



PCA Context Guide — Bathing Support (PCB1)

(Informative — PCA Quality Service Standard)

Abstract

This Context Guide illustrates how the **PCA Quality Service Standard — Core** applies to **Bathing Support** for **Personal Care Aides (SOC 31-1122)**. It explains how the Core's invariant **Quality Factors, Indicators, and Quality Outcome Criteria** are expressed and evidenced in bathing and personal hygiene assistance contexts, without introducing new requirements. The guide is **informative, task-anchored**, and **diagnosis-neutral**, and it is intended to be used together with the Core Standard and PCA Foundational Guidance. Illustrative annexes demonstrate how the same quality principles may be expressed under selected functional conditions, including **normal aging** and **Parkinson's disease**, with health conditions referenced only as **indexing examples** rather than drivers of guidance.

Keywords: Bathing support; Personal Care Aide; SOC 31-1122; quality factors; functional limitations; dignity; risk awareness.

CG-B.1 Purpose and Scope

This Context Guide illustrates how the **PCA Quality Service Standard — Core** applies to **Bathing Support**. It is an **informative**, task-anchored document intended to support interpretation and application of the Core in bathing and personal hygiene assistance contexts.

This Context Guide applies to **Personal Care Aides (SOC 31-1122)** and covers common forms of assistance related to personal bathing and hygiene activities,

including physical assistance, prompting, sequencing support, and safety monitoring, as appropriate to the PCA role and care context.

This Context Guide is not clinical or medical guidance, is not diagnosis-specific, and does not replace training, licensure requirements, clinical direction, or individualized plans of care.

CG-B.2 Position within the Document Set

CG-B.2A Relationship to the PCA Core Standard (PCS1)

The **PCA Quality Service Standard — Core** is the sole **normative** document in the PCA document set. This **PCA Context Guide — Bathing Support (CG-B)** is **informative** and is intended to support interpretation and application of the Core Standard in bathing support contexts. This Context Guide does not introduce requirements and does not modify the Core Standard.

Quality is defined in the Core Standard through invariant **Quality Factors, Indicators,** and **Quality Outcome Criteria** that apply across all PCA services. This Context Guide illustrates how those quality concepts are expressed and evidenced in the specific task context of bathing support.

CG-B.2B Relationship to the Context Guides Framework (PFS1)

This Context Guide is governed by the **PCA Context Guides Framework — Structure, Use, and Boundaries (PFS1)**. The Framework establishes how Context Guides are structured, how **task context** and **functional limitation context** are treated, and how disability-related variation is addressed without creating diagnosis-based guidance.

This Bathing Support Context Guide remains **task-anchored** and **diagnosis-neutral**. Disability-related variation is addressed through **illustrative annexes** and, where applicable, through cross-cutting functional limitation material developed in accordance with PFS1, rather than through condition-specific guidance in the main body of this document.

CG-B.2C Relationship to Other PCA Documents

This Context Guide is intended to be used together with the **PCA Foundational Guidance**, which provides cross-cutting principles, risk awareness, and role boundaries applicable across PCA services. Where agency task-coding or electronic visit verification (EVV) systems are used, the **PCA Coding Context Guide** supports traceability between recorded activities and the PCA Core Standard.

PCC1 is an illustrative example document that demonstrates how context guides and coding context relate to the Core Standard. PCC1 does not replace this Context Guide and does not define task-specific bathing guidance.

CG-B.3 Task Context: Bathing Support

Bathing support refers to assistance provided to enable an individual to complete personal bathing and hygiene activities in a manner that is safe, respectful, and appropriate to the individual's needs and preferences. Within the scope of Personal Care Assistance, bathing support may include preparation for bathing, physical assistance with movement or positioning, prompting or sequencing of steps, monitoring for safety, and support following completion of the activity.

Bathing support is a **high-risk and dignity-sensitive task context**. It involves close physical proximity, exposure, and interaction with environmental conditions such as water, surfaces, temperature, and equipment. The level and form of assistance required may vary significantly between individuals and may change from one bathing episode to another based on fatigue, environmental factors, or changes in functional presentation.

This Context Guide addresses bathing support as a **task context**, not as a clinical intervention. Personal Care Aides provide assistance in accordance with their defined role and supervision structures. They do not diagnose conditions, prescribe treatments, or make clinical determinations. Quality bathing support is achieved through appropriate judgment, awareness, and ethical assistance within these role boundaries.

CG-B.4 Key Risks and Failure Modes in Bathing Support

Bathing support presents a set of inherent risks that require active management to achieve quality outcomes. Common bathing-related risks include, but are not limited to, slips and falls, thermal injury, skin injury, fatigue-related instability, and breaches of privacy or dignity. These risks may be influenced by environmental conditions, equipment, timing, and the individual's functional presentation at the time of bathing.

Quality failures in bathing support often arise not from isolated events, but from **breakdowns in awareness, communication, or judgment**. Examples include failure to anticipate changing conditions, inadequate attention to environmental hazards, misalignment between assistance provided and the individual's current capacity, or insufficient response to expressed discomfort or distress.

Bathing support occurs under dynamic conditions. Functional presentation, energy level, and environmental factors may change during the activity, requiring the PCA to reassess and adapt support while maintaining role boundaries and ethical standards. Quality is demonstrated when support remains responsive to real-time conditions, and when concerns are communicated through appropriate channels rather than ignored or managed outside scope.

CG-B.5 Application of PCA Quality Factors and Indicators to Bathing Support

Bathing support is a routine but **high-risk, dignity-sensitive** activity in Personal Care Assistance. The PCA Quality Service Standard — Core defines quality through invariant Quality Factors and Indicators that apply across all PCA services. This section explains how those Quality Factors are **expressed, evidenced, and managed** specifically in the context of bathing support.

The application of each Quality Factor to bathing support does not introduce new requirements. Rather, it illustrates how the Core quality concepts are interpreted in a bathing context, where physical assistance, environmental conditions, communication, and privacy converge.

CG-B.5.1 Quality Factor 1 — Role Awareness & Limits

Quality bathing support depends on clear understanding of the **Personal Care Aide's role boundaries**. In the bathing context, this includes awareness of what assistance is appropriate, what requires supervision or escalation, and what falls outside the PCA scope.

Indicators under this factor are evidenced when the PCA:

- understands bathing support as assistance rather than control or treatment,
- follows established plans of care and supervision structures,
- recognizes situations that require reporting or escalation rather than independent action.

Failures under this factor in bathing contexts often arise when role boundaries blur due to urgency, discomfort, or environmental pressure. Quality is demonstrated through consistent adherence to defined role limits even under time or situational stress.

CG-B.5.2 Quality Factor 2 — Risk Awareness in Daily Support

Bathing presents inherent and dynamic risks, including slips, falls, thermal injury, skin damage, and sudden changes in physical or cognitive state. Quality bathing support requires **active risk awareness**, not rote task completion.

Indicators under this factor are evidenced when the PCA:

- anticipates bathing-specific hazards based on environment, timing, and individual condition,
- adjusts support in response to changing conditions (e.g., fatigue, water temperature, balance),
- maintains situational awareness throughout the activity, not only at initiation.

Risk awareness in bathing is continuous and context-dependent. Quality failures occur when risks are treated as static or assumed rather than actively monitored.

CG-B.5.3 Quality Factor 3 — Understanding the Body in Caregiving Contexts

Bathing support requires basic, non-clinical understanding of the human body as it relates to movement, balance, skin integrity, temperature tolerance, and fatigue. This factor does not require medical knowledge but does require **functional body awareness**.

Indicators under this factor are evidenced when the PCA:

- recognizes physical cues such as instability, discomfort, or distress,
- understands how bathing positions and movements affect safety and comfort,
- adapts assistance to observed physical responses without making clinical judgments.

Quality is demonstrated through responsive support that reflects awareness of bodily vulnerability during bathing activities.

CG-B.5.4 Quality Factor 4 — Clean Technique & Hygiene Awareness

Bathing support involves hygiene practices that affect both the individual receiving care and the caregiver. Quality under this factor is not defined by specific procedures but by **awareness and consistency** in maintaining cleanliness and preventing avoidable contamination.

Indicators under this factor are evidenced when the PCA:

- applies basic hygiene principles appropriately to the bathing context,
- maintains cleanliness of hands, equipment, and surfaces as required,
- avoids practices that increase infection or skin-integrity risk.

Quality failures occur when hygiene awareness is treated as incidental rather than integral to bathing support.

CG-B.5.5 Quality Factor 5 — Principles of Assisting Daily Activities

Bathing is a deeply personal activity that intersects with autonomy, dignity, and self-identity. Quality bathing support reflects **assistance principles**, not task dominance.

Indicators under this factor are evidenced when the PCA:

- supports participation to the greatest extent possible,
- respects pacing, sequencing, and preferences,
- avoids unnecessary substitution of assistance for capability.

Quality is demonstrated when bathing support enables the individual's involvement rather than merely completing the task efficiently.

CG-B.5.6 Quality Factor 6 — Ethics of Personal Care

Bathing support raises heightened ethical considerations due to exposure, vulnerability, and intimacy. Quality under this factor is expressed through **respectful, consent-aware, and culturally sensitive support**.

Indicators under this factor are evidenced when the PCA:

- preserves privacy and dignity throughout bathing activities,
- seeks and respects consent and preferences,
- responds appropriately to discomfort, refusal, or distress.

Ethical quality failures in bathing contexts often result in harm even when physical safety is maintained. Ethical awareness is therefore central to quality bathing support.

CG-B.5.7 Quality Factor 7 — Recognizing and Reporting Change

Bathing often reveals changes in physical condition, skin integrity, mobility, or behavior that may not be apparent in other activities. Quality bathing support includes **observation and communication**, not diagnosis.

Indicators under this factor are evidenced when the PCA:

- notices deviations from usual condition during bathing,
- distinguishes routine variation from concerning change,
- reports observations through appropriate channels.

Quality is demonstrated when bathing support contributes to early recognition of change without exceeding role boundaries.

CG-B.5.8 Quality Factor 8 — Understanding Care Contexts

Bathing support occurs within broader care contexts that influence how quality is achieved, including home environment, staffing model, scheduling constraints, and available equipment.

Indicators under this factor are evidenced when the PCA:

- adapts bathing support to environmental and programmatic realities,
- recognizes how context affects risk and support needs,
- maintains quality despite contextual constraints.

This factor reinforces that quality is not solely an individual attribute but an interaction between task, person, and environment.

Summary

Across all Quality Factors, bathing support illustrates how **quality emerges through judgment, awareness, and ethical assistance**, rather than through fixed procedures. The Quality Factors and Indicators defined in the PCA Core Standard remain invariant; this section demonstrates their integrated application in a bathing context.

Functional limitations and condition-related variation are addressed separately through annexes, consistent with the PCA Context Guides Framework (PFS1).

CG-B.6 Context-Specific Quality Outcome Criteria — Bathing Support

The PCA Quality Service Standard — Core defines quality through Quality Factors, Indicators, and Quality Outcome Criteria that are invariant across contexts. In bathing support, these outcome criteria are expressed through **observable results of support**, rather than through prescribed techniques or procedures.

Quality outcomes in bathing support are achieved when assistance enables safe, respectful, and appropriate participation in bathing activities, consistent with the individual's needs, preferences, and context.

CG-B.6.1 Safety and Risk Control Outcomes

Quality bathing support results in outcomes where:

- Bathing activities are completed **without avoidable harm**, including slips, falls, thermal injury, or skin damage.
- Risks are **identified and managed proactively**, not only after an incident occurs.
- Support adapts to changing conditions during bathing, including fatigue, balance changes, or environmental factors.

These outcomes are demonstrated through effective anticipation and management of risk rather than the absence of all risk.

CG-B.6.2 Dignity, Privacy, and Ethical Outcomes

Quality bathing support results in outcomes where:

- Personal dignity and privacy are **consistently preserved** throughout the bathing process.
- Consent and personal preferences are respected, including cultural and individual norms.

- The individual experiences bathing as supportive rather than intrusive or coercive.

Ethical outcomes are central to quality bathing support and are evaluated independently of physical safety outcomes.

CG-B.6.3 Participation and Autonomy Outcomes

Quality bathing support results in outcomes where:

- The individual is supported to participate in bathing activities to the greatest extent possible.
- Assistance is **proportionate**, enabling independence rather than substituting unnecessarily.
- Pacing and sequencing of bathing reflect the individual's capabilities and comfort.

Participation outcomes recognize that autonomy may vary by day and circumstance and should be supported accordingly.

CG-B.6.4 Cleanliness and Hygiene Outcomes

Quality bathing support results in outcomes where:

- Personal hygiene needs are adequately met.
- Hygiene-related risks to the individual and caregiver are minimized through appropriate awareness and practice.
- Skin integrity is supported and monitored during bathing activities.

These outcomes focus on effectiveness and safety rather than specific methods or products.

CG-B.6.5 Communication and Reporting Outcomes

Quality bathing support results in outcomes where:

- Observations made during bathing are appropriately communicated through established channels.
- Changes in condition identified during bathing are **recognized and reported** in a timely manner.

- Documentation, where required, reflects observed conditions and support provided without exaggeration or omission.

Communication outcomes support continuity of care without expanding the PCA's role into clinical judgment.

CG-B.6.6 Consistency Across Care Contexts

Quality bathing support results in outcomes where:

- Support remains consistent with quality principles across different environments and service models.
- Contextual constraints (such as time, staffing, or equipment) are managed without compromising core quality outcomes.
- The PCA adapts support to context while maintaining adherence to role boundaries and ethical principles.

These outcomes emphasize that quality is sustained through judgment and adaptation, not rigid uniformity.

Summary

Context-specific quality outcomes for bathing support are achieved when bathing assistance is **safe, dignified, participatory, hygienic, and responsive to change**, regardless of individual condition or setting. The outcomes described in this section are intentionally broad to accommodate functional variation without redefining quality.

Illustrative examples of how these outcomes may be expressed under different functional limitations are provided in the annexes to this Context Guide, consistent with the PCA Context Guides Framework (PFS1).

CG-B.7 Use of Annexes and Functional Limitation Examples

Annexes to this Context Guide are provided to **illustrate how the bathing support quality principles described in the main body may be expressed under different functional conditions**. Annexes are **informative and non-normative** and do not introduce requirements or modify the PCA Quality Service Standard — Core.

Consistent with the **PCA Context Guides Framework — Structure, Use, and Boundaries (PFS1)**, annexes are used to demonstrate functional limitation variation **without redefining bathing support, quality expectations, or role boundaries**. Health conditions may be referenced within annexes solely as **illustrative indexing examples**, to show how functional limitations may arise, and not as drivers of guidance.

This Context Guide includes the following illustrative annexes:

- **Annex A — Bathing Support: Functional Variation in Normal Aging** (*illustrative*)
- **Annex B — Bathing Support: Functional Variation in Parkinson’s Disease** (*illustrative*)

Annexes are intended to be read **together with the main body** of this Context Guide. They support interpretation and understanding but do not stand alone and must not be used independently of the Core Standard or this Context Guide.

CG-B.8 Key Takeaways

Bathing support is a **high-risk, high-dignity activity** within Personal Care Assistance. Quality bathing support is defined not by procedures or diagnoses, but by **how assistance is provided** in relation to safety, dignity, participation, and responsiveness to change.

The PCA Quality Service Standard — Core defines quality through invariant Quality Factors, Indicators, and Outcome Criteria. This Context Guide demonstrates how those quality principles are applied in the specific task context of bathing support, while remaining **task-anchored and diagnosis-neutral**.

Functional variation is expected across individuals and over time. Such variation is addressed through quality-based judgment and, where helpful, through illustrative annexes—**not by redefining quality or creating condition-specific standards**.

Annex A

Bathing Support: Functional Variation in Normal Aging

A.1 Purpose and Status of This Annex

This annex provides **illustrative examples** of how the quality principles described in the main body of this Context Guide may be expressed when bathing support is provided to **older adults experiencing typical age-related functional changes**.

This annex is **informative and non-normative**. It does not introduce requirements, redefine bathing support, or modify the PCA Quality Service Standard — Core. It is intended to support understanding of how quality outcomes may be achieved under common functional conditions associated with aging.

References to aging in this annex are used **only as contextual examples**. Guidance remains anchored to **functional limitations**, not age itself.

A.2 Typical Functional Changes Relevant to Bathing in Normal Aging

Older adults may experience gradual functional changes that affect bathing support, including but not limited to:

- reduced balance or postural stability,
- decreased strength or endurance,
- slower movement and reaction time,
- increased skin fragility or sensitivity,
- changes in temperature tolerance,
- fatigue or variability in daily functioning.

These changes may be present to varying degrees and may fluctuate over time. Quality bathing support responds to **observed function**, not assumed limitations.

A.3 Application of Quality Factors in the Context of Normal Aging

This section illustrates how the Quality Factors described in CG-B.5 may be expressed when bathing support is provided to older adults with typical age-related functional changes.

A.3.1 Quality Factor 1 — Role Awareness & Limits

In bathing support for older adults, quality is demonstrated when the PCA:

- maintains clear role boundaries while providing assistance adjusted to observed need,
- follows established plans of care and supervision requirements,
- recognizes when changes observed during bathing should be reported rather than managed independently.

Quality failures may occur when increased assistance needs lead to role substitution or unreported escalation.

A.3.2 Quality Factor 2 — Risk Awareness in Daily Support

Age-related changes may increase bathing risks, particularly related to balance, fatigue, and temperature sensitivity.

Quality is demonstrated when the PCA:

- anticipates increased fall or fatigue risk during bathing,
- adjusts pacing and assistance in response to observed stability or endurance,
- remains alert to changing conditions throughout the activity.

Risk awareness reflects ongoing judgment rather than fixed assumptions about age.

A.3.3 Quality Factor 3 — Understanding the Body in Caregiving Contexts

In the context of aging, quality bathing support reflects awareness of:

- slower or more effortful movement,
- increased vulnerability to strain or discomfort,
- sensitivity to positioning and transitions.

Quality is demonstrated when assistance adapts to physical responses without clinical interpretation or diagnosis.

A.3.4 Quality Factor 4 — Clean Technique & Hygiene Awareness

Older adults may have increased vulnerability related to skin integrity and infection risk.

Quality is demonstrated when the PCA:

- maintains appropriate hygiene awareness throughout bathing,
 - avoids practices that could contribute to skin injury or irritation,
 - supports cleanliness without excessive or unnecessary intervention.
-

A.3.5 Quality Factor 5 — Principles of Assisting Daily Activities

Quality bathing support for older adults emphasizes:

- supporting participation rather than replacing ability,
- respecting established routines and preferences,
- allowing sufficient time for safe and comfortable completion.

Assistance is proportionate and responsive, recognizing that independence may vary day to day.

A.3.6 Quality Factor 6 — Ethics of Personal Care

Bathing support for older adults often carries heightened sensitivity related to privacy, dignity, and identity.

Quality is demonstrated when the PCA:

- consistently preserves privacy and modesty,
- respects preferences shaped by personal history and culture,
- responds appropriately to discomfort, refusal, or emotional distress.

Ethical quality remains central regardless of physical capability.

A.3.7 Quality Factor 7 — Recognizing and Reporting Change

Bathing may reveal changes such as:

- increased difficulty with balance or transfers,
- skin changes or bruising,
- unusual fatigue or discomfort.

Quality is demonstrated when such observations are **recognized and reported** appropriately, without speculation or diagnosis.

A.3.8 Quality Factor 8 — Understanding Care Contexts

Bathing support for older adults occurs within varied contexts, including home layout, available equipment, and service schedules.

Quality is demonstrated when the PCA:

- adapts bathing support to environmental constraints,
 - maintains quality principles despite time or resource limitations,
 - recognizes when contextual factors increase risk.
-

A.4 Context-Specific Quality Outcome Illustration

When quality bathing support is achieved for older adults experiencing typical age-related functional changes, outcomes commonly include:

- bathing completed safely with risks actively managed,
- dignity and privacy consistently preserved,
- participation supported to the greatest feasible extent,
- hygiene needs met without avoidable skin or safety issues,
- changes observed and communicated appropriately.

These outcomes reflect **quality of support**, not the absence of functional limitation.

A.5 Relationship to Other Annexes

This annex illustrates functional variation associated with normal aging. Other annexes may illustrate different functional patterns (e.g., neurological conditions) while applying the **same quality principles and outcome criteria** described in the main body of this Context Guide.

A.6 Annex Summary

This annex demonstrates how bathing support quality is expressed when common age-related functional changes are present. It reinforces that quality is defined by **how support is provided**, not by age, diagnosis, or service category.

Annex B

Bathing Support: Functional Variation in Parkinson's Disease

(Illustrative — Non-Normative)

B.1 Purpose and Status of This Annex

This annex provides **illustrative examples** of how the quality principles described in the main body of this Context Guide may be expressed when bathing support is provided to individuals experiencing **functional limitations commonly associated with Parkinson's disease**.

This annex is **informative and non-normative**. It does not introduce requirements, redefine bathing support, or modify the PCA Quality Service Standard — Core. It is intended solely to demonstrate how functional limitation variation may be addressed within the quality framework established by the Core Standard and this Context Guide.

Parkinson's disease is referenced in this annex **only as an indexing example** to illustrate how certain functional limitations may arise. Bathing support is guided by **observed function and context**, not by diagnosis.

B.2 Functional Limitations Relevant to Bathing Support

Individuals with Parkinson's disease may experience functional limitations that affect bathing support, including but not limited to:

- impaired balance and postural instability,
- slowed movement or difficulty initiating movement,
- rigidity or reduced range of motion,
- tremor affecting coordination,
- fatigue or fluctuating energy levels,

- changes in attention, sequencing, or dual-tasking ability.

The presence, severity, and fluctuation of these limitations vary significantly between individuals and over time. Quality bathing support responds to **current functional presentation**, not assumed progression.

B.3 Application of Quality Factors in the Context of Parkinson's Disease

This section illustrates how the Quality Factors described in CG-B.5 may be expressed when bathing support is provided to individuals with functional limitations commonly associated with Parkinson's disease.

B.3.1 Quality Factor 1 — Role Awareness & Limits

In bathing support involving Parkinson's-related functional limitations, quality is demonstrated when the PCA:

- maintains clear role boundaries despite increased assistance needs,
- follows established plans of care and supervision requirements,
- recognizes when changes observed during bathing require reporting or escalation rather than adaptation beyond role limits.

Quality failures may occur when functional fluctuation leads to unsanctioned role expansion or unreported risk.

B.3.2 Quality Factor 2 — Risk Awareness in Daily Support

Functional limitations associated with Parkinson's disease may increase bathing risks related to balance, freezing of movement, or fatigue.

Quality is demonstrated when the PCA:

- anticipates instability or movement hesitation during bathing,
- adjusts pacing and assistance in response to moment-to-moment function,
- maintains continuous situational awareness rather than relying on prior performance.

Risk awareness is dynamic and responsive, not diagnosis-based.

B.3.3 Quality Factor 3 — Understanding the Body in Caregiving Contexts

Bathing support in this context benefits from awareness of how rigidity, slowed movement, or tremor may affect transfers, positioning, and endurance.

Quality is demonstrated when the PCA:

- recognizes physical cues indicating increased effort or instability,
- adapts assistance to support safe movement and positioning,
- avoids clinical interpretation or diagnostic conclusions.

Understanding is functional and observational, not medical.

B.3.4 Quality Factor 4 — Clean Technique & Hygiene Awareness

Functional limitations such as tremor or rigidity may affect bathing movements and hygiene effectiveness.

Quality is demonstrated when the PCA:

- maintains hygiene awareness while adapting support to functional variability,
 - avoids practices that increase skin injury or contamination risk,
 - supports cleanliness without introducing unnecessary complexity.
-

B.3.5 Quality Factor 5 — Principles of Assisting Daily Activities

Quality bathing support in this context emphasizes:

- supporting participation despite slowed or effortful movement,
- allowing sufficient time for task initiation and completion,
- adjusting sequencing to accommodate functional variability.

Assistance remains proportionate and responsive, avoiding unnecessary substitution for capability.

B.3.6 Quality Factor 6 — Ethics of Personal Care

Functional limitations associated with Parkinson's disease may increase vulnerability during bathing.

Quality is demonstrated when the PCA:

- preserves dignity and privacy regardless of assistance level,
- responds respectfully to frustration, hesitation, or distress,
- supports autonomy even when tasks require additional time or effort.

Ethical quality is maintained independent of physical performance.

B.3.7 Quality Factor 7 — Recognizing and Reporting Change

Bathing may reveal changes such as:

- increased freezing or instability,
- new difficulty initiating movement,
- changes in endurance or attention.

Quality is demonstrated when such observations are **recognized and communicated** appropriately, without speculation or diagnosis.

B.3.8 Quality Factor 8 — Understanding Care Contexts

Bathing support for individuals with Parkinson's disease occurs within care contexts that may influence timing, staffing, or environment.

Quality is demonstrated when the PCA:

- adapts bathing support to contextual constraints,
 - recognizes when context amplifies functional risk,
 - maintains quality principles despite environmental or scheduling challenges.
-

B.4 Context-Specific Quality Outcome Illustration

When quality bathing support is achieved for individuals experiencing functional limitations commonly associated with Parkinson's disease, outcomes commonly include:

- bathing completed with risks actively anticipated and managed,
- dignity and privacy consistently preserved,
- participation supported despite functional fluctuation,
- hygiene needs met without avoidable injury or distress,
- observed changes appropriately communicated.

These outcomes reflect quality of support rather than stability of function.

B.5 Relationship to Other Annexes

This annex illustrates functional variation associated with Parkinson's disease. Other annexes may illustrate different functional patterns while applying the **same quality principles and outcome criteria** defined in the main body of this Context Guide.

B.6 Annex Summary

This annex demonstrates how bathing support quality is expressed when functional limitations commonly associated with Parkinson's disease are present. It reinforces that quality is determined by **judgment, awareness, and ethical assistance**, not by diagnosis or condition labels.

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