

Activities Critical Element Pathway

Use this pathway if there are activity concerns for a resident to determine if the facility is meeting the resident's activity needs.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C - Cognitive Patterns, F – Preferences for Customary Routine and Activities, and G – Functional Status.
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., activity plan in the facility and community, continuation of life roles consistent with preferences and functional capacity, adaptations needed for activity participation, needed transportation assistance, and who is to provide the assistance to attend preferred activities).

Observations:

- ☐ For a resident whose care plan includes group activities:
 - o How does staff inform the resident of the activity program schedule?
 - o How does the facility provide timely transportation, if needed, for the resident to attend in-facility activities, and help the resident access transportation for out-of-facility and community activities?
 - o Are the activities compatible with the resident's individual physical and mental capabilities? If not, describe.
 - o How are the activities compatible with known interest and preferences?
 - o How are the activities adapted, as needed (such as large print, holders if resident lacks hand strength, task segmentation)?
 - o Are the activities person-appropriate? If not, describe.
- ☐ For a resident who participates in individual activities:
 - o How has the facility provided any needed assistance, equipment, and supplies?
 - o Does the room have sufficient light and space for the resident to complete the activity? If not, describe.

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Resident, Resident Representative, or Family Interview:

- ☐ How did the facility involve you in care plan development, including defining the approaches and goals?
- ☐ Do the activities offered here reflect your (or the resident's) preferences and choices? If not, please explain.
- ☐ In what activities do you participate? If none, why don't you participate?
- ☐ Do you need any assistance, such as set up of activity materials or adaptation? If so, what is needed? How is the facility providing it to facilitate your participation in activities of choice?
- ☐ How are you notified of upcoming activities? Are you offered transportation assistance to attend the activities, both inside and outside of the facility?
- ☐ How has the facility made efforts to provide your scheduled care, such as bathing and therapy services, so they don't conflict with the activities you want to do?
- ☐ What equipment and supplies do you receive to complete activities?
- ☐ What assistance do you receive during group activities (e.g., toileting, eating assistance, ambulation assistance)?
- ☐ Are planned activity programs occurring on a regular basis? If not, describe. Are scheduled activities often cancelled? If so, do you know why that is?
- ☐ Are there activities that you like that the facility does not provide? If so, describe.

Activity Staff Interviews:

- ☐ What is the resident's program of activities and what are the goals?
- ☐ What assistance do you provide in the activities that are part of the resident's care plan?
- ☐ How regularly does the resident participate?
- ☐ How do you make sure the resident is informed and transported to group activities of choice?
- ☐ How are special dietary needs and restrictions handled during activities involving food?
- ☐ How do you make sure the resident has sufficient supplies, proper lighting, and sufficient space for individual activities?

Nurse Interviews:

- ☐ How do you assist the resident in participating in activities of choice?
- ☐ How do you coordinate schedules for ADLs, medications, and therapies, to the extent possible, to maximize the resident's ability to participate?
- ☐ How do you make nursing staff available to assist with activities in and out of the facility?
- ☐ If the resident is refusing to participate in activities, how do you try to identify and address the reasons?
- ☐ What role, if any, does nursing play when activity staff are not available to provide care-planned activities?

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Social Service Interviews:

- ☐ How do you facilitate resident participation in activities of choice?
- ☐ What role do you play in obtaining equipment or supplies needed by the resident in order to participate in activities of choice (obtaining audio books; assisting the resident to obtain new glasses or hearing aids, if needed; providing needed assistance to the resident for the purchase of music, crafts, and other supplies)?
- ☐ What role do you play in the resident accessing his/her funds for participation in activities of choice that require funds, such as restaurant dining events? (If redirected to a different staff member, interview that staff member).

Record Review:

- ☐ Review activity documentation, social history, discharge information from a previous setting, and other disciplines' documentation that may have information regarding the assessment of the resident's activity interests, preferences, and needed adaptations.
- ☐ Does the most recent RAI assessment accurately and comprehensively reflect the status of the resident:
 - o Longstanding interests/customary routine and how the resident's current physical, mental, and psychosocial health status affects either the resident's choice of activities or ability to participate;
 - o Specific information about how the resident prefers to participate in activities of interest (for example, if music is an interest --what kinds of music, does the resident play an instrument; if the resident listens -- does the resident have the music of choice available, does the resident have the functional skills to participate independently, such as putting a CD into a player);
 - o Have any recent significant changes in activity pattern occurred prior to or after admission;
 - o The resident's current need for special adaptations in order to participate in desired activities (e.g., auditory enhancement, equipment to compensate for physical difficulties, such as use of only one hand);
 - o The resident's need, if any, for time-limited participation (e.g., due to short attention span, illness that permits only limited time out of bed);
- ☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?
- ☐ How does the facility encourage and support the development of new interests, hobbies, and skills?
- ☐ How does the facility provide activities to help the resident reach the goal?
- ☐ For a resident who is constantly mobile, how does the facility accommodate the resident's need to move about in a safe, supervised area?
- ☐ For a resident with severely limited attention span or who is medically compromised, how does the facility ensure activities are time-limited or low-energy programs and address pertinent medical, nursing, dietary, or therapy recommendations or restrictions?
- ☐ For a resident who is confined to his/her room, what is the plan for room-based activities?
- ☐ For a resident who is on a toileting program or special nutrition/hydration program, what is the plan for coordination among activity, dietary, and nursing staff so that needs are met?
- ☐ How does the facility monitor the resident's condition and effectiveness of interventions?

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- ☐ The resident's desired daily routine and availability for activities; and
- ☐ The resident's choices for group, one-to-one, or self-directed activities.
- ☐ Is the care plan comprehensive? Does it address identified needs, measureable goals, resident involvement, preferences, and choices? Has the care plan been revised to reflect any changes?
- ☐ How does staff accommodate activity changes because of the time of year (e.g., gardening in the summer)?
- ☐ If the resident refuses, resists, or complains about some chosen activities, what was the reason and what alternative interventions were offered?

Critical Element Decisions:

- 1) Did the facility provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests, and the physical, mental, and psychosocial well-being of the resident?
If No, cite F679
- 2) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
If No, cite F655
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.
- 3) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?
If No, cite F636
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.
- 4) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
If No, cite F637
NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.

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- 5) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
If No, cite F641
- 6) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?
If No, cite F656
NA, the comprehensive assessment was not completed.
- 7) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan with input from the resident or resident representative, to the extent possible), if necessary, to meet the resident's needs?
If No, cite F657
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

Other Tags, Care Areas (CA), and Tasks (Task) to Consider: Access and Visitation Rights F563, Choices (CA), Privacy (CA), Accommodation of Needs (Environment Task), Admission Orders F635, Professional Standards F658, Activity Director Qualifications F680, Social Services F745, Sufficient and Competent Staffing (Task), Dining (Task) and Activity Rooms F920, Facility Assessment F838, Staff Qualifications F839, Resident Records F842.