

Stage II – Critical Elements for Activities

Facility Name: _____ Facility ID: _____ Date: _____
 Surveyor Name: _____
 Resident Name: _____ Resident ID: _____
 Initial Admission Date: _____ Interviewable: Yes No Resident Room: _____
 Care Area(s): _____

Use
<input type="checkbox"/> Stage I resident interview stating (a) the resident does not participate in activities; (b) there are no organized activities of interest offered; (c) there is no assistance provided for the resident to do other individualized activities of choice, and/or (d) complaint of no activities offered on the weekends (other than religious events) or in the evenings. <input type="checkbox"/> Stage I family interview stating (a) the resident is not offered the opportunity to participate in activities of choice or specific activities of interest or that (b) the resident is not encouraged to participate or provided assistance to attend activities of choice (group or individual). <input type="checkbox"/> Stage I observation of resident not attending or actively participating in activities and staff not encouraging participation. <input type="checkbox"/> Most recent MDS assessment indicates resident spends little or no time in activities (Box N2 coded a 2 or 3). NOTE: Some facilities are organized into neighborhoods or households. In these settings, you may see residents sitting on the patio, chatting with a friend over coffee, surfing the Internet, helping set the table, or engaging in other activities that they have chosen to do. These count as activities and, in fact, are preferable to typical facility group activity programs. If you are evaluating a resident who lives in this type of setting, and the setting does not have group activities, adapt the investigation below as necessary to determine compliance.

Procedure
Briefly review the comprehensive assessment and interdisciplinary care plan, to identify facility interventions and to guide observations to be made.

Observations	
If the resident has special cognitive and/or physical needs, determine that the resident is receiving activities according to his/her comprehensive assessment and interdisciplinary care plan:	
<input type="checkbox"/> For a resident who is constantly mobile, that the facility accommodates the need to move about in a safe, supervised area; <input type="checkbox"/> For a resident with severely-limited attention span, that activities may be time-limited, based upon resident assessment;	Notes:

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Observations	
<p><input type="checkbox"/> For a resident who is medically compromised, that activities accommodate the need for time-limited or low-energy programs and that activities staff follow pertinent medical, nursing, dietary, and/or therapy recommendations or restrictions;</p> <p><input type="checkbox"/> For a resident who is confined to his/her room, that activities are offered in the room;</p> <p><input type="checkbox"/> For a resident who cannot transfer independently to a wheelchair, that needed assistance is provided to attend preferred activities; and</p> <p><input type="checkbox"/> For a resident who is on a toileting program or special nutrition/hydration program, that activity, dietary, and nursing staff are coordinating so that needs are met.</p>	
For a resident whose care plan includes group activities, observe whether staff:	
<p><input type="checkbox"/> Inform the resident of the activity program schedule;</p> <p><input type="checkbox"/> Provide timely transportation, if needed, for the resident to attend in-facility, out-of-facility, and community activities;</p> <p><input type="checkbox"/> Assure that the activities the resident is attending are:</p> <ul style="list-style-type: none"> ▪ Compatible with the resident’s physical and mental capabilities; ▪ Compatible with known interests and preferences; and ▪ Adapted as needed (such as large print, holders if resident lacks hand strength, task segmentation). ▪ Compatible with the resident’s individual needs and abilities; and ▪ Age appropriate. <p>NOTE: If you observe an activity that you believe would be age inappropriate for most residents, investigate further to determine the reason the resident and staff selected this activity. An activity that appears child-like or an insult to resident dignity may, in fact, be an appropriate intervention to meet an individual need or preference.</p> <p><input type="checkbox"/> Take into account the resident’s food preferences and restrictions for</p>	<p>Notes:</p>

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Observations	
<p>activities that involve food;</p> <ul style="list-style-type: none"><input type="checkbox"/> Provides ADL assistance as needed during activities programs;<input type="checkbox"/> For group activities, determine whether they are occurring in rooms that have sufficient space, light, ventilation, equipment, and supplies. Sufficient space includes enough space for residents to participate in the activity and space for a resident to enter and leave the room without having to move several other residents. Determine whether the room is sufficiently free of extraneous noise, such as environmental noises from mechanical equipment and staff interruptions;<input type="checkbox"/> Assure that adaptive equipment that the resident needs is provided and is present and functional (e.g., glasses, hearing aid, communication board);<input type="checkbox"/> Are staff present to offer needed assistance and supervision (includes volunteers); and<input type="checkbox"/> Assist a resident who is making attempts to leave, or expressing displeasure, or sleeping, to engage and participate in the activity. <p>NOTE: Such factors as resident choices and habits related to the degree of involvement, functional ability, clinical status, and frailties should be taken into consideration as appropriate, i.e., based on the comprehensive assessment and care plan.</p>	

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Observations	
For a resident who participates in individual activities, observe:	
<input type="checkbox"/> The facility has provided any needed assistance, equipment, supplies; and <input type="checkbox"/> For the resident who is engaged in activities in his/her room — the room has sufficient light and space.	Notes:

Resident/Representative Interview	
Interview the resident, family or resident representative as appropriate to identify: <input type="checkbox"/> The resident's/representative's involvement in care plan development including defining the approaches and goals, and whether planned activities reflect preferences and choices; <input type="checkbox"/> The resident's/representative's awareness of what, if any, assistance the facility should be providing to facilitate participation in activities of choice; <input type="checkbox"/> If the resident is not participating in any activities programs, the reasons for the lack of participation; <input type="checkbox"/> Whether the resident is notified of activities and offered transportation assistance to the activity location as needed; <input type="checkbox"/> Whether the facility made efforts to the extent possible to accommodate the resident's choices over his/her schedule so that ADLs such as bathing and therapy services do not interfere with activities of choice;	Notes:

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Resident/Representative Interview	
<ul style="list-style-type: none"> <input type="checkbox"/> Whether the resident is participating in chosen activities on a regular basis; <input type="checkbox"/> Whether the resident receives necessary assistance, equipment, supplies to complete activities; <input type="checkbox"/> Whether ADL assistance during activities is provided as needed; <input type="checkbox"/> Whether planned activity programs are occurring on a regular basis (rather than cancelled); and <input type="checkbox"/> Whether the resident desires activities that the facility does not provide. 	

Staff Interviews	
Activity Staff Interview	
<p>Interview activities staff as necessary to determine:</p> <ul style="list-style-type: none"> <input type="checkbox"/> What is the resident’s program of activities and what are the goals; <input type="checkbox"/> What assistance staff provide in the activities that are part of the resident’s plan; <input type="checkbox"/> How regularly the resident participates; if not participating, determine reason(s); <input type="checkbox"/> How staff make sure the resident is informed and transported to group activities of choice; <input type="checkbox"/> How special dietary needs and restrictions are handled during activities involving food; <input type="checkbox"/> What assistance staff provide for the resident if the resident participates in any individual (non-group) activities; and <input type="checkbox"/> How staff make sure the resident has sufficient supplies, proper lighting, and sufficient space for individual activities. 	<p>Notes:</p>

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Staff Interviews	
CNA Interview	
<p>Interview CNAs as necessary to determine what assistance, if needed, the CNA provides to the resident to participate in activities of choice, specifically:</p> <ul style="list-style-type: none"><input type="checkbox"/> CNA's role in ensuring the resident is out of bed, dressed, and ready to participate;<input type="checkbox"/> CNA's role in transportation, if needed, to and from the activities;<input type="checkbox"/> CNA's role in provision of any needed ADL assistance to the resident while the resident is in activity programs;<input type="checkbox"/> CNA's role in provision of activities (group and/or individual) in accordance with the comprehensive care plan;<input type="checkbox"/> CNA's role in assisting the resident to participate in individual activities (if the resident's plan includes these), such as setup of equipment/supplies, positioning assistance, ensuring sufficient lighting and space, etc.; and<input type="checkbox"/> How activities are coordinated when activities staff are not available.	<p>Notes:</p>

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Staff Interviews	
Social Services Staff Interview	
<p>Interview the social services staff member as necessary to determine:</p> <ul style="list-style-type: none"><input type="checkbox"/> What contribution social services makes to facilitate resident participation in activities of choice, specifically:<input type="checkbox"/> What actions social services staff are taking to assist the resident with psychosocial needs;<input type="checkbox"/> What role social services staff play in obtaining equipment and/or supplies needed by the resident in order to participate in activities of choice (obtaining audio books, assisting the resident to obtain new equipment if resident's current glasses or hearing aid are not adequate, providing needed assistance to the resident for the purchase of music, crafts, and other supplies); and<input type="checkbox"/> What role social services staff play in seeking sufficient funds for the resident to participate in activities of choice that require funds, such as restaurant dining events.	<p>Notes:</p>

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Staff Interviews

Nurse Interview

- Interview a nurse responsible for the resident as needed to determine how staff assist the resident in participating in activities of choice:
- Coordinating schedules for ADLs, medications, and therapies, to the extent possible, to maximize the resident's ability to participate; and
 - Making nursing staff available to assist with activities in and out of the facility.
 - (If the resident is refusing to participate in activities) what the nurse believes are the reasons.

Notes:

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Assessment	
<p><input type="checkbox"/> Review the RAI, activity documentation/notes and other disciplines' documentation that may have information regarding the assessment of the resident's activity interests, preferences and needed adaptations.</p> <p><input type="checkbox"/> Based on observation of the resident, interviews with staff, and resident/responsible party (as possible), determine whether the assessment accurately and comprehensively reflects the status of the resident. Determine whether staff identify:</p> <ul style="list-style-type: none">▪ Lifelong 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;▪ Specific information about how the resident prefers to participate in activities of interest (for example if music is an interest, what kind 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 [e.g., putting a CD into a player]);▪ Any recent changes in activity pattern have occurred prior to admission;▪ What the resident's current need is for special adaptations in order to participate in desired activities (e.g., auditory enhancement, equipment to assist the resident with physical difficulties such as use of only one hand);▪ What needs the resident has, if any, for time limited participation (e.g., those due to short attention span, illness that permits only limited time out of bed);▪ The resident's desired daily routine and the resident's availability for activities; and▪ Group, one-to-one, and/or self-directed activities in which the resident desires to participate.	<p>Notes:</p>
<p>1. Did the facility adequately assess to identify individual activity preferences and interests, and needed adaptations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No F272</p>	

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Assessment	
<p><i>The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident’s needs should be addressed under F281.</i></p> <p><i>NOTE: The facility may have completed a 5-day assessment for the Medicare beneficiary. Use the 5-day assessment as the comprehensive assessment only if it was completed with the RAPS.</i></p>	
Care Planning	
<p><input type="checkbox"/> Review the comprehensive care plan to determine whether the plan is based upon the goals, interests, and preferences of the resident and reflects the comprehensive assessment.</p> <p><input type="checkbox"/> Determine whether the resident’s care plan:</p> <ul style="list-style-type: none"> ▪ Includes participation of the resident (if able) or the resident’s representative, ▪ Considers a continuation of life roles, consistent with resident preferences and functional capacity; ▪ Encourages and supports the development of new interests, hobbies, and skills; ▪ Facilitates connections with the community; ▪ Includes needed adaptations that address resident conditions and issues; ▪ Specifies measurable goals; ▪ Identifies the services to be furnished to attain or maintain the resident’s highest practicable level of well-being; ▪ Identifies how the facility will provide activities to help the resident reach the goal(s); and ▪ Identifies who is responsible for implementing care plan interventions (e.g., activity staff, CNAs, dietary staff). <p><input type="checkbox"/> If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.</p>	<p>Notes:</p>

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Care Planning	
<p>2. Did the facility develop a care plan with input from the resident and/or representative, as appropriate, that provides to the extent possible for the resident’s participation in activities of choice? <input type="checkbox"/> Yes <input type="checkbox"/> No F279</p> <p><i>The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under F281.</i></p> <p><i>Additionally, lack of physician orders for immediate care (until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan) should be addressed under F271.</i></p>	

Care Plan Revision	
<p><i>Determine whether the effectiveness of the care plan interventions have been monitored and care plan revisions were made based upon the following:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Changes in the resident’s abilities and/or interests; <input type="checkbox"/> A determination that some aspects of the current care plan were not successful (i.e., goals were not being met); <input type="checkbox"/> Changes in the resident’s health that make some former activities no longer appropriate; <input type="checkbox"/> For a resident who is cognitively impaired and unable to express preferences verbally, one or more chosen activities are not at an appropriate level to accommodate the resident’s level of cognitive capacity; The resident refuses or resists or complains about some chosen activities; <input type="checkbox"/> Changes in time of year have made some activities no longer possible (e.g., gardening outside in winter) and other activities have become available; and <input type="checkbox"/> New activity offerings have been added to the facility’s available activity choices. 	<p>Notes:</p>

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Care Plan Revision	
<p><input type="checkbox"/> For the resident who refused some or all activities, determine whether the facility worked with the resident (or representative, as appropriate) to discover reasons behind any refusal to participate, and to solve problems through offering alternative interventions.</p> <p>3. Did the facility revise the plan of care as needed with input of the resident (or representative, as appropriate)? <input type="checkbox"/> Yes <input type="checkbox"/> No F280</p>	
Provision of Care and Services	
<p>Criteria for Compliance with F248, Activities — The facility is in compliance with F248, if staff have:</p> <p><input type="checkbox"/> Recognized and assessed for preferences, choices, specific conditions, causes and/or problems, needs and behaviors;</p> <p><input type="checkbox"/> Defined and implemented interventions for activities in accordance with resident needs and goals;</p> <p><input type="checkbox"/> Monitored and evaluated the resident’s response to interventions; and</p> <p><input type="checkbox"/> Revised the approaches as appropriate.</p> <p>If not, the activity program does not meet individual needs: cite F248.</p> <p>4. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No F248</p>	<p>Notes:</p>

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Concerns with Structure, Process and/or Outcome Requirements Related to Process of Care

During the investigation of the provision of care and services related to activities, the surveyor may have identified concerns with related outcome, process, and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of requirements that should be considered include the following (not all inclusive):

- F164, Privacy and Confidentiality** — Determine whether the facility has accommodated the resident's need for privacy for visiting with family, friends, and others, as desired by the resident.
- F172, Access and Visitation Rights** — Determine whether the facility has accommodated the resident's family and/or other visitors (as approved by the resident) to be present with the resident as much as desired, even round-the-clock.
- F242, Self-determination and Participation** — Determine whether the facility has provided the resident with choices about aspects of his or her life in the facility that are significant to the resident.
- F246, Accommodation of Needs** — Determine whether the facility has adapted the resident's physical environment (room, bathroom, furniture, etc.) to accommodate the resident's individual needs in relation to the pursuit of individual activities, if any.
- F249, Qualifications of the Activities Director** — Determine whether the activities director is qualified to lead the activities program.
- F250, Social Services** — Determine whether the facility is providing medically-related social services related to assisting with obtaining supplies/equipment for individual activities (if any), and assisting in meeting the resident's psychosocial needs related to activity choices including:
 - Meeting the needs of the resident who is grieving;
 - Maintaining contact with family;

Notes:

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Concerns with Structure, Process and/or Outcome Requirements Related to Process of Care

- Providing or arranging for provision of needed counseling services;
- Supporting preferences, customary routines, concerns and choices; and
- Assisting residents/families in decision-making.

F353, Sufficient Staff — Determine whether the facility had qualified staff in sufficient numbers to assure the resident was provided activities based upon the comprehensive assessment and care plan.

F464, Dining and Activities Rooms — Determine whether the facility has provided sufficient space to accommodate the activities and the needs of participating residents and that the space is well lighted, ventilated, and adequately furnished.

F499, Staff Qualifications — Determine whether the facility has employed sufficient qualified professional staff to assess residents and to develop and implement the activities approaches of its comprehensive care plans.

If the surveyor determines that the facility is not in compliance with any of these related requirements, the appropriate F tag should be surveyor initiated.