologies, jurisdictions, populations, and Service Periods. PCA1 expressly establishes the eight Factors and thirty-two Indicators as invariant across those differences.

The central question is:

Do the eight Core Quality Factors preserve the major quality-relevant dimensions that must remain visible for responsible determination of the Quality State of a PCA Support Service Quality Object?

The analysis does not begin with the number eight as a predetermined result.

It begins with the determination task of the PCA Core and examines whether the present eight-Factor Core provides an appropriate methodological resolution for that task.

1.2 What Is Being Justified

This paper examines two related questions:

1. Why is each of the eight Core Quality Factors necessary?
2. Why should the PCA Core preserve these dimensions through eight separate Factors rather than through fewer, more, or differently divided Factors?

For each Factor, the analysis examines:

- the major dimension of Function Realization represented by the Factor;

- the Failure Modes and Failure-Mode Families that make that dimension quality-relevant;

- what important visibility would be lost if the Factor were removed;

- whether the Factor remains distinguishable from neighboring Factors;

- whether its content could be absorbed into another Factor without material loss;

- whether apparent overlap represents interaction or redundancy;

- and

- whether the Factor remains meaningful across different PCA Service Contexts.

PCA1 provides the principal derivational basis for this analysis. It states that the Core Quality Factors are derived from the Support Intended Functions and Support Intended Results together with the principal Failure-Mode Families that may prevent, weaken, interrupt, distort, or misdirect Function Realization.

The analysis must also test the complete eight-Factor Core.

Individual Factors may each appear important while the complete set could still contain unnecessary division or leave a major quality-relevant dimension insufficiently represented.

The justification therefore concerns both:

- individual Factor necessity and distinguishability;

- and

collective adequacy of the eight-Factor Core at the selected methodological resolution.

The three existing PCA Context Guides provide practical application Evidence for this testing:

- 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 Quality Outcome Criteria, Failure Modes, Critical Service Conditions, and Evidence for its declared Service Context.

These applications therefore provide a practical basis for testing whether the same major quality-relevant dimensions remain necessary when the form and conditions of PCA Support Work change.

1.3 What This Paper Does Not Claim

This paper does not claim that eight is a predetermined or permanently fixed number of Core Quality Factors.

A smaller number of Factors could be created by combining dimensions.

A larger number could be created by dividing existing dimensions into narrower subjects.

Neither approach is justified merely because it produces a shorter or more detailed Core.

The relevant question is whether the selected Core resolution preserves the major quality-relevant distinctions necessary for the intended determination without unnecessary fragmentation.

The paper does not assume that every important PCA support-service subject requires a separate Core Quality Factor.

Important detail may belong instead to:

- Core Quality Indicators;

- Context-Specific Quality Outcome Criteria;

- Evidence;

- Failure Modes;

- Critical Service Conditions;

- the Reference Layer;

- or

Context-Specific Interpretation.

PCA1 expressly requires Context Guides to preserve the invariant Core while developing the smaller-resolution interpretation needed for particular support contexts.

This paper also does not independently justify the thirty-two Core Quality Indicators.

The present study concerns the Core Quality Factor level.

The necessity and detailed content of the Indicators are a separate methodological question.

The paper does not redefine concepts established in WQI_VOC1, AMSI VOC1, WQS1, AMSI ORF1, PCA1, or AMSI SCM1.

It also does not establish clinical requirements, personal-care techniques, staffing requirements, training curricula, organizational procedures, payer requirements, documentation formats, regulatory requirements, or certification schemes.

Such matters may form part of the applicable Reference Layer or Context-Specific Interpretation without becoming Core Quality Factors.

Compliance with external requirements also does not by itself establish a satisfactory Support Service Quality State. PCA1 treats applicable external requirements as part of the Reference Layer and their effects as relevant through the applicable Interfaces and Evidence.

Finally, the paper does not claim permanent completeness of the present eight-Factor Core.

Future Context Guides may identify additional Context-specific detail that can be represented within the existing Factors.

They may also reveal a recurring major quality-relevant dimension that appears insufficiently represented.

PCA1 already establishes that a Context Guide shall not silently change the invariant Core. Where a Context appears to require another Core Factor or Indicator, the issue should instead be reviewed as a possible PCA1 revision, a different support-service domain, or a Root-level methodological question.

The conclusions of this paper are therefore bounded to the present Evidence.

The study may support the necessity, distinguishability, and collective adequacy of the eight established Core Quality Factors.

It does not establish that the PCA Core can never require controlled revision.

2. From the Whole Quality Methodology to the PCA Core

2.1 Methodological Resolution

The Whole Quality methodology requires the quality of a declared Quality Object to be examined at a level of resolution appropriate to the determination being made.

For the PCA support-service domain, the Core Quality Factors represent the major quality-relevant dimensions of Function Realization that must remain visible in Support Service Quality State determination.

The Core therefore requires balance.

If the resolution is too broad, materially different quality-relevant conditions may be combined and important distinctions may disappear.

If the resolution is too narrow, Context-specific activities, risks, conditions, or requirements may be elevated unnecessarily into separate Core Quality Factors.

The appropriate Core resolution lies between these two extremes.

It should preserve major distinguishable dimensions of Function Realization while allowing the detailed form of those dimensions to be interpreted through Core Quality Indicators, Context-Specific Quality Outcome Criteria, Evidence, the Reference Layer, and Context Guides.

The eight-Factor PCA Core should therefore be understood as a methodological resolution rather than as a predetermined numerical classification.

2.2 The Support Service Quality Object Comes First

The derivation of the PCA Core begins with the Quality Object.

PCA1 does not treat the quality of a PCA support service as equivalent to the characteristics of the Support Worker, completion of assigned tasks, compliance of the provider organization, or satisfaction of an isolated requirement.

The declared PCA Support Service Quality Object includes the relevant Person Receiving Support, Support Worker or workers, Support Work, Support Results, Service Context, Service Period, Support Service Arrangement, Boundaries, Interfaces, responsibilities, and other constituent parts included within the determination.

This anchoring is important because the same type of Support Work may have different quality implications when the Person Receiving Support, Service Context, Boundary, Interfaces, Functional Scope, or applicable Reference Layer changes.

Accordingly, Core Quality Factors cannot be derived responsibly from a list of PCA tasks alone.

They must be capable of examining Function Realization of the declared Support Service Quality Object as a whole.

The Quality Object therefore comes before the Factor structure.

2.3 The Determination Task Comes First

Once the Quality Object is declared, the next question is what must be determined about it.

The PCA Core is intended to support determination of the Support Service Quality State.

That determination requires more than establishing that Support Work occurred or that an intended task was completed.

The relevant question is whether the declared Support Service Quality Object realizes its Support Intended Functions and Support Intended Results under the applicable conditions and within the declared Boundary.

A completed support activity may still contain important quality-relevant failures.

For example, a task may be completed while:

- foreseeable harm was insufficiently controlled;
- health or bodily integrity was adversely affected;
- the support did not appropriately correspond to the person's functional needs;
- choice, consent, dignity, or autonomy was not respected;
- a changing risk was not recognized or escalated;
- important support-relevant information was inaccurate or unavailable;
- infection or contamination conditions were inadequately controlled;
- or

Support Work exceeded the applicable Functional Scope or responsibility boundaries.

The determination task must therefore make these different dimensions visible.

The Core Quality Factors provide the principal Factor-level structure through which that determination is organized.

The question is consequently not:

How many Factors should a PCA standard contain?

The question is:

What major quality-relevant dimensions must remain separately visible for responsible Support Service Quality State determination?

2.4 Why the Number of Factors Is a Result, Not a Starting Assumption

The number of Core Quality Factors follows from the methodological resolution required by the determination task.

PCA1 identifies eight principal Failure-Mode Families associated with Function Realization and preserves the corresponding major quality-relevant dimensions through eight Core Quality Factors.

This relationship does not mean that every individual Failure Mode requires its own Factor.

Many individual Failure Modes may occur within one major quality-relevant dimension.

Nor does it mean that two Factors should be combined merely because the same event, condition, or Support Work can affect both.

The relevant test is whether the dimensions preserve distinguishable determination functions.

A separate Factor is justified where combining its content with another Factor would materially reduce the visibility needed for responsible determination.

Conversely, a new Factor is not justified merely because a new activity, setting, population, technology, requirement, or Context introduces additional detail.

If that detail can be represented responsibly through the existing Core Quality Factors and Indicators, Context-Specific Quality Outcome Criteria, Evidence, Failure Modes, Critical Service Conditions, or Reference Layer, the Core does not need to expand.

The number eight is therefore a result of the present PCA Core resolution.

It reflects the current determination that eight major quality-relevant dimensions need to remain separately visible while more detailed variability can be represented below the Factor level.

The remainder of this paper tests that resolution rather than assuming it.

3. The PCA Support Service Determination Task

3.1 The PCA Support Service Quality Object

The starting point for the PCA determination task is the PCA Support Service Quality Object established in PCA1.

The Quality Object is the support service considered as one coherent whole within its declared external Boundary.

The declared PCA Support Service Quality Object includes, within its declared Boundary and at its declared Scale, the relevant constituent parts and methodological conditions identified in its Support Service Quality Object Description, including:

- the Person Receiving Support;
- the Support Worker or workers;
- Support Work;
- Support Results;
- Support Intended Functions and Support Intended Results;
- the Service Period;
- the Support Service Arrangement;
- roles and responsibilities;

Service Context and relevant service conditions;
internal Boundaries and Interfaces;
external Interfaces;
Assumptions and Uncertainty;
and

the Evidence basis required for Support Service Quality State determination.

These elements are not examined as unrelated subjects.

They form and interact within one PCA Support Service Quality Object.

The external environment may include payers, regulators, provider management, health systems, family and natural supports, other service providers, occupational systems, professional standards, licensing or certification systems, technology, legal and ethical requirements, and other relevant external conditions.

These external elements are not included in the Quality Object merely because they influence the service.

Their relevance is represented through the external Boundary, external Interfaces, and applicable Reference Layer.

The determination task therefore concerns the Quality State of the whole declared PCA Support Service Quality Object within its Boundary, not the separate quality of the worker, person, provider, task, or external system.

3.2 Support Intended Functions and Support Intended Results

Support Intended Functions and Support Intended Results are shared across the PCA Support Service Quality Object.

They provide the functional basis for determining its Quality State.

The principal Support Intended Function of the PCA support service is to provide personalized assistance that enables the Person Receiving Support to perform, maintain, or participate in activities of daily living and related real-life activities safely, respectfully, effectively, and consistently with the person's needs, preferences, abilities, rights, choices, and goals.

Support Intended Results are the outcomes and conditions that the support is intended to achieve or maintain for the Person Receiving Support.

Function Realization therefore occurs through the Quality Object as a whole.

It depends on the interaction among the Person Receiving Support, Support Worker or workers, Support Work, Support Results, service conditions, responsibilities, Boundaries, Interfaces, and other included elements.

The Core Quality Factors must consequently make visible the major quality-relevant dimensions through which realization or failure of these shared Support Intended Functions and Support Intended Results can be determined.

3.3 Support Work, Support Results, and Function Realization

Within the PCA Support Service Quality Object, Support Work and Support Results are related but distinguishable.

Support Work concerns the work performed through tasks, activities, interactions, decisions, communication, coordination, and other actions included within the declared support service.

Support Results concern what is achieved, changed, maintained, stabilized, prevented, or otherwise produced through that work.

Neither Support Work nor Support Results should be examined independently from the whole Quality Object.

The same Support Work can produce different Support Results depending on the Person Receiving Support, Service Context, conditions, Interfaces, responsibilities, information, and other elements of the object.

Likewise, completion of Support Work does not by itself demonstrate satisfactory Function Realization.

The determination must examine whether the Support Work and Support Results, as realized within the whole PCA Support Service Quality Object, support its Support Intended Functions and Support Intended Results.

3.4 Boundaries, Interfaces, Service Period, and Service Context

The external Boundary defines the extent of the PCA Support Service Quality Object.

Within that Boundary, internal Boundaries and Interfaces connect the Person Receiving Support, Support Worker or workers, Support Work, Support Results, responsibilities, service conditions, information, equipment or technology where applicable, and other constituent parts of the object.

External Interfaces connect the Quality Object with relevant elements of the external environment.

These Interfaces may transmit information, direction, authorization, resources, requirements, decisions, Evidence, or other influences material to Function Realization.

The Service Period defines the time to which the declared Quality Object and resulting Support Service Quality State determination apply.

The Service Context identifies the real-life conditions in which the support service is realized.

Boundaries, Interfaces, Service Period, and Service Context therefore do not describe peripheral characteristics of the determination.

They help define the Quality Object whose Quality State is being determined.

3.5 Functional Scope and the Reference Layer

Functional Scope and the Reference Layer affect Function Realization through the declared PCA Support Service Quality Object.

Functional Scope identifies the applicable Occupational Functions and boundaries of the Support Role. Authorization, responsibilities, and Competence expectations associated with that scope are declared for the PCA Support Service Quality Object.

The Reference Layer provides applicable external requirements and sources needed for interpretation of the declared object.

These may include applicable law, regulation, service authorization, clinical direction, person-directed arrangements, organizational requirements, payer requirements, equipment instructions, emergency procedures, and other relevant sources.

The Reference Layer is not the PCA Support Service Quality Object.

Its applicable requirements interact with the object through relevant external Interfaces and provide part of the basis against which Function Realization is interpreted.

Similarly, Functional Scope is not a substitute for Support Service Quality State determination.

It establishes an important condition of the Support Work and responsibility relationships within the declared object.

3.6 What a Responsible Support Service Quality State Determination Must Be Able to See

The determination task concerns the PCA Support Service Quality Object as one coherent whole.

A responsible determination must therefore make visible the major ways in which Function Realization of that whole object can be supported, weakened, interrupted, distorted, or prevented.

PCA1 presently resolves these major quality-relevant dimensions through:

- Protection from Foreseeable Harm;
- Maintenance of Health and Bodily Integrity;
- Support for Daily-Life Functioning;
- Respect for Personhood and Autonomy;
- Timely Recognition and Escalation of Risk;
- Continuity and Accuracy of Support-Relevant Information;
- Control of Infection and Contamination Risks;
- and

Practice and Judgment Within Functional Scope.

The eight Factors do not represent eight separate Quality Objects.

They provide eight major views of Function Realization of the same PCA Support Service Quality Object.

The methodological question for the following Sections is therefore precise:

Does each of these eight Factors preserve a necessary and distinguishable view of Function Realization of the whole PCA Support Service Quality Object, and does their collective use provide an appropriate Core-level basis for determining its Support Service Quality State?

4. Method for Deriving the Core Quality Factors

4.1 Support Intended Functions and Support Intended Results

Derivation of the PCA Core Quality Factors begins with the Support Intended Functions and Support Intended Results of the PCA Support Service Quality Object.

The Factors are not derived from a predetermined list of PCA tasks, worker characteristics, provider requirements, regulations, or service settings.

The starting question is:

What must the PCA Support Service Quality Object realize?

The Support Intended Functions establish what the whole object is intended to support, enable, protect, or maintain for the Person Receiving Support.

The Support Intended Results identify the outcomes and conditions that the support is intended to achieve or maintain.

These Support Intended Functions and Support Intended Results are properties of the whole PCA Support Service Quality Object.

They therefore provide the functional reference against which successful and unsuccessful Function Realization can be examined.

4.2 Function Realization

Function Realization concerns whether the Support Intended Functions and Support Intended Results are actually realized through the PCA Support Service Quality Object.

This realization occurs through interaction among the constituent parts of the object.

The Person Receiving Support, Support Worker or workers, Support Work, Support Results, Service Period, Support Service Arrangement, responsibilities, service conditions, Boundaries, Interfaces, information, and other included elements can each affect Function Realization.

The methodological purpose of the Core Quality Factors is therefore not to classify these constituent parts.

The Factors identify major quality-relevant dimensions through which Function Realization of the whole object can be examined.

A Factor is needed where an important dimension of Function Realization must remain visible for responsible Support Service Quality State determination.

4.3 Support Service Realization Pathways

Support Intended Functions are realized through Support Service Realization Pathways.

A Support Service Realization Pathway describes how the declared PCA Support Service is organized and carried into practice through the relationships among Support Work, Support Results, the Person Receiving Support, Support Workers, the Support Service Arrangement, Boundaries, Interfaces, and Service Context.

A pathway may involve, for example:

- a condition or need of the Person Receiving Support;
- information available to the Support Worker;
- communication or interaction;
- a decision or judgment;
- Support Work;
- use of equipment or technology where applicable;
- a response by the Person Receiving Support;
- coordination or transfer across an Interface;
- and

the resulting Support Result.

These elements should not be interpreted as a mandatory sequence for every PCA service.

Their importance is methodological.

They make it possible to examine how Function Realization occurs through the whole Quality Object and where that realization may fail.

Different PCA Service Contexts may involve materially different Support Service Realization Pathways while remaining subject to the same invariant Core.

4.4 Failure-Mode Families

Failure Modes identify ways in which Function Realization may be prevented, weakened, interrupted, distorted, or misdirected.

Individual Failure Modes can be highly Context-specific.

For example, the particular Failure Modes encountered during Bathing Support may differ substantially from those encountered during Mobility Support or Meal Support.

The Core should not therefore be derived by converting every individual Failure Mode into a separate Core Quality Factor.

PCA1 groups recurring functionally related Failure Modes into principal Failure-Mode Families.

These concern:

- foreseeable harm;
- health and bodily integrity;
- daily-life functioning;
- personhood and autonomy;
- recognition and escalation of risk;
- support-relevant information;
- infection and contamination;
- and

practice within Functional Scope and responsibility boundaries.

The importance of these families is that they identify different major ways in which Function Realization of the PCA Support Service Quality Object can fail.

They therefore provide the principal bridge from Function Realization to the Core Quality Factor level.

4.5 From Failure-Mode Families to Major Quality-Relevant Dimensions

A Failure-Mode Family does not become a Core Quality Factor merely because it can be named separately.

The methodological question is whether the family reveals a major quality-relevant dimension that must remain visible in determination of the Support Service Quality State.

The derivational relationship can therefore be expressed as:

Support Intended Functions and Support Intended Results

- Function Realization
- Support Service Realization Pathways
- Failure Modes
- Failure-Mode Families
- major quality-relevant dimensions
- Core Quality Factors.

This relationship explains why the Factor names are not the starting point.

The Factors are the Core-level representation of major dimensions that emerge from examining what the Quality Object is intended to realize and the principal ways in which that realization can fail.

The resolution must remain sufficiently broad to be invariant across PCA Service Contexts.

At the same time, it must remain sufficiently differentiated to prevent materially different dimensions of Function Realization from disappearing through excessive consolidation.

4.6 Test for a Separate Core Quality Factor

A major quality-relevant dimension should be preserved as a separate Core Quality Factor only where separate visibility is methodologically necessary.

The following questions provide the principal test:

1. Does the proposed Factor represent a major dimension of Function Realization of the PCA Support Service Quality Object?

2. Is that dimension supported by a distinguishable Failure-Mode Family or by a sufficiently coherent group of Failure Modes?
3. Can the dimension fail while neighboring dimensions remain comparatively satisfactory?
4. If the Factor is removed, does an important determination question become materially less visible?
5. Could another existing Factor preserve the same determination function without material loss?
6. Is apparent overlap with another Factor true redundancy, or does it reflect interaction between distinguishable dimensions of the same Quality Object?
7. Does the dimension remain meaningful across materially different PCA Service Contexts?
8. Is the proposed dimension genuinely Core-level, rather than detail that belongs to a Core Quality Indicator, Context-Specific Quality Outcome Criterion, Evidence, Failure Mode, Critical Service Condition, Reference Layer, or Context Guide?

A separate Core Quality Factor is justified when these tests support the need to preserve the dimension independently at the Core level.

The test works in both directions.

An existing Factor should not be retained merely because it already exists in PCA1.

A proposed additional Factor should not be created merely because a new Context reveals an important condition.

Both must satisfy the same methodological question:

Does this dimension need separate Core-level visibility for responsible determination of Function Realization of the whole PCA Support Service Quality Object?

Applying this method to the PCA1 Failure-Mode Families leads to the next question:

Why does the present PCA Core resolve those major dimensions into eight Core Quality Factors?

5. Why the PCA Core Resolves into Eight Factors

The derivation method identifies eight major quality-relevant dimensions that must remain visible in determining Function Realization of the PCA Support Service Quality Object.

These dimensions are represented in PCA1 through eight Core Quality Factors.

The Factors are related because they examine the same Quality Object.

Their justification as separate Factors depends on whether each preserves a distinguishable determination function that would be weakened if it were removed or fully absorbed into another Factor.

5.1 Protection from Foreseeable Harm

The PCA Support Service Quality Object cannot satisfactorily realize its Support Intended Functions if foreseeable harm arising in connection with the support service is not appropriately identified, prevented, minimized, or escalated.

Foreseeable harm may arise through Support Work, service conditions, equipment or technology, environmental conditions, communication, interactions, Interfaces, or other elements of the Quality Object.

This dimension must remain visible because successful completion of Support Work does not establish that the work was performed under acceptably controlled harm conditions.

The Factor therefore preserves the determination question:

Were foreseeable harm conditions affecting Function Realization appropriately identified and addressed within the declared PCA Support Service Quality Object?

This question is broader than whether an injury or incident actually occurred.

Absence of a reported adverse event does not by itself establish that foreseeable harm was appropriately controlled.

Protection from Foreseeable Harm therefore represents a necessary Core-level dimension of Function Realization.

5.2 Maintenance of Health and Bodily Integrity

The PCA Support Service Quality Object interacts directly with the physical condition, comfort, health stability, and bodily integrity of the Person Receiving Support.

Support Work may maintain these conditions, contribute to their deterioration, or fail to respond appropriately where the applicable support service should preserve them.

This dimension differs from general protection against foreseeable harm.

A condition does not need to become an accident or acute safety event before it becomes relevant to Function Realization.

The determination must therefore be able to examine whether the support service appropriately maintains health-related stability, comfort, and bodily integrity within the applicable PCA Functional Scope.

If this dimension were fully absorbed into foreseeable harm, gradual, cumulative, or non-incident-based deterioration could become less visible.

Maintenance of Health and Bodily Integrity therefore requires separate Core-level visibility.

5.3 Support for Daily-Life Functioning

A central purpose of PCA support is to enable or maintain the Person Receiving Support's functioning in real-life activities and contexts.

The Quality State of the support service therefore cannot be determined solely through safety or absence of physical deterioration.

Support Work may be safe and technically completed while still failing to correspond appropriately to the person's abilities, needs, strengths, preferences, goals, or changing functional presentation.

The determination must therefore examine whether the support service actually supports daily-life functioning rather than merely completing work around the person.

This Factor preserves the functional relationship between Support Work, Support Results, and the person's participation in daily life.

If this dimension were absorbed into safety, health, or task performance, an essential part of the Support Intended Functions would become insufficiently visible.

Support for Daily-Life Functioning therefore represents a separate Core Quality Factor.

5.4 Respect for Personhood and Autonomy

The Person Receiving Support is a constituent part of the PCA Support Service Quality Object and is not merely the recipient of work performed by others.

Function Realization therefore includes the person's dignity, privacy, choice, consent, preferences, rights, participation, and autonomy within the support relationship.

Support Work may be physically safe and may achieve an intended practical result while still failing in this dimension.

For example, a desired result could be obtained through unnecessary restriction of choice, disregard of refusal, loss of privacy, disrespectful interaction, or exclusion of the person from decisions affecting the support.

Such conditions cannot be treated merely as secondary characteristics of otherwise satisfactory Support Work.

The determination must therefore preserve a separate question concerning whether the PCA Support Service Quality Object realizes its Support Intended Functions in a manner consistent with personhood and autonomy.

This justifies separate Core-level visibility.

5.5 Timely Recognition and Escalation of Risk

The conditions within a PCA Support Service Quality Object may change during the Service Period.

A previously acceptable condition may become unfavorable.

A new risk may emerge.

The Person Receiving Support may show a change in functional presentation, comfort, behavior, tolerance, or other observable condition relevant to the support service.

Information may become available that requires a different response.

Function Realization therefore depends not only on controlling foreseeable conditions identified in advance, but also on recognizing relevant emerging or changing conditions and responding within the applicable Support Role and Functional Scope.

That response may include communication, pausing Support Work, seeking assistance, escalation, follow-through, or another role-appropriate action.

This dimension is related to Protection from Foreseeable Harm but is not identical to it.

Factor 1 asks whether foreseeable harm conditions are appropriately identified and controlled.

Factor 5 preserves visibility of whether relevant changing or emerging conditions are recognized and connected to an appropriate response.

If Factor 5 were fully absorbed into Factor 1, the time-dependent recognition, communication, escalation, and follow-through function could become insufficiently visible.

Timely Recognition and Escalation of Risk therefore requires separate Core-level treatment.

5.6 Continuity and Accuracy of Support-Relevant Information

Function Realization depends on information moving through the PCA Support Service Quality Object and across its material Interfaces.

The Person Receiving Support, Support Worker or workers, Support Service Arrangement, service conditions, Support Work, decisions, and resulting Support Results may all depend on information being available, accurate, understandable, timely, appropriately communicated, and appropriately protected.

Loss, distortion, delay, incompleteness, or inappropriate disclosure of support-relevant information can affect several or all of the other Factors.

This broad interaction does not make the information dimension redundant.

Rather, it shows that information is a cross-cutting condition of Function Realization.

A support activity may appear satisfactory when examined only through the immediate task while the information needed for continuity of the service is inaccurate, unavailable, delayed, or lost across an Interface.

The determination must therefore preserve visibility of support-relevant information as a distinct Core-level dimension.

Factor 6 does not replace the subject-specific information questions that may arise under other Factors.

It preserves the continuity and accuracy of information needed for the PCA Support Service Quality Object to function coherently across its Service Period and Interfaces.

5.7 Control of Infection and Contamination Risks

PCA Support Work may occur through direct personal assistance, contact with the person's body, food or drink, surfaces, personal items, equipment, waste, water, or other conditions through which infection or contamination may affect Function Realization.

These conditions can arise in different forms across Bathing Support, Mobility Support, Meal Support, and other PCA Service Contexts.

Infection and contamination are related to foreseeable harm and bodily integrity.

However, they involve a sufficiently coherent family of conditions and control needs to require separate visibility.

If infection and contamination were represented only through general harm prevention, important hygiene, cross-contamination, environmental, equipment-related, or transmission conditions could become less explicit in determination.

The Factor therefore preserves the question of whether infection and contamination risks associated with the declared PCA Support Service Quality Object are appropriately controlled within the applicable support context.

Control of Infection and Contamination Risks consequently represents a separate Core Quality Factor.

5.8 Practice and Judgment Within Functional Scope

The PCA Support Service Quality Object depends on Support Work being performed within the applicable Support Role, Functional Scope, competence, responsibility boundaries, and Interfaces.

An action does not become appropriate PCA Support Work merely because it appears helpful or because it could contribute to a desired result.

Function Realization also depends on whether decisions, judgments, actions, omissions, assistance seeking, and escalation occur within the boundaries applicable to the Support Worker and Support Service Arrangement.

This dimension interacts with every other Factor.

A worker may recognize a risk correctly but respond outside Functional Scope.

Support Work may achieve a favorable immediate result while exceeding an applicable responsibility boundary.

Conversely, appropriate judgment may require recognizing that an action should not be performed and that assistance or escalation is required instead.

This determination function cannot be reduced to competence alone, nor can it be replaced by external occupational or regulatory requirements.

Those requirements may form part of the Reference Layer.

Factor 8 examines how practice and judgment operate within the declared PCA Support Service Quality Object in relation to the applicable Functional Scope and responsibility boundaries.

This requires separate Core-level visibility.

5.9 The Eight Factors as One Core

The eight Core Quality Factors provide distinguishable views of Function Realization of the same PCA Support Service Quality Object.

Their interaction does not by itself establish redundancy.

The derivation above provides the basis for the present eight-Factor Core, but derivation alone does not establish individual necessity or collective adequacy.

Those questions are tested in Sections 6 and 7.

6. Factor-by-Factor Justification

Section 5 established the derivational relationship between the principal Failure-Mode Families and the eight major quality-relevant dimensions preserved by the PCA Core.

The present Section applies a more demanding test.

For each Factor, the analysis asks:

What determination function does the Factor preserve for the PCA Support Service Quality Object?

What becomes materially less visible if the Factor is removed?

Can another Factor preserve the same determination function without material loss?

Does overlap with neighboring Factors represent redundancy or necessary interaction?

The purpose is not to show that each Factor concerns an important subject.

The purpose is to test whether each Factor must remain separately visible at the Core level.

6.1 Factor 1 — Protection from Foreseeable Harm

Determination function

Factor 1 preserves visibility of foreseeable harm that may arise through the PCA Support Service Quality Object and of whether that harm is appropriately identified, prevented, minimized, or escalated.

The relevant conditions may arise through Support Work, the Person Receiving Support, the Support Worker, the environment, equipment, information, decisions, interactions, or internal and external Interfaces.

The determination is therefore not limited to whether an adverse event occurred.

It concerns whether foreseeable harm was appropriately addressed in realization of the support service.

Removal test

If Factor 1 were removed, foreseeable harm could still appear indirectly under other Factors.

For example:

bodily consequences could appear under Factor 2;

changing risk could appear under Factor 5;

infection-related harm could appear under Factor 7;

and

inappropriate worker action could appear under Factor 8.

But none of these Factors preserves the general determination question of whether foreseeable harm affecting the whole PCA Support Service Quality Object was appropriately identified and controlled.

Factor 1 therefore cannot be removed without loss of Core-level visibility.

Distinguishability

Factor 1 is distinguishable from Factor 2 because foreseeable harm can exist before bodily deterioration occurs.

It is distinguishable from Factor 5 because Factor 5 concerns recognition and response to changing or emerging risk rather than the complete field of foreseeable harm.

It is distinguishable from Factor 7 because infection and contamination represent a particular family of risk conditions.

It is distinguishable from Factor 8 because an action may remain within Functional Scope while still failing to control foreseeable harm appropriately.

Conclusion

Protection from Foreseeable Harm preserves a necessary and distinguishable determination function and should remain a separate Core Quality Factor.

6.2 Factor 2 — Maintenance of Health and Bodily Integrity

Determination function

Factor 2 preserves visibility of whether the PCA Support Service Quality Object appropriately maintains the health-related stability, comfort, and bodily integrity of the Person Receiving Support within the applicable PCA support-service scope.

This dimension includes conditions that may develop gradually or cumulatively and that may not appear as a discrete harmful event.

Removal test

If Factor 2 were removed, acute or foreseeable harm could still be examined under Factor 1.

Emerging changes could be examined under Factor 5.

Infection-related conditions could be examined under Factor 7.

But these Factors would not necessarily preserve the broader question of whether Support Work and Support Results maintain bodily integrity, comfort, and relevant health stability throughout the Service Period.

A service could therefore avoid an obvious incident while still contributing to deterioration, discomfort, skin-related problems, inappropriate physical strain, or another unfavorable bodily condition relevant to the support.

Factor 2 cannot therefore be removed without reducing visibility of Function Realization.

Distinguishability

Factor 2 is outcome- and condition-oriented in relation to health and bodily integrity.

Factor 1 is principally concerned with foreseeable harm and its control.

Factor 5 concerns recognition and response when relevant conditions change.

Factor 7 concerns infection and contamination.

The Factors interact, but their determination questions are not interchangeable.

Conclusion

Maintenance of Health and Bodily Integrity preserves a necessary and distinguishable dimension of the PCA Support Service Quality Object and should remain separately visible.

6.3 Factor 3 — Support for Daily-Life Functioning

Determination function

Factor 3 preserves visibility of whether the PCA Support Service Quality Object supports the Person Receiving Support in performing, maintaining, or participating in relevant daily-life functioning.

The determination concerns the relationship between Support Work and the person's actual abilities, needs, strengths, preferences, goals, and changing functional presentation.

Removal test

If Factor 3 were removed, the Core could still determine whether Support Work was comparatively safe, whether bodily integrity was maintained, and whether autonomy was respected.

But it could lose the direct question of whether the support actually enables or maintains the daily-life functioning for which the support service exists.

A support activity could therefore be safe, respectful, and correctly performed while still being poorly matched to the person's functional needs or unnecessarily replacing an ability that the person can exercise.

That would represent a material loss of determination visibility.

Distinguishability

Factor 3 differs from Factor 2 because health stability and functional participation are not identical.

It differs from Factor 4 because supporting functioning and respecting choice or autonomy are distinguishable, even though they frequently interact.

It differs from Factor 8 because correct Functional Scope does not establish that the Support Work is appropriately matched to the person's functioning.

Conclusion

Support for Daily-Life Functioning preserves a necessary dimension of Function Realization that cannot be responsibly absorbed into another Factor.

6.4 Factor 4 — Respect for Personhood and Autonomy

Determination function

Factor 4 preserves visibility of the Person Receiving Support as an active constituent of the PCA Support Service Quality Object whose dignity, privacy, preferences, choice, consent, rights, participation, and autonomy affect Function Realization.

Removal test

If Factor 4 were removed, the Core could still examine safety, bodily integrity, functional results, information, and worker practice.

None of those dimensions necessarily determines whether the support service respects the person's personhood and autonomy.

Support Work could be technically correct, physically safe, and functionally effective while being performed without appropriate regard for choice, privacy, consent, participation, or dignity.

The resulting loss would concern a Support Intended Function of the PCA Support Service Quality Object, not merely the manner in which a task was performed.

Distinguishability

Factor 4 interacts especially strongly with Factor 3.

Supporting daily-life functioning may require respecting the person's preferences and participation.

Nevertheless, the two can fail separately.

A person's functional goal may be achieved through unnecessarily controlling or disrespectful support. Conversely, a worker may interact respectfully while failing to provide support adequate for the person's functional needs.

Conclusion

Respect for Personhood and Autonomy preserves a necessary and independently determinable dimension and should remain a separate Core Quality Factor.

6.5 Factor 5 — Timely Recognition and Escalation of Risk

Determination function

Factor 5 preserves visibility of whether relevant changing or emerging conditions within the PCA Support Service Quality Object are recognized and connected to an appropriate response within the available time and applicable Functional Scope.

The response may include communication, adjustment of Support Work, pausing, seeking assistance, escalation, or follow-through.

Removal test

If Factor 5 were removed, foreseeable risks could still be examined under Factor 1 and resulting bodily conditions under Factor 2.

However, the Core would no longer preserve with the same visibility the pathway from observation of a changing condition to recognition, communication, escalation, and follow-through.

A condition may not have been fully foreseeable before Support Work began.

Its quality significance may depend on whether it was recognized and acted upon when it emerged.

Factor 1 alone therefore cannot substitute completely for Factor 5.

Distinguishability

Factor 5 is particularly time- and response-sensitive.

Factor 1 concerns foreseeable harm more broadly.

Factor 6 concerns continuity and accuracy of support-relevant information, but accurate information alone does not establish that a changing risk was recognized or appropriately escalated.

Factor 8 concerns Functional Scope and judgment, but appropriate scope does not establish timely recognition.

Conclusion

Timely Recognition and Escalation of Risk preserves a necessary determination function that would become materially less visible if merged completely with foreseeable harm, information, or Functional Scope.

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

Determination function

Factor 6 preserves visibility of whether information necessary for Function Realization remains sufficiently accurate, available, timely, understandable, appropriately communicated, and appropriately protected across the PCA Support Service Quality Object and its material Interfaces.

Removal test

Information is involved in every Factor.

For that reason, it could appear that a separate information Factor is unnecessary.

However, if Factor 6 were removed, information would tend to be examined only when it produces a visible failure under another Factor.

The Core could lose direct visibility of information continuity itself.

Information may be incomplete, delayed, distorted, unavailable across an Interface, or inappropriately disclosed even before a resulting safety, health, functional, autonomy, or escalation failure becomes observable.

The information condition is therefore independently quality-relevant to Function Realization.

Distinguishability

Factor 6 does not replace information requirements embedded within other Factors.

For example, Factor 5 may require communication of an emerging risk.

Factor 8 may require information needed for appropriate judgment.

Factor 4 may require appropriate protection of personal information.

Factor 6 preserves the broader continuity and accuracy of support-relevant information across the whole Quality Object.

Conclusion

Continuity and Accuracy of Support-Relevant Information is cross-cutting but not redundant. Its removal would materially weaken determination of the coherence of the PCA Support Service Quality Object.

6.7 Factor 7 — Control of Infection and Contamination Risks

Determination function

Factor 7 preserves visibility of infection and contamination conditions arising through Support Work and relevant elements of the PCA Support Service Quality Object.

The particular pathways may differ by Service Context and may involve direct contact, food or drink, water, surfaces, personal items, equipment, waste, hygiene practices, or other applicable conditions.

Removal test

If Factor 7 were removed, infection-related consequences might still appear under Factor 1 or Factor 2.

However, this would shift determination toward general harm or resulting bodily condition and could reduce visibility of the specific pathways and controls through which infection or contamination can arise.

The absence of an observed infection does not by itself demonstrate appropriate control of infection and contamination conditions.

A distinct determination question therefore remains necessary.

Distinguishability

Factor 7 is related to Factor 1 because infection may cause foreseeable harm.

It is related to Factor 2 because infection may affect health and bodily integrity.

Nevertheless, it preserves a coherent and recurring family of transmission, hygiene, contamination, and control conditions that is not fully represented by either neighboring Factor.

Its applicability also changes in form rather than disappearing across different PCA Contexts.

Conclusion

Control of Infection and Contamination Risks preserves a necessary and distinguishable Core-level determination function.

6.8 Factor 8 — Practice and Judgment Within Functional Scope

Determination function

Factor 8 preserves visibility of whether Support Work, decisions, judgment, actions, omissions, and responses occur within the applicable Support Role, Functional Scope, competence, responsibility boundaries, and Interfaces of the PCA Support Service Quality Object.

Removal test

If Factor 8 were removed, the Core could still examine the consequences of Support Work through the other seven Factors.

But it could lose direct visibility of whether the Support Worker acted within the boundaries of the PCA role and whether judgment concerning action, non-action, assistance seeking, or escalation was appropriate to that role.

A favorable immediate result does not establish appropriate Function Realization if it was obtained through action outside Functional Scope.

Likewise, remaining within scope does not establish satisfactory performance under the other Factors.

The scope-and-judgment question is therefore independently necessary.

Distinguishability

Factor 8 interacts strongly with Factor 5 because recognition of a changing condition may require judgment concerning what the worker should do next.

It interacts with Factor 1 because harm control may depend on appropriate action.

It also interacts with the Reference Layer because external requirements may help define Functional Scope and responsibility boundaries.

None of these relationships makes Factor 8 redundant.

The Reference Layer provides applicable external requirements.

Factor 8 examines how practice and judgment operate within the Quality Object in relation to those requirements and boundaries.

Conclusion

Practice and Judgment Within Functional Scope preserves a necessary and distinguishable dimension of Function Realization and should remain a separate Core Quality Factor.

6.9 Factor-by-Factor Conclusion

The removal analysis supports retention of all eight Core Quality Factors.

In each case, removal would leave the corresponding major determination function materially less visible.

The analysis also shows that overlap among the Factors principally reflects interaction within the same PCA Support Service Quality Object rather than duplication of the same determination function.

This supports individual necessity but does not yet establish collective adequacy. That question is tested in Section 7.

7. Collective Testing of the Eight-Factor Core

The Factor-by-Factor analysis supports a distinguishable determination function for each of the eight PCA Core Quality Factors.

That finding is necessary but not sufficient.

The Factors must also be tested collectively against the PCA Support Service Quality Object.

The collective test asks whether the eight Factors, used together, preserve the major quality-relevant dimensions required for Support Service Quality State determination without unnecessary duplication or an evident Factor-level gap.

7.1 Collective Coverage

The eight Factors examine different but interacting dimensions of Function Realization of the same PCA Support Service Quality Object.

Collectively, they preserve visibility of:

- foreseeable harm;
- health and bodily integrity;
- daily-life functioning;
- personhood and autonomy;
- recognition and escalation of changing or emerging risk;
- continuity and accuracy of support-relevant information;
- infection and contamination;
- and

practice and judgment within Functional Scope.

These dimensions extend across the whole Quality Object.

They concern the interaction of the Person Receiving Support, Support Worker or workers, Support Work, Support Results, service conditions, responsibilities, Boundaries, Interfaces, and applicable Reference Layer conditions.

Collective coverage therefore does not mean that every possible PCA Failure Mode, service condition, or Context-specific requirement must appear as a separate Factor.

It means that the major quality-relevant dimensions through which those conditions affect Function Realization must remain visible somewhere within the Core.

At the present Core resolution, the eight Factors provide that collective visibility.

7.2 Removal Test

The Factor-by-Factor analysis in Section 6 established that removal of any one of the eight Factors would leave a major determination function materially less visible.

At the collective level, the significance of that finding is that no seven-Factor subset presently preserves the complete determination capability of the eight-Factor Core.

In several cases, part of the removed subject could remain visible through neighboring Factors. That is not sufficient. The test is whether the remaining Core preserves the same major determination function with adequate Core-level visibility.

On the present analysis, it does not.

7.3 Merger and Redundancy Test

A second collective question is whether two or more Factors could be merged without material loss.

Several possible mergers may initially appear reasonable because the Factors interact strongly.

For example:

- Factors 1 and 2 could be combined around safety and bodily protection;
- Factors 1 and 5 could be combined around risk;

Factors 3 and 4 could be combined around person-centered support;
Factors 1 and 7 could be combined around harm prevention;
Factors 5 and 6 could be combined around information and response;
or

Factors 5 and 8 could be combined around judgment and escalation.

Each merger would produce a shorter Core.

The methodological issue, however, is not whether a broader heading can be created.

It is whether the merger preserves the distinguishable determination functions presently represented by both Factors.

A broad category such as “safety” could include foreseeable harm, bodily integrity, infection, and emerging risk.

But such consolidation would reduce the visibility of materially different ways in which Function Realization can fail.

Likewise, a broad category such as “person-centered support” could include functioning and autonomy, but it would make it more difficult to distinguish whether the support failed because it did not appropriately support functioning or because it did not respect the person's choice, consent, dignity, or participation.

The present eight-Factor Core therefore uses separate Factors where consolidation would weaken a necessary distinction.

7.4 Overlap Does Not Necessarily Mean Redundancy

Overlap is expected because all eight Factors apply to one PCA Support Service Quality Object.

A single condition may therefore be relevant to several Factors.

For example, an emerging change in the Person Receiving Support may involve:

- possible foreseeable harm under Factor 1;
- a bodily-integrity concern under Factor 2;
- a change in daily-life functioning under Factor 3;
- recognition and escalation under Factor 5;
- support-relevant information under Factor 6;
- and

judgment within Functional Scope under Factor 8.

This does not mean that the same determination is being repeated six times.

Each Factor asks a different question about the condition.

The appropriate test for redundancy is therefore not:

Can the same event appear under more than one Factor?

The appropriate test is:

If one Factor is removed, does another Factor necessarily preserve the same subject and determination consequence at the same Core-level resolution?

Where the answer is no, the overlap represents interaction rather than redundancy.

This distinction is essential for evaluating the eight-Factor Core.

7.5 Support Service Non-Substitutability, Non-Compensability, and Critical Service Conditions

Collective use of the Factors does not mean that favorable conditions under one Factor necessarily compensate for an unacceptable condition under another.

The PCA Support Service Quality Object functions as a whole, but some conditions may be non-substitutable.

A support service cannot necessarily be considered satisfactory merely because several Factors are favorable if a Critical Service Condition affecting Function Realization remains unacceptable or insufficiently determined.

For example, strong respect for personhood and autonomy does not compensate for an uncontrolled serious foreseeable harm condition.

Good information continuity does not compensate for Support Work performed outside applicable Functional Scope.

Successful task completion does not compensate for failure to recognize and respond appropriately to a material changing risk.

Similarly, satisfactory performance under one Factor cannot automatically be used as Evidence that another Factor is satisfactory.

The significance of a condition depends on the applicable Context-Specific Quality Outcome Criteria, Evidence, Critical Service Conditions, and the determination methodology applied to the whole Quality Object.

Non-compensability therefore supports preservation of distinguishable Factors where an unacceptable condition may remain material to the Support Service Quality State even when other dimensions are satisfactory.

7.6 Possible Gaps at the Factor Level

A collective test must also ask whether the eight Factors leave a major quality-relevant dimension outside the Core.

The existence of an important new subject does not by itself establish such a gap.

A Context Guide may identify a new:

- Failure Mode;
- Critical Service Condition;
- Evidence need;
- technology;
- equipment condition;
- Interface;
- population characteristic;
- support activity;
- external requirement;
- or

Context-Specific Quality Outcome Criterion.

If that subject can be represented responsibly through the existing Factors and Indicators, it does not require another Core Quality Factor.

A Factor-level gap would require something more fundamental.

The analysis would need to identify a recurring major dimension of Function Realization of the PCA Support Service Quality Object that:

- is necessary for responsible Support Service Quality State determination;
- cannot be represented adequately through the existing eight Factors;
- cannot be resolved at the Indicator or Context-specific level;
- remains distinguishable from the existing Factors;
- and

is sufficiently invariant to justify Core-level treatment.

The three existing PCA Context Guides do not presently demonstrate such a Factor-level gap.

Their differing Failure Modes, Critical Service Conditions, Evidence, and Context-Specific Quality Outcome Criteria are represented while preserving the same eight-Factor Core.

This does not establish permanent completeness.

It supports continued use and testing of the present Core.

7.7 Interim Conclusion — Collective Testing

The collective analysis supports the present eight-Factor resolution of the PCA Core.

The eight Factors provide distinguishable views of Function Realization of one PCA Support Service Quality Object.

The removal test indicates that eliminating any Factor would materially weaken a necessary determination function.

The merger test indicates that several broader groupings are possible linguistically, but would reduce important determination distinctions.

Cross-Factor overlap is principally explained by interaction within the same Quality Object rather than by duplication.

Non-compensability further supports maintaining separate visibility where an unacceptable condition under one Factor cannot necessarily be offset by favorable conditions under others.

Finally, the present analysis does not identify an evident major Factor-level dimension outside the eight-Factor Core.

The resulting conclusion is bounded:

the available analysis supports the eight Factors as a presently appropriate Core-level resolution for determining Function Realization of the PCA Support Service Quality Object.

The next question is how the applicable Reference Layer, Functional Scope, and external requirements interact with that Core without becoming substitutes for it or automatically requiring additional Core Quality Factors.

8. Reference Layer, Functional Scope, and External Requirements

8.1 Reference Layer as Part of the Determination Basis

The PCA Support Service Quality Object exists within an external environment that can materially affect Function Realization.

Applicable external requirements and authoritative sources are represented through the Reference Layer.

Depending on the declared PCA Support Service Quality Object and Service Context, the Reference Layer may include applicable law and regulation, clinical direction, service authorization, person-directed arrangements, organizational requirements, payer requirements, equipment or technology instructions, emergency procedures, and other applicable sources.

The Reference Layer provides part of the basis for interpreting conditions within the Quality Object.

It does not replace the Quality Object.

It also does not replace the eight Core Quality Factors.

The methodological relationship is therefore:

the PCA Support Service Quality Object is the object whose Support Service Quality State is determined;

the eight Core Quality Factors preserve the major quality-relevant dimensions through which Function Realization is examined;

and

the Reference Layer provides applicable external requirements and sources needed for that examination.

This distinction prevents external requirements from being mistaken for the structure of the Core itself.

8.2 Functional Scope and Occupational Boundaries

Functional Scope establishes the applicable boundaries of Support Work within the PCA Support Service Quality Object.

It identifies the applicable Occupational Functions and boundaries of the Support Role within the Support Service Arrangement. Authorization, responsibilities, and Competence expectations associated with that scope are declared for the PCA Support Service Quality Object.

Functional Scope is therefore directly relevant to Function Realization.

An action does not become appropriate PCA Support Work merely because it could produce a desirable Support Result.

The action must also be consistent with the applicable Functional Scope and responsibility boundaries.

Conversely, the existence of an important need does not establish that the Support Worker is authorized to address that need directly.

Appropriate Function Realization may instead require communication, assistance seeking, escalation, coordination across an Interface, or another action within the worker's Functional Scope.

Factor 8 — Practice and Judgment Within Functional Scope — preserves this determination function within the PCA Core.

The occupational basis for Functional Scope may be established through AMSI ORF1 and applicable Reference Layer sources.

Those sources help determine the applicable boundaries.

Factor 8 examines practice and judgment within the declared PCA Support Service Quality Object in relation to those boundaries.

8.3 Clinical, Person-Directed, Organizational, Payer, and Regulatory Requirements

Different external requirements may apply to the same PCA Support Service Quality Object.

Clinical direction may affect how particular Support Work can be performed.

The valid direction, preferences, choices, and consent of the Person Receiving Support may affect what support is appropriate.

Organizational requirements may establish responsibilities, procedures, communication pathways, or documentation expectations.

Payer or service-authorization requirements may define authorized services or conditions of service provision.

Law and regulation may establish mandatory requirements.

Equipment or technology instructions may establish conditions for appropriate use.

These requirements differ in source and purpose.

They should not be collapsed into one generalized concept of compliance.

Their relevance to Support Service Quality State determination depends on how they affect Function Realization of the declared PCA Support Service Quality Object.

The applicable Reference Layer therefore needs to be identified in relation to the particular Quality Object, Boundary, Interfaces, Service Context, and Service Period.

8.4 External Requirements May Affect More Than One Factor

An external requirement does not necessarily correspond to only one Core Quality Factor.

The same requirement may affect several dimensions of Function Realization.

For example, an applicable requirement concerning equipment use may affect:

- Protection from Foreseeable Harm;
- Maintenance of Health and Bodily Integrity;
- Support for Daily-Life Functioning;
- and

Practice and Judgment Within Functional Scope.

A requirement concerning communication or documentation may affect:

- Timely Recognition and Escalation of Risk;
- Continuity and Accuracy of Support-Relevant Information;
- and

Practice and Judgment Within Functional Scope.

A requirement concerning consent or privacy may be particularly relevant to Respect for Personhood and Autonomy while also affecting information handling and Support Work.

This cross-Factor relevance is expected.

The Core Quality Factors organize the major dimensions of Function Realization.

The Reference Layer provides applicable external requirements.

There is therefore no requirement for a one-to-one relationship between an external requirement and a Core Quality Factor.

8.5 Compliance Does Not by Itself Establish Support Service Quality

Compliance with applicable external requirements is important where those requirements apply.

It does not by itself establish the Support Service Quality State of the PCA Support Service Quality Object.

A support service may comply with a particular rule, authorization, procedure, or documentation requirement while an important quality-relevant condition remains unfavorable under another part of the Core.

Likewise, Evidence that a required activity was completed does not by itself establish satisfactory Function Realization.

The determination must still examine the declared Quality Object through the applicable Core Quality Factors, Core Quality Indicators, Context-Specific Quality Outcome Criteria, Evidence, Critical Service Conditions, Assumptions, Uncertainty, and other applicable elements of the PCA determination methodology.

The Core therefore does not ask only:

Were applicable requirements followed?

It asks the broader question:

What does the available Evidence support concerning Function Realization and the Support Service Quality State of the declared PCA Support Service Quality Object?

Compliance may contribute important Evidence to that determination.

It is not a substitute for the determination.

8.6 Reference-Layer Detail Does Not Automatically Require Another Core Quality Factor

The Reference Layer may contain extensive detail.

Different jurisdictions, service arrangements, populations, technologies, organizations, payers, or Service Contexts may introduce additional requirements.

That additional detail does not automatically justify expansion of the PCA Core.

The relevant methodological question is whether the requirement introduces a new major quality-relevant dimension of Function Realization or whether its quality significance can be represented through the existing eight Core Quality Factors.

If the requirement concerns a condition already represented through:

- Protection from Foreseeable Harm;

- Maintenance of Health and Bodily Integrity;

- Support for Daily-Life Functioning;

- Respect for Personhood and Autonomy;

- Timely Recognition and Escalation of Risk;

- Continuity and Accuracy of Support-Relevant Information;

- Control of Infection and Contamination Risks;

or

Practice and Judgment Within Functional Scope,

then the existence of additional Reference Layer detail does not require another Factor.

Its detailed application can be represented through the applicable Core Quality Indicator, Context-Specific Quality Outcome Criterion, Evidence, Failure Mode, Critical Service Condition, or Context Guide.

A possible additional Factor should be considered only if repeated application reveals a major and distinguishable dimension of Function Realization that cannot be represented adequately through the existing Core.

8.7 Interim Conclusion — Reference Layer Coverage

The Reference Layer, Functional Scope, and external requirements are essential to responsible Support Service Quality State determination for the PCA Support Service Quality Object.

They do not constitute a separate alternative structure for determining quality.

The Reference Layer provides applicable external requirements and interpretive sources.

Functional Scope establishes applicable boundaries for Support Work, responsibility, and judgment.

The eight Core Quality Factors preserve the major quality-relevant dimensions through which the effects of these conditions on Function Realization are examined.

External requirements may therefore cross several Factors, and individual Factors may depend on several Reference Layer sources.

This relationship supports the present Core resolution.

The diversity of external requirements does not presently demonstrate a need for additional Core Quality Factors.

The next test is practical and cross-Context:

Do the same eight Core Quality Factors remain meaningful when the PCA Support Service Quality Object is realized through materially different forms of Support Work?

The three existing PCA Context Guides — Bathing Support, Mobility Support, and Meal Support — provide the present basis for that examination.

9. Testing the Eight-Factor Core Across PCA Contexts

9.1 Purpose of Cross-Context Testing

The PCA Core is intended to remain invariant across different PCA Service Contexts.

The practical question is therefore whether the same eight Core Quality Factors remain meaningful when the PCA Support Service Quality Object is realized through materially different forms of Support Work and under different service conditions.

The existing PCA Context Guides provide three current test cases:

PAB1 — Bathing Support;

PAM1 — Mobility Support;

and

PAF1 — Meal Support.

Each Guide retains all eight PCA1 Core Quality Factors and thirty-two Core Quality Indicators while developing Context-Specific Interpretation, Context-Specific Quality Outcome Criteria, Failure Modes, Critical Service Conditions, and Evidence considerations for its particular Context.

Cross-Context testing therefore asks:

Do materially different PCA Support Service Quality Objects continue to require the same eight major quality-relevant dimensions?

And:

Do differences among the Contexts require changes to the Core, or can they be represented at the Context-specific level?

9.2 Existing PCA Context Guide Family as Practical Evidence

The three existing Context Guides do not create three different PCA Cores.

Each applies the same PCA1 Core to a differently declared PCA Support Service Quality Object.

This provides an important methodological test.

If the eight Factors are genuinely Core-level, their meaning should remain applicable while their Context-Specific Interpretation changes.

The Context Guides show precisely this relationship.

The Factor and Indicator structure remains invariant.

The particular conditions examined under those Factors change according to the declared Quality Object.

The Context-Specific Quality Outcome Criteria then state the expected conditions or results appropriate to that object, and Evidence supports findings against those criteria. The Guides expressly distinguish the criteria and Evidence from the resulting Support Service Quality State determination.

The research value of the Context Guide family therefore lies not merely in demonstrating that the Core can be copied into different documents.

It lies in testing whether materially different realization conditions can be interpreted without losing, merging, or adding a Core Quality Factor.

9.3 PAB1 — Bathing Support

PAB1 applies the PCA Core to the Bathing Support Service Quality Object.

Bathing Support is characterized by intimate personal assistance, movement-sensitive activity, and wet-environment conditions.

Its Function Realization may depend on conditions involving physical safety, bodily integrity, privacy, dignity, autonomy, hygiene, communication, positioning, movement, temperature, tolerance, and timely response.

PAB1 therefore gives specific physical and human meaning to the eight Factors.

For example, under Factor 2, Bathing Support may directly affect skin, joints, posture, pressure areas, physical comfort, fatigue, heat tolerance, physiological stress, and bodily integrity.

These conditions are strongly characteristic of the Bathing Support Context.

They do not require a separate “Bathing Factor.”

They are represented through the existing Core Factors and Indicators at the smaller Context-specific resolution.

PAB1 expressly retains the eight PCA1 Core Quality Factors and thirty-two Core Quality Indicators while developing bathing-specific Context-Specific Quality Outcome Criteria, Evidence considerations, Failure-Mode Families, and Critical Service Conditions.

Bathing Support therefore provides one practical test supporting the ability of the eight-Factor Core to accommodate a highly intimate, physical, and environment-sensitive PCA Support Service Quality Object.

9.4 PAM1 — Mobility Support

PAM1 applies the same Core to the Mobility Support Service Quality Object.

The realization conditions differ substantially from Bathing Support.

Mobility Support may involve balance, movement, transfers, positioning, routes, surfaces, obstacles, space, lighting, fatigue, pain, dizziness, shortness of breath, fear, equipment, communication, and changing functional ability.

For example, PAM1 interprets Factor 1 through foreseeable conditions such as unstable balance, unsafe transfer conditions, unsuitable routes or surfaces, obstacles, inadequate space, fatigue, pain, dizziness, unsafe equipment, and communication barriers.

Factor 5 acquires a particularly important Context-specific expression because Mobility Support may reveal changing weakness, balance, dizziness, pain, shortness of breath, fatigue, fear, confusion, reduced tolerance, equipment difficulty, or unexpected changes in functional ability.

Factor 6 also becomes strongly connected to continuity across movement abilities, preferred support methods, transfer or positioning direction, equipment, route conditions, observed changes, escalation, and handoffs across Support Workers or arrangements.

Yet these Context-specific conditions do not require a Mobility-specific Core Factor.

PAM1 retains the same eight Factors and thirty-two Indicators and interprets them for the Mobility Support Service Quality Object.

Mobility Support therefore provides a second materially different test of the Core.

9.5 PAF1 — Meal Support

PAF1 applies the PCA Core to the Meal Support Service Quality Object.

Here the realization conditions change again.

Meal Support may involve food and drink, positioning, pacing, utensils, adaptive items, food or drink temperature, observable swallowing-related presentation, communicated allergy or restriction information, contamination, fatigue, distress, refusal, communication, and changing functional presentation.

For Factor 1, for example, PAF1 identifies foreseeable conditions including unsafe positioning, coughing or choking signs, observable swallowing difficulty, unsuitable food or drink temperature, spills, unstable seating, unsuitable utensils, communicated allergy or restriction information, contamination, fatigue, distress, refusal, and communication barriers.

Equipment and technology may include utensils, cups, trays, adaptive items, positioning supports, and meal-related equipment. Their suitability, cleanliness, usability, configuration, accessibility, instructions, and other conditions may affect Function Realization without equipment presence itself demonstrating quality.

PAF1 nevertheless retains all eight Factors and thirty-two Indicators.

It expressly requires every Factor and Indicator to remain in the Meal Support interpretation; completion of food preparation, service, or consumption, absence of an incident, or existence of documentation does not justify omission.

Meal Support therefore provides a third distinct test of the same Core.

9.6 Horizontal Comparison of the Three Context Guides

Horizontal comparison reveals substantial differences among the three declared PCA Support Service Quality Objects.

Bathing Support emphasizes intimate assistance, wet-environment conditions, skin and bodily integrity, movement, privacy, dignity, hygiene, and tolerance.

Mobility Support emphasizes movement, balance, transfers, positioning, routes, surfaces, equipment, changing physical presentation, and information continuity across movement-related Interfaces.

Meal Support emphasizes food and drink, positioning, pacing, utensils and adaptive items, communicated food-related conditions, hygiene, contamination, observable tolerance, and changing presentation.

These differences are not superficial.

They affect:

Support Service Realization Pathways;

Failure Modes;
Critical Service Conditions;
Context-Specific Quality Outcome Criteria;
Evidence;
Interfaces;
equipment and technology conditions;
and

the particular interpretation of individual Indicators.

Despite these differences, the three Context Guides do not presently require a ninth Factor or the removal of any of the existing eight.

The same Core-level determination questions remain relevant while their physical and human expression changes.

9.7 Different Failure Modes Within the Same Invariant Factors

The cross-Context comparison shows why Failure Modes should not be confused with Core Quality Factors.

A Factor can remain invariant while the Failure Modes through which it becomes relevant change substantially.

For example, foreseeable harm under Factor 1 may arise through wet surfaces and bathing movement in PAB1, unstable routes or transfers in PAM1, and positioning, food, drink, utensils, or observable swallowing-related conditions in PAF1.

Similarly, infection and contamination under Factor 7 may involve different pathways in the three Contexts.

Mobility Support, for example, may involve hands, wheelchairs, walkers, grab bars, gait belts, transfer boards, lifts, clothing, beds, chairs, and other contact surfaces.

The physical pathway changes.

The major quality-relevant dimension does not.

This supports the methodological separation between:

Context-specific Failure Modes

and

invariant Core Quality Factors.

9.8 Different Context-Specific Quality Outcome Criteria Within the Same Core

The same relationship appears at the Quality Outcome Criterion level.

The invariant Core Quality Indicator identifies what must remain observable.

The Context-Specific Quality Outcome Criterion states the expected condition or result appropriate to the declared Context.

Consequently, the same Indicator can require different Context-specific criteria without changing the Core.

For example, Mobility Support criteria under Factor 6 address continuity of movement-related information across Support Workers, family members, agencies, settings, and service arrangements, including protection against information loss or distortion during transfer.

Meal Support develops criteria around the particular information, positioning, food, drink, hygiene, equipment, and service conditions relevant to that object.

Bathing Support develops criteria appropriate to bathing activities and conditions.

This is precisely the function of Context-Specific Interpretation.

Variation at the criterion level allows the Core to remain invariant without becoming abstract or insensitive to the actual PCA Support Service Quality Object.

9.9 What the Existing Applications Do — and Do Not — Demonstrate

The three Context Guides provide meaningful practical support for the eight-Factor Core.

They demonstrate that the same eight Factors can be applied to three materially different PCA Support Service Quality Objects without changing the Factor set.

They also demonstrate that substantial Context-specific detail can be represented below the Factor level.

The Guides do not, however, establish permanent completeness of the PCA Core.

Three Contexts cannot demonstrate that every possible PCA Support Service Quality Object will always be fully represented by exactly eight Factors.

Nor does successful application prove that the present Factor boundaries can never be improved.

The appropriate conclusion is narrower.

The existing applications provide Evidence supporting the present stability and cross-Context usefulness of the eight-Factor Core.

They do not close the Core against future testing.

9.10 What Would Constitute a Factor-Level Core Gap

Cross-Context testing would indicate a possible Factor-level Core gap only where a recurring major quality-relevant dimension of Function Realization remains materially underrepresented after application of the existing Core and its Context-specific layers.

A new activity, hazard, technology, Interface, requirement, Failure Mode, Critical Service Condition, or Evidence need does not by itself establish such a gap.

The stronger indication would be recurrence across materially different PCA Service Contexts of a distinguishable major dimension that cannot be represented adequately through the existing Core. The formal test for a possible additional Core Quality Factor is stated in Section 10.13.

9.11 Interim Conclusion — Cross-Context Testing

The current PCA Context Guide family provides practical support for the eight-Factor Core.

Bathing Support, Mobility Support, and Meal Support differ materially in the conditions through which the PCA Support Service Quality Object realizes its Support Intended Functions and Support Intended Results.

Their Failure Modes, Critical Service Conditions, Context-Specific Quality Outcome Criteria, Evidence needs, Interfaces, and realization pathways therefore differ.

Yet the same eight Core Quality Factors remain applicable.

The principal variation occurs at the Context-specific level rather than through alteration of the Core.

This finding supports an important distinction:

invariance does not require identical Context-specific expression.

The Core remains invariant precisely because the same major quality-relevant dimensions can be interpreted through different Context-specific conditions.

The existing three Context Guides therefore support the present eight-Factor Core as a stable cross-Context methodological resolution.

They do not establish permanent completeness.

The next Section addresses the resulting central numerical question directly:

Why eight — and not fewer or more?

10. Why Eight — and Not Fewer or More

10.1 The Central Question

The preceding analysis supports several findings.

Each of the eight PCA Core Quality Factors preserves a distinguishable major quality-relevant dimension of Function Realization of the PCA Support Service Quality Object.

The Factors interact strongly, but interaction does not by itself establish redundancy.

Removal of an individual Factor produces a recognizable loss of determination visibility.

The three existing PCA Context Guides also show that materially different PCA Support Service Quality Objects can be interpreted through the same eight-Factor Core while allowing Context-specific variation at the level of Failure Modes, Critical Service Conditions, Context-Specific Quality Outcome Criteria, Evidence, Interfaces, and realization conditions.

The central question can therefore be addressed directly:

Why does the PCA Core resolve Support Service Quality through eight invariant Core Quality Factors?

And:

Why not fewer?

Why not more?

10.2 Eight Is a Methodological Resolution, Not a Numerically Predetermined Truth

The number eight should not be treated as a natural constant.

The PCA Support Service Quality Object does not contain a hidden mathematical rule requiring exactly eight Factors.

The number results from the methodological resolution selected for the PCA Core.

At a higher level of abstraction, several Factors could be grouped into broader categories.

At a smaller resolution, individual Factors could be divided into narrower subjects.

The relevant question is not whether either approach is possible.

The question is whether it would improve or weaken responsible Support Service Quality State determination.

The present eight-Factor Core occupies an intermediate level.

It is broad enough to remain invariant across materially different PCA Service Contexts.

At the same time, it is differentiated enough to preserve major quality-relevant distinctions that would become less visible if the Core were excessively consolidated.

10.3 Why Fewer Factors Could Appear Attractive

A smaller Core could appear simpler.

For example:

Protection from Foreseeable Harm;
Maintenance of Health and Bodily Integrity;
and

Control of Infection and Contamination Risks
could be grouped within one broad safety or health Factor.

Support for Daily-Life Functioning
and

Respect for Personhood and Autonomy
could be combined into a broad person-centered support Factor.

Timely Recognition and Escalation of Risk;
Continuity and Accuracy of Support-Relevant Information;
and

Practice and Judgment Within Functional Scope
could potentially be grouped into a broader support-process or worker-practice Factor.
Such consolidation would reduce the number of Factor headings.
It would not necessarily preserve the same determination capability.

10.4 The Cost of Excessive Consolidation

When distinguishable dimensions are merged, the resulting broader Factor may remain descriptively correct while becoming less useful for determination.

For example, a broad safety Factor might cover foreseeable harm, health stability, bodily integrity, and infection.

But it could become harder to determine whether the PCA Support Service Quality Object failed because:

foreseeable harm was insufficiently controlled;
health or bodily integrity deteriorated;
or

infection and contamination pathways were inadequately controlled.

Likewise, a broad person-centered Factor could include functioning, dignity, autonomy, participation, and choice.

But it could conceal the distinction between:

support that fails to enable daily-life functioning;
and

support that achieves a functional result while failing to respect choice, consent, dignity, or autonomy.
The Core therefore should not be compressed merely because several dimensions interact.

10.5 Why Safety, Bodily Integrity, Functioning, and Personhood Should Remain Distinguishable

Factors 1 through 4 illustrate the cost of excessive consolidation particularly clearly.

Protection from Foreseeable Harm asks whether foreseeable harmful conditions are appropriately identified and addressed.

Maintenance of Health and Bodily Integrity asks whether the support service maintains relevant health stability, comfort, and physical integrity.

Support for Daily-Life Functioning asks whether the support appropriately enables or maintains the person's functioning in daily life.

Respect for Personhood and Autonomy asks whether the service preserves dignity, privacy, choice, consent, participation, and autonomy.

These dimensions can affect one another.

They can also fail separately.

A support activity can be safe but functionally ineffective.

It can be functionally effective but unnecessarily restrictive.

It can respect the person's choices while inadequately protecting bodily integrity.

It can avoid an acute harmful event while contributing to gradual deterioration.

Combining these dimensions too broadly would therefore weaken the ability to determine how Function Realization succeeds or fails within the same PCA Support Service Quality Object.

10.6 Why Recognition and Escalation Should Not Be Absorbed Completely into Harm Prevention

Factor 5 is closely related to Factor 1.

Both concern risk.

The distinction lies in the determination function.

Factor 1 preserves visibility of foreseeable harm and whether it is appropriately addressed.

Factor 5 preserves the dynamic path through which changing or emerging conditions are:

- recognized;
- communicated;
- escalated where necessary;
- and

followed through within the applicable Functional Scope.

A condition may emerge during Support Work and may not have been fully visible before the service began.

The quality-relevant question then becomes whether the PCA Support Service Quality Object responds appropriately as the condition changes.

If Factor 5 were absorbed completely into general harm prevention, this time-dependent observation-to-response function could become less visible.

The separate Factor therefore remains justified.

10.7 Why Information Continuity Should Remain Separately Visible

Support-relevant information affects every Factor.

That broad relevance could suggest that Factor 6 should simply be distributed among the other seven Factors.

The problem is that information failure can itself occur before a visible failure appears elsewhere.

Relevant information may be:

- inaccurate;

outdated;
incomplete;
lost across an Interface;
delayed;
distorted;
unavailable;
or

inappropriately disclosed.

If Factor 6 disappeared, information could become visible only through its consequences under another Factor.

The Core would lose a direct determination question concerning the continuity and accuracy of information supporting Function Realization across the PCA Support Service Quality Object.

Its cross-cutting character therefore supports, rather than defeats, separate Core-level visibility.

10.8 Why Infection and Contamination Control Should Remain Separately Visible

Factor 7 could be absorbed into Factor 1 or Factor 2 because infection and contamination can cause foreseeable harm and affect health or bodily integrity.

That merger is possible at a more abstract level.

The present Core retains Factor 7 because infection and contamination represent a coherent family of pathways and control conditions that recur across PCA Service Contexts.

These may involve:

hands;
surfaces;
equipment;
food and drink;
water;
personal items;
waste;
clothing;
bodily contact;
or

other Context-specific transmission pathways.

The absence of an observed infection does not establish satisfactory infection and contamination control.

The Factor therefore preserves a determination function that would become less explicit if represented only as one form of general harm.

10.9 Why Functional Scope and Judgment Should Remain Separately Visible

Factor 8 also interacts with several other Factors.

Judgment affects harm control.

It affects recognition and escalation.

It affects the use of information.

It may affect functioning, bodily integrity, and autonomy.

Nevertheless, the PCA Support Service Quality Object requires a separate determination concerning whether Support Work and decisions remain within the applicable Support Role, Functional Scope, competence, and responsibility boundaries.

A favorable immediate result does not make action outside Functional Scope appropriate.

Likewise, staying within scope does not establish satisfactory performance under the other seven Factors.

Factor 8 therefore preserves a boundary-and-judgment question that cannot be reduced to the results of Support Work alone.

10.10 The Removal Test Supports the Need for Eight

The removal test provides the clearest practical reason not to reduce the present Factor count.

If Factor 1 is removed, general foreseeable-harm visibility is weakened.

If Factor 2 is removed, health and bodily-integrity visibility is weakened.

If Factor 3 is removed, daily-life functioning is weakened.

If Factor 4 is removed, personhood and autonomy are weakened.

If Factor 5 is removed, timely recognition and escalation of changing risk are weakened.

If Factor 6 is removed, continuity and accuracy of support-relevant information are weakened.

If Factor 7 is removed, infection and contamination control are weakened.

If Factor 8 is removed, practice and judgment within Functional Scope are weakened.

This does not mean that the remaining Factors become irrelevant to the removed subject.

It means that they do not preserve the same major determination question with equivalent visibility.

The present evidence therefore does not support reduction below eight.

10.11 Why More Factors Could Also Appear Attractive

The opposite pressure also exists.

PCA support services involve many important subjects.

One could propose separate Factors for:

- communication;
- consent;
- privacy;
- equipment;
- environment;
- emergency response;
- technology;
- documentation;
- care continuity;
- fatigue;
- pain;

- behavioral response;
- family interaction;
- clinical Interfaces;
- or

specific support activities.

Each may be important.

Importance alone does not establish Core-level status.

The central question remains whether the subject represents a separate major dimension of Function Realization or whether it can be represented responsibly within the existing Core at the Indicator, Context-specific, Failure-Mode, Critical Service Condition, Evidence, Interface, or Reference Layer level.

10.12 A New Support Activity, Population, Setting, or Risk Is Not Automatically a New Quality Factor

PCA Contexts can vary widely.

Future Context Guides may address additional activities such as:

- toileting;
- dressing and grooming;
- community participation;
- overnight support;
- medication assistance within Functional Scope;
- household support;
- shopping;
- or

other PCA contexts.

Populations and conditions may also differ substantially.

Technology may change.

Service arrangements may change.

New risks or external requirements may appear.

None of these developments automatically requires another Core Quality Factor.

If the new Context-specific detail can be represented through the existing eight Factors and their Indicators, the Core remains adequate at its present resolution.

The Core should not become a catalogue of support contexts.

10.13 Test for a Possible Additional Core Quality Factor

A possible ninth Factor should be considered only where a stronger case exists.

The proposed dimension should:

represent a major dimension of Function Realization of the PCA Support Service Quality Object;

- remain necessary for responsible Support Service Quality State determination;

- be distinguishable from all eight existing Factors;

- remain materially underrepresented after the complete existing Core is applied;

not be adequately addressed through a Core Quality Indicator, Context-Specific Quality Outcome Criterion, Failure Mode, Critical Service Condition, Evidence, Reference Layer provision, or Context Guide;

and

demonstrate sufficient invariance across materially different PCA Service Contexts.

A new Factor should therefore result from demonstrated Core-level insufficiency, not from the appearance of new detail.

10.14 Context-Specific Diversity Does Not Require More Core Quality Factors

The cross-Context analysis in Section 9 demonstrates that materially different Bathing, Mobility, and Meal Support conditions can be represented through the same eight-Factor Core.

Their diversity occurs principally through Context-Specific Interpretation rather than through creation of additional Core Quality Factors.

10.15 The Eight Factors Are Interrelated, Not Eight Independent Silos

The eight Factors are not independent compartments. They provide distinguishable determination views of Function Realization of the same PCA Support Service Quality Object.

A single condition may therefore affect several Factors simultaneously. As established in Section 7.4, such cross-Factor relevance represents interaction unless another Factor preserves the same determination function at the same Core-level resolution.

10.16 Support Service Non-Substitutability and Non-Compensability Support the Eight-Factor Core

Support Service Non-Substitutability and Non-Compensability further support separate Factor visibility because a material failure under one necessary dimension cannot automatically be offset by favorable performance under another.

Excessive consolidation could obscure such non-substitutable conditions during Quality Factor Interpretation.

10.17 The Eight-Factor Core Should Remain Testable

The eight-Factor Core should remain testable through future PCA Context Guides and bounded applications.

Repeated Evidence of a persistent gap, redundancy, or incorrectly drawn Factor boundary should be preserved for controlled review. The governance of Core stability and revision is addressed in Section 11.

10.18 Why the Present Answer Is Eight

The preceding tests converge on the same result.

The eight established dimensions satisfy the separate-Factor test; removal or excessive merger would reduce determination visibility; and the present Context Evidence does not identify a ninth major invariant dimension requiring Core-level treatment.

The number eight is therefore supported as the present methodological resolution of the PCA Core.

10.19 Direct Answer to the Title Question

Why eight invariant PCA Core Quality Factors?

Because responsible determination of Function Realization of the PCA Support Service Quality Object presently requires separate visibility of eight major dimensions:

foreseeable harm;

health and bodily integrity;

daily-life functioning;
personhood and autonomy;
timely recognition and escalation of risk;
continuity and accuracy of support-relevant information;
infection and contamination control;
and

practice and judgment within Functional Scope.

Fewer Factors would presently require consolidation that materially reduces important determination distinctions.

More Factors are not presently supported because the additional diversity identified through existing PCA applications can be represented at lower methodological resolution without creating another major Core-level dimension.

The present conclusion is therefore:

eight is the presently justified Core-level resolution of the PCA Core.

That conclusion supports stability of the Core.

It does not remove the need for continued testing or the possibility of controlled revision where future Evidence demonstrates that revision is necessary.

11. Stability and Revision of the Eight-Factor Core

11.1 Why the PCA Core Must Be Stable

The PCA Core is intended to provide an invariant basis for Support Service Quality State determination across different PCA Service Contexts.

That purpose requires stability.

If Core Quality Factors changed whenever a new support activity, Failure Mode, population, technology, organizational arrangement, or external requirement appeared, the Core would cease to function as a Core.

Context Guides would gradually become separate quality models rather than Context-Specific Interpretations of the same PCA1 framework.

Stability therefore allows different PCA Support Service Quality Objects to be examined through the same major quality-relevant dimensions while preserving Context-specific differences at the appropriate smaller resolution.

It also supports comparison across Service Contexts and over time.

Core stability is therefore a methodological requirement, not merely a document-control preference.

11.2 Stability Does Not Mean Rigidity

A stable Core should not be treated as permanently closed.

The purpose of stability is to prevent unnecessary or unsupported changes, not to prevent justified methodological development.

New PCA Context Guides may reveal:

- new Failure Modes;
- new Critical Service Conditions;

- new Evidence needs;
- new Interfaces;
- new technologies or equipment conditions;
- new Reference Layer requirements;
- or

new Context-Specific Quality Outcome Criteria.

Such findings normally develop the Context-specific application of the existing Core.

They do not automatically require revision of the Core.

A Core-level revision becomes relevant only when Evidence indicates that the existing Factor resolution itself may be insufficient, redundant, or incorrectly divided.

Stability and revision are therefore complementary.

Stability protects the invariant Core from unnecessary change.

Controlled revision protects the methodology from becoming fixed when sufficiently strong Evidence demonstrates a genuine Core-level problem.

11.3 Provisional Core-Revision Findings

A finding that may have implications for the PCA Core should first be preserved as a provisional Core-revision finding.

It should not immediately change PCA1.

This distinction is important because an apparent Core gap may initially arise from:

- one unusual Service Context;
- an incomplete Context-Specific Interpretation;
- insufficient Evidence;
- an unclear Boundary or Interface;
- a Reference Layer issue;
- a poorly formulated Context-Specific Quality Outcome Criterion;
- or

a Failure Mode that has not yet been appropriately placed within an existing Factor.

The finding should therefore be documented and tested before Core revision is considered.

A provisional Core-revision finding may concern, for example:

- a possible missing major quality-relevant dimension;
- possible redundancy between existing Factors;
- unclear separation between neighboring Factors;
- a recurring condition that does not fit adequately within the existing Factor structure;
- or

a possible problem with the present level of methodological resolution.

Preserving such findings allows the Core to remain stable while research continues.

11.4 Horizontal Comparison Before Revision

A possible Core-level issue should be tested horizontally across multiple PCA Service Contexts whenever practicable.

This is particularly important because the PCA Core is intended to be invariant.

A condition observed in only one Context may belong principally to that Context.

A condition that repeatedly appears across materially different Contexts may provide stronger Evidence of a Core-level issue.

The existing Bathing Support, Mobility Support, and Meal Support Context Guides provide an initial basis for such horizontal comparison.

Future PCA Context Guides can broaden that basis.

Horizontal comparison should examine whether the same issue:

- recurs across different PCA Support Service Quality Objects;
- affects Function Realization in a comparable way;
- cannot be adequately represented through the existing Factors and Indicators;
- and

remains sufficiently invariant to justify Core-level treatment.

Core revision should therefore follow comparative Evidence rather than isolated Context-specific pressure.

11.5 Cross-Factor Concepts Should Not Automatically Become Core Quality Factors

Some quality-relevant concepts may operate across several or all eight Factors.

Their cross-cutting importance does not automatically justify creating another Core Quality Factor.

For example, Evidence, Uncertainty, Boundaries, Interfaces, Service Period, Reference Layer conditions, and Function Realization may affect interpretation across the complete Core.

These concepts perform methodological functions different from those of the Core Quality Factors.

Likewise, communication, technology, environmental conditions, equipment, or coordination may affect several Factors without necessarily constituting independent major dimensions of Function Realization.

Creating a Factor merely because a concept appears repeatedly would confuse recurrence with Factor-level necessity.

A cross-Factor concept should become a proposed Core Quality Factor only if it satisfies the same separate-Factor test applied to the existing eight Factors.

11.6 Revision Must Preserve Factor Meaning

If revision becomes justified, it should preserve clarity concerning what each Core Quality Factor is intended to make visible.

A revision should not merely change terminology while leaving the determination function uncertain.

Nor should a Factor gradually accumulate unrelated subjects until its original quality-relevant dimension becomes unclear.

Any proposed revision should therefore identify:

- the Function Realization issue being addressed;
- the relevant Failure Modes or Failure-Mode Families;
- the determination function affected;

- the relationship to existing Factors;
- the reason existing Core representation is insufficient;
- and

the expected improvement in Support Service Quality State determination.

This preserves continuity between Factor derivation and Factor use.

11.7 Revision Must Preserve the Core Level of Resolution

Core revision should remain at the Core level.

A Context-specific problem should not be solved by inserting Context-specific detail into the invariant Factor structure.

Before proposing another Factor, the analysis should determine whether the issue can be addressed adequately through:

- an existing Core Quality Factor;
- an existing Core Quality Indicator;
- Context-Specific Interpretation;
- a Context-Specific Quality Outcome Criterion;
- a Failure Mode;
- a Critical Service Condition;
- Evidence;
- an Interface;
- or

the Reference Layer.

Only where these existing levels are insufficient should a Core-level change be considered.

This protects the distinction between invariant Core content and Context-specific application.

11.8 Evidence Required for Revision

Revision of the eight-Factor Core should require Evidence proportionate to the significance of changing an invariant methodological structure.

A proposed change should therefore be supported by more than preference for different terminology or a different grouping.

Relevant Evidence may include:

- repeated findings from PCA Context Guide development;
- horizontal comparison across materially different Service Contexts;
- recurrent inability to represent a major dimension of Function Realization through the existing Core;
- repeated ambiguity that materially affects Support Service Quality State determination;
- demonstrated redundancy between Factors;
- or

new methodological findings showing that the present resolution no longer provides an adequate determination basis.

The stronger and more invariant the finding, the stronger the case for Core revision.

11.9 Stability Supports Comparison Across Time and Contexts

A stable Core allows PCA Support Service Quality Objects to differ while remaining examinable through the same major quality-relevant dimensions.

This supports comparison across:

- different Service Contexts;
- different Support Service Arrangements;
- different Service Periods;
- and

successive determinations of the same or comparable PCA Support Service Quality Objects.

Such comparison does not require identical Context-Specific Quality Outcome Criteria or identical Evidence.

Those may appropriately differ.

The invariant element is the Core-level determination structure.

Unnecessary changes to that structure would weaken continuity of interpretation and make horizontal and longitudinal comparison more difficult.

Stability therefore has practical as well as methodological value.

11.10 Controlled Revision Principle

The present eight-Factor PCA Core should remain stable while application continues to test it.

New Context-specific findings should first be represented at the appropriate methodological level.

Possible Core-level issues should be preserved as provisional Core-revision findings.

Those findings should then be tested through additional application and, where possible, horizontal comparison across different PCA Support Service Quality Objects.

Revision should occur only where the accumulated Evidence demonstrates that the existing Core:

- omits a necessary major quality-relevant dimension;
- contains a materially redundant Factor;
- draws an important Factor boundary incorrectly;
- or

otherwise provides an insufficient Core-level resolution for responsible Support Service Quality State determination.

The governing principle is therefore:

Core stability unless Evidence justifies controlled revision.

This principle preserves both requirements of the PCA methodology:

- an invariant Core capable of supporting consistent determination across PCA Service Contexts;
- and

an open research pathway through which the Core can develop when sufficiently supported Evidence demonstrates that development is necessary.

12. Conclusions

12.1 The Question Addressed

This paper examined why the Personal Care Aide Whole Quality Standard — Core (PCA1) resolves the major quality-relevant dimensions of the PCA Support Service Quality Object through eight invariant Core Quality Factors.

The analysis did not begin with the assumption that eight must be the correct number.

It began with the PCA Support Service Quality Object, its Support Intended Functions and Support Intended Results, Function Realization, Support Service Realization Pathways, and the principal Failure-Mode Families.

The central question was whether the eight Factors provide an appropriate Core-level resolution for responsible Support Service Quality State determination.

12.2 What the Analysis Supports

The analysis supports the present separation of the PCA Core into eight major quality-relevant dimensions:

- Factor 1 — Protection from Foreseeable Harm;
- Factor 2 — Maintenance of Health and Bodily Integrity;
- Factor 3 — Support for Daily-Life Functioning;
- Factor 4 — Respect for Personhood and Autonomy;
- Factor 5 — Timely Recognition and Escalation of Risk;
- Factor 6 — Continuity and Accuracy of Support-Relevant Information;
- Factor 7 — Control of Infection and Contamination Risks;
- and

Factor 8 — Practice and Judgment Within Functional Scope.

Each Factor preserves a distinguishable determination function concerning Function Realization of the same PCA Support Service Quality Object.

The Factors interact, and the same condition may be relevant to several Factors.

That interaction does not make them redundant.

The removal and merger tests indicate that reducing the present Factor set would make one or more major quality-relevant dimensions materially less visible.

The analysis also does not presently identify another major invariant dimension that requires recognition as an additional Core Quality Factor.

12.3 Practical Support from the Three Context Guides

The existing PCA Context Guides provide practical support for the present eight-Factor Core.

PAB1, PAM1, and PAF1 apply the same eight Core Quality Factors and thirty-two Core Quality Indicators to Bathing Support, Mobility Support, and Meal Support while resolving their material differences through Context-Specific Interpretation.

These applications provide current Evidence that the eight major quality-relevant dimensions remain meaningful across materially different PCA Service Contexts.

12.4 Why Not Fewer or More?

Fewer Factors would require consolidation of dimensions that the preceding analysis shows to be distinguishable and necessary for determination. Such consolidation would reduce Core-level visibility.

More Factors are not presently justified because the additional diversity identified through existing PCA applications can be represented through the existing Factors, Indicators, Context-Specific Quality Outcome Criteria, Failure Modes, Critical Service Conditions, Evidence, the Reference Layer, and Context-Specific Interpretation.

The present analysis therefore supports eight as the current Core methodological resolution.

12.5 Scope of the Present Justification

The present justification is bounded by the available methodology and current PCA Context Guide applications.

It supports the present eight-Factor Core but does not establish eight as permanently fixed or universally predetermined.

Future application may strengthen this conclusion or identify a provisional Core-revision finding. Any revision should follow the controlled process described in Section 11.

12.6 Final Proposition

The present justification supports the following proposition:

The eight invariant PCA Core Quality Factors constitute the presently justified Core-level resolution for determining Function Realization of the PCA Support Service Quality Object.

They are justified not by their number alone, but because together they preserve eight necessary and distinguishable major quality-relevant dimensions:

- protection from foreseeable harm;
- maintenance of health and bodily integrity;
- support for daily-life functioning;
- respect for personhood and autonomy;
- timely recognition and escalation of risk;
- continuity and accuracy of support-relevant information;
- control of infection and contamination risks;
- and

practice and judgment within Functional Scope.

No Factor can presently be removed or fully merged with another without material loss of determination visibility.

The existing PCA Context Guide applications do not presently demonstrate the need for an additional Core Quality Factor.

The eight-Factor Core should therefore remain stable while continuing to be tested through additional PCA Support Service Quality Objects and Context Guides.

Where future Evidence identifies a recurring major quality-relevant dimension that cannot be represented adequately within the existing Core, that finding should be preserved and examined through controlled Core-revision research rather than introduced silently through Context-Specific Interpretation.

Accordingly, the present answer to the question underlying this paper is:

Eight — because, at the present methodological resolution, eight distinguishable major quality-relevant dimensions are required to preserve responsible visibility of Function Realization of the declared PCA Support Service Quality Object as a coherent whole.

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