Activities Critical Element Pathway

Facility Name: _____ Facility ID: _____ Date: _____

Surveyor Name: _____

Resident Name: _____ Resident ID: _____

Initial Admission Date: _____ Interviewable: ☐ Yes ☐ No Resident Room: _____

Care Area(s): _____

Use

☐ Use this protocol for a resident triggered through

- Stage 1 resident or family interviews due to a concern with activity participation;
- Stage 1 observation of activity participation concerns;
- MDS assessment information that the resident spends little or no time in activities.

Procedure

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

☐ Corroborate observations by interview and record review.

☐ Observe whether staff consistently implement the care plan over time and across various shifts.

☐ During observations of the interventions, note and/or follow up on deviations from the care plan, and deviations from current standards of practice, as well as potential negative outcomes.

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Observations	
For a resident whose care plan includes group activities, observe whether staff:	
☐ Inform the resident of the activity program schedule; ☐ 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; ☐ Assure that the activities the resident is attending are: ▪ Compatible with the resident's physical and mental capabilities; ▪ Compatible with known interests and preferences; ▪ 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 ▪ Person-appropriate.	**Notes:**
For a resident who participates in individual activities in his/her room, observe whether:	
☐ The facility has provided any needed assistance, equipment, supplies; and ☐ The room has sufficient light and space for the resident to complete the activity.	**Notes:**

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Resident/Representative Interview	
Interview the resident, family or resident representative as appropriate to determine whether: ☐ The resident/representative was involved in care plan development, including defining the approaches and goals, and whether planned activities reflect preferences and choices; ☐ The resident is participating in any activities programs, and if not, the reasons for the lack of participation; ☐ The resident needs any assistance (such as setup/positioning of activity materials) or adaptation and, if so, what is needed and whether the facility is providing it to facilitate participation in activities of choice; ☐ The resident is notified of activities and offered transportation assistance as needed to the activity location within the facility or access to transportation where available and feasible to outside activities; ☐ The facility made efforts to the extent possible to accommodate the resident's choices about his/her schedule so that service provision, such as bathing and therapy services, does not routinely conflict with desired activities; ☐ The resident receives necessary equipment and supplies to complete activities; ☐ The resident receives any necessary assistance during group activities (e.g., toileting, eating assistance, ambulation assistance); ☐ Planned activity programs are occurring on a regular basis (rather than cancelled); and ☐ The resident desires activities that the facility does not provide.	**Notes:**

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Staff Interviews	
Activity Staff Interview	
Interview activities staff as necessary to determine any of the following as pertinent to the resident: ☐ What is the resident's program of activities and what are the goals; ☐ What assistance staff provide in the activities that are part of the resident's plan; ☐ How regularly the resident participates; if not participating, determine reason(s); ☐ How staff make sure the resident is informed and transported to group activities of choice; ☐ How special dietary needs and restrictions are handled during activities involving food; and ☐ How staff make sure the resident has sufficient supplies, proper lighting, and sufficient space for individual activities.	**Notes:**
CNA Interview	
Interview CNAs as necessary to determine what assistance, if needed, the CNA provides to help the resident to participate in activities of choice, specifically: ☐ CNA's role in ensuring the resident is out of bed, dressed, and ready to participate in chosen group activities; ☐ CNA's role in transportation, if needed, to and from the activities; ☐ CNA's role in provision of any needed ADL assistance to the resident while the resident is in group activity programs; ☐ 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; and ☐ How activities are coordinated when activities staff are not available.	**Notes:**

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Staff Interviews	
Social Services Staff Interview	
Interview the social services staff member as necessary to determine how he/she facilitates resident participation in activities of choice, specifically: ☐ How the social services staff member addresses the resident's psychosocial needs that impact on the resident's ability to participate in desired activities; ☐ 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 when 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 ☐ What role social services staff play in resident access to his/her funds for participation in activities of choice that require funds, such as restaurant dining events. Note: If the social services staff member states that another person or department takes responsibility, redirect these questions to a staff member in the responsible department.	**Notes:**
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) how staff try to identify and address the reasons; and ▪ Coordinate the resident's participation when activities staff are not available to provide care planned activities.	**Notes:**

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Assessment	
☐ Review the RAI, activity documentation/notes, 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. ☐ Based on observation of the resident, interviews with staff, and resident/responsible party (as possible), and review of the record to determine whether the assessment accurately and comprehensively reflects the status of the resident. Determine whether staff identify: ▪ 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; ▪ 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); ▪ Any recent significant changes in activity pattern have occurred prior to or after admission; ▪ What the resident's current need is 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); ▪ 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 availability for activities; and ▪ The resident's choices for group, one-to-one, and/or self-directed activities. ☐ Determine whether there was a "significant change" in the resident's condition and whether the facility conducted a significant change	**Notes:**

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Assessment	
comprehensive assessment within 14 days. A "significant change" is a decline or improvement in a resident's status that: 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting;" 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care plan. If there was a "significant change" in the resident's condition and the facility did not conduct a significant change comprehensive assessment within 14 days, initiate **F274, Resident Assessment When Required**. If a comprehensive assessment was not conducted, also cite F272.	
1. 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) of the resident's individual activity preferences, interests, and needed adaptations, and the impact upon the resident's function, mood, and cognition? ☐ Yes ☐ **No** **F272**	
☐ **NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS**	
NOTE: Although Federal requirements dictate the completion of RAI assessments according to certain time frames, standards of good clinical practice dictate that the assessment process is more fluid and should be ongoing. *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, Professional Standards of Quality**.*	

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Care Planning	
If the comprehensive assessment was not completed (CE#1 = No), mark CE#2 "NA, the comprehensive assessment was not completed". ☐ Review the comprehensive care plan to determine if that portion of the plan related to activities is based upon the goals, interests, and preferences of the resident and reflects the comprehensive assessment. ☐ Determine whether the resident's care plan: ▪ 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; ▪ Identifies activities in the community, if appropriate; ▪ Includes needed adaptations that address resident conditions and issues affecting activities participation (e.g., cognitive limitations, physical limitations/needs); ▪ 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). ☐ For a resident who is constantly mobile, determine whether the care plan accommodates the need to move about in a safe, supervised area; ☐ For a resident with severely-limited attention span, determine whether care-planned activities are time-limited, based upon resident assessment;	**Notes:**

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Care Planning	
☐ For a resident who is medically compromised, determine whether care-planned activities accommodate the need for time-limited or low-energy programs and address pertinent medical, nursing, dietary, and/or therapy recommendations or restrictions; ☐ For a resident who is confined to his/her room, determine whether the plan includes room-based activities; ☐ For a resident who cannot transfer independently to a wheelchair, determine whether the plan identifies needed assistance and who is to provide the assistance to attend preferred activities; and ☐ For a resident who is on a toileting program or special nutrition/-hydration program, that the plan addresses coordination among activity, dietary, and nursing staff so that needs are met. ☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care. **2. Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment related to the resident's participation in activities of choice, in accordance with the assessment, resident's wishes, and current standards of practice?** ☐ Yes ☐ **No** **F279** ☐ **NA, the comprehensive assessment was not completed** *The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the CAAS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under* ***F281, Professional Standards of Quality****.*	

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Care Plan Implementation by Qualified Persons	
Observe care and interview staff over several shifts and determine whether: ☐ Care is being provided by qualified staff, and/or ☐ The care plan is adequately and/or correctly implemented. **3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care?** ☐ Yes ☐ **No** **F282** ☐ **NA, no provision in the written plan of care for the concern being evaluated** *NOTE: If there is a failure to provide necessary care and services, the related care issue should also be cited when there is actual or potential outcome.*	**Notes:**

Activities Critical Element Pathway

Care Plan Revision	
If the comprehensive assessment was not completed (CE#1 = No), OR, if the care plan was not developed (CE#2 = No), mark CE#4 "NA, the comprehensive assessment was not completed OR the care plan was not developed". Determine whether the resident's condition and effectiveness of the care plan interventions for activities have been monitored, and care plan revisions (or justifications for continuing the existing plan) were made with input from the resident and/or the responsible person, to the extent possible, based upon the following: ☐ Changes in the resident's abilities, interests, or health; ☐ A determination that some aspects of the current care plan were not successful (i.e., goals were not being met); ☐ One or more chosen activities are not at an appropriate level to accommodate the resident's level of cognitive capacity; ☐ 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 ☐ New activity offerings have been added to the facility's available activity choices. ☐ If the resident refuses or resists or complains about some chosen 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. **4. Did the facility reassess the effectiveness of the interventions, and review and revise the plan of care (with input from the resident or representative, to the extent possible) if necessary, to meet the needs of the resident?** ☐ Yes ☐ **No** **F280** ☐ **NA, the comprehensive assessment was not completed OR the care plan was not developed**	**Notes:**

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Provision of Care and Services	
Determine whether staff have: ☐ Recognized and assessed for preferences, choices, specific conditions, causes and/or problems, needs, and behaviors; ☐ Defined and implemented interventions for activities in accordance with resident needs and goals; ☐ Monitored and evaluated the resident's response to interventions; and ☐ Revised the approaches as appropriate. **5. 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?** ☐ Yes ☐ **No** **F248**	**Notes:**

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements	
During the investigation of care and services provided regarding activities, the surveyor may have identified concerns with related structure, process, and/or outcome requirements, such as the examples listed below. If an additional concern has been identified, the surveyor should initiate the appropriate care area or F tag and investigate the identified concern. Do not cite any related or associated requirements before first conducting an investigation to determine compliance. ☐ **Privacy** — 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 around-the-clock. ☐ **Choices** — 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 a qualified activities director is directing the activities program. ☐ **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; ▪ Providing or arranging for provision of needed counseling	**Notes:**

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Provision of Care and Services	
services; ▪ Supporting preferences, customary routines, concerns, and choices; and ▪ Assisting residents/families in decision-making. ☐ **F271, Admission Orders** — Determine whether the facility received physician orders for provision of immediate care before conducting the comprehensive assessment and developing an interdisciplinary care plan. ☐ **F278, Accuracy of Assessments —** Determine whether staff, that are qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline, conducted an accurate assessment. ☐ **F281, Professional Standards** — Determine whether the services provided or arranged by the facility met professional standards of quality. Professional standards of quality is defined as services that are provided according to accepted standards of clinical practice. ☐ **Sufficient Nursing Staff** — Determine whether the facility has employed qualified nursing staff in sufficient numbers to fulfill their assistive role in transportation, ADL assistance, etc., to facilitate the resident's participation in planned activities. ☐ **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 staff (qualified activity personnel to assess residents and to develop and implement the activities approaches of its comprehensive care plans). ☐ **F514, Clinical Records —** Determine whether the clinical records: ▪ Accurately and completely document the resident's status, the care and services provided (e.g., to prevent, to the extent possible, or manage the resident's pain) in accordance with	

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Provision of Care and Services	
current professional standards and practices and the resident's goals; and ▪ Provide a basis for determining and managing the resident's progress including response to treatment, change in condition, and changes in treatment.	