LONG-TERM CARE

THE BIG BOOK OF Resident Activities

Debbie R. Bera, ADC

THE BIG BOOK OF Resident Activities

Debbie R. Bera, ADC

HCPro

The Big Book of Resident Activities is published by HCPro, Inc.

ISBN 978-1-60146-169-8

Debbie R. Bera, ADC, Author
Holly Sox, Reviewer
Adrienne Trivers, Managing Editor
Elizabeth Petersen, Executive Editor
Emily Sheahan, Group Publisher
Shane Katz, Cover Designer
Jackie Diehl Singer, Graphic Artist
Audrey Doyle, Copyeditor
Alison Forman, Proofreader
Darren Kelly, Books Production Supervisor
Susan Darbyshire, Art Director
Jean St. Pierre, Director of Operations

Arrangements can be made for quantity discounts. For more information, contact:

HCPro, Inc.
P.O. Box 1168
Marblehead, MA 01945
Telephone: 800/650-6787 or 781/639-1872
Fax: 781/639-2982
E-mail: *customerservice@hcpro.com*

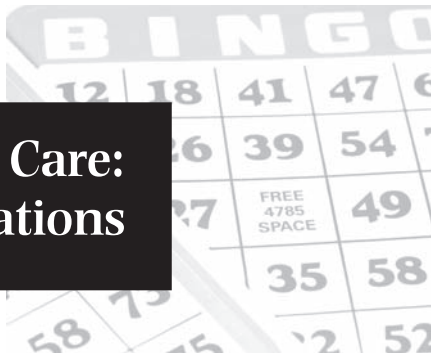
Visit HCPro at its World Wide Web sites:
www.hcpro.com and *www.hcmarketplace.com*

5/2008
21434

Table of Contents

Chapter 1

Activities in Long-Term Care: CMS Regulations



One reason the Centers for Medicare & Medicaid Services (CMS) rewrote the guidelines is that CMS is a strong supporter of culture change as it applies to resident-centered care. This means creating a home-like environment for residents of long-term care facilities; in essence, ensuring that these facilities look the way we would want them to look if we were residing in them.

Another reason was to improve the quality of life for individuals residing in long-term care facilities. *Quality of life* can be a subjective term, but generally you can improve a resident's quality of life by enhancing his or her self-esteem and dignity. Each resident's involvement in daily life should be meaningful. Activities are meaningful when they reflect a person's interests and lifestyle, when they are enjoyable to the person, when they help the person to feel useful, and when they provide the person with a sense of belonging. Residents themselves indicate that a lack of activities in long-term care facilities contributes to their feeling of having no sense of purpose.

"Activities" refer to any endeavor, other than routine activities of daily living (ADLs), in which a resident participates that is intended to enhance the resident's sense of well-being and promote or enhance his or her physical, cognitive/intellectual, spiritual, social, and emotional health. These include, but are not limited to, activities that promote:

- Self-esteem
- Pleasure
- Comfort
- Education

- Creativity
- Success
- Independence

Two F tags are specific to activities. CMS wrote these F tags in 1989 and implemented them in 1990 to teach long-term care facilities the importance of quality activities to residents' well-being. They are F248, a key outcome tag within Quality of Life; and F249, which concerns the presence within the facility of an activities director who is qualified to serve in that role. Although the codes have not changed, the Interpretive Guidelines have changed, and became effective June 1, 2006. This means surveyors are looking at activities in a new light, using the new investigative protocol during the survey process. OBRA '87 is used as a basis to support culture change in long-term care as well as to support the investigative guidelines requiring an interdisciplinary approach toward meeting the leisure and psychosocial needs of those we serve in long-term care.

The following is a brief overview of the new Federal Interpretive Guidelines for F248 and F249:

- Resident outcomes are a key feature of determining whether a facility's activities program is adequate for each resident, because the regulation specifies that activities be individualized for each resident.
- The guidelines mandate that the facility considers each resident's varying interests so that the mere development of a program is not sufficient for compliance. In other words, a facility cannot simply place its residents into whatever activities are available. Instead, the facility must individualize activities according to each resident's interests, to enhance his or her well-being.
- Residents may be unable to pursue prior interests unless the facility makes an effort to provide adaptations or assistance. The facility should realize that residents can also develop new interests.
- "One-to-one programming" refers to programming provided to residents who will not, or cannot, effectively plan their own activity pursuits, or to residents who need specialized or extended programs to enhance their overall daily routine and activity pursuits.

- "Person-appropriate" activities refer to the idea that each resident has a personal identity and history that includes much more than just his or her medical illnesses or functional impairments, and that activities should be as relevant as possible to the specific needs, interests, culture, background, and so on of the individual for whom they are developed. Such activities reflect what the resident likes and responds to. "Person-appropriate" replaces "age-appropriate," as carrying a doll can be appropriate for some residents.
- "Program of activities" includes a combination of large and small groups, a one-to-one program, and self-directed activities; it also includes a system that supports the development, implementation, and evaluation of the activities provided to the residents in the facility. It does not mean that every facility needs to offer every type of activity; rather, the facility should base its range of programming types on the interests of its residents. Surveyors will evaluate a facility's program to determine whether it accommodates the residents who live there.
- The program of activities should allow for spontaneous changes if residents desire. The key is resident choice.
- Reality orientation and large group activities that include residents of different levels of strengths and needs are not recommended.
- The activity assessment (which will be looked at extensively) needs to be specific enough for the facility to develop a care plan that meets its residents' interests, and for the facility to understand what specific adaptations and assistance are needed. Surveyors will evaluate the assessment and care plan to see whether activities are individualized for each resident. They will determine whether the care plan reflects what is actually occurring at the facility, and whether they see it occurring.
- The interdisciplinary team should take into account various components of residents' schedules to optimize resident choice to the greatest extent possible (i.e., individualize each resident's schedule).
- If a resident needs assistance to travel to locations where activities are taking place in the building, the facility needs to provide the necessary transportation both to and from these activities, as well as any special clothing that may be needed. The various departments need to work together on care planning to make sure residents arrive at

their preferred activities on time. Surveyors will determine whether needed assistance is provided.

- The facility should provide needed supplies and equipment according to each resident's care plan (e.g., eyeglasses, hearing aids, etc.), to optimize their participation. Surveyors will determine whether needed supplies and equipment are provided.
- The facility should adapt its activities to accommodate a particular resident's change in functioning to the greatest degree possible. Such adaptations can include special equipment, special techniques used to interact with the resident, and changes to the environment where such activities are taking place.
- Residents are not required to attend activities. However, the facility should determine what it needs to do to help residents pursue independent leisure interests and to keep residents informed about activities in the facility, as well as periodically asking residents if they wish to attend anything. The facility needs to determine whether the resident's choices reflect a lifelong pattern and whether the resident is content with his or her choices.
- Facilities should take into account a resident's pattern of behavioral symptoms and activities prior to when such symptoms usually present themselves. This is important because once a behavior escalates activities may be less effective or may cause further stress. The facility should try to individualize its approach toward residents who appear distressed or who exhibit a pattern of aggressive or anxious behavior. Approaches need to be specific enough that the staff can employ them routinely.
- Specific interventions must be individualized, even when different individuals display similar behavior (i.e., no "canned" care plans).
- Surveyors will ask residents for their opinion of the activities the facility offers, whether the activities occur as scheduled, whether they are satisfied that these activities meet their preferences, and whether the environment in which the activities take place poses any barriers.
- Surveyors will determine whether the facility found out about a resident's previous activities, choices, preferences, and need for adaptation, and what the records indicate.

- Surveyors will determine whether residents participated in the development of their care plan.
- Surveyors will determine whether the facility periodically reviews the care plan with its residents and makes needed changes.

The new guidelines have far-reaching effects into all other departments within the facility. For example, some medications, such as diuretics, or conditions, such as pain and incontinence, may affect resident participation in activities. Therefore, additional steps may be needed to facilitate resident participation. Some of these steps include:

- Changing the timing of medications, to the greatest extent possible if not contraindicated, so that the resident can participate and remain at a scheduled activity.
- Modifying when pain meds are administered to allow such meds to take effect prior to an activity a resident enjoys.
- Considering accommodations in schedules, supplies, and timing to optimize residents' ability to participate in their activities of choice. This can include altering a therapy or bath schedule if a desired activity occurs at the same time; helping a resident to get to and participate in desired activities; providing supplies for activities; and providing assistance as needed during weekends, nights, holidays, or when the activities staff is unavailable.

The interpretive guidelines specifically state that all staff members are responsible for each resident's quality of life. This means the perception of what constitutes "activities" needs to change. Just because the activities staff is not in the building does not mean that activities do not occur. Activities are often led by volunteers, and even by residents. CMS expects that all staff members are responsible for providing activities. This has always been in the code; now CMS is enforcing it.

F248: "The facility must provide for 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 each resident."

This regulatory language includes the specific term "the facility," which indicates that the

provision of activities is not the duty of the Activities Department, but rather is the duty of the facility as a whole.

It is not possible for a few people in an Activities Department to be able to provide individualized activities for the facility's entire population; therefore, the writers of the regulation chose to make it the responsibility of the facility as a whole to fulfill this important mandate of the OBRA '87 law.

The intent is for the facility to identify each resident's interests and needs; toward that end, the facility should involve each resident in an ongoing program of activities that is designed to appeal to his or her interests and to enhance the resident's highest practicable level of physical, mental, and psychosocial well-being.

Determination of Compliance

A facility is in compliance if it:

- Recognized and assessed residents for preferences, choices, specific conditions, causes and/or problems, needs, and behaviors
- Defined and implemented activities in accordance with resident needs and goals
- Monitored and evaluated each resident's response to activity interventions
- Revised its approaches toward activities as appropriate
- Determined compliance separately for each resident sampled
- Individualized activity interventions to each resident's needs and preferences
- Provided necessary adaptations to facilitate residents' participation

A facility might be in noncompliance if:

- Off-campus activities are planned only for more independent residents due to lack of staff members
- No activities are available when the Activities Department staff is not there (e.g., on weekends), and residents complain of having nothing to do

- The facility places residents into large group activities that are not geared toward their individual interests and/or capabilities, and residents who are present at these activities are routinely trying to leave the room or are disengaged and sleeping, yelling, or otherwise expressing discomfort
- Residents who are confined to their rooms complain of having nothing to do, activity staff members say they are too busy to get to everyone, and/or no other departments help with activities for these residents
- Residents do not receive the adaptations they need to participate in individualized activities
- Planned activities are not conducted or are not designed to meet the needs of the care plan
- Residents are not dressed, out of bed, and ready to attend activities in which they want to participate
- The staff does not coordinate schedules of medication and therapies, resulting in residents being unable to attend programs of interest

There are other potential tags for additional investigation if a citation is made in F248 or F249. Deficiencies at F248 are most likely to have psychosocial outcomes. Most citations will fall at Level 2 or 3.

Surveyor Questions and Interviews

The surveyors will be interviewing certified nursing assistants about how they provide activities to residents and their role in ensuring that residents are out of bed, dressed, and ready to participate in their chosen activities. Some of the questions surveyors may ask include:

- How do you help individual residents participate in activities?
- What is your role in activities conducted by the Activities Department?
- Do you provide any activities when the activities staff is not present?
- How and when do you assist residents who are confined to their room with setup/positioning, and so on to allow for independent activity?

The surveyors also will interview the social services staff. Some questions they may ask include:

- How do you help residents participate in activities?
- What is your role in ensuring that residents are able to attend activities such as plays? (For example, is it your responsibility to procure the equipment and funds necessary to offer such activities?)

In addition, the surveyors will interview nurses at your facility. They may ask such questions as:

- How do you help each resident to participate in his or her chosen activities?
- How do you coordinate residents' schedules of ADLs, medications, and therapies so that they can participate in their chosen activities?
- What does the nursing staff provide during off-hours and for residents who cannot attend group activities?

The housekeeping, maintenance, dietary, and nutrition staffs all can provide positive social interactions, which raises residents' self-esteem and in turn has a positive effect on their quality of life. All of the facility's staff members should interact with residents, even in passing—for example, by complimenting how they look, commenting on the weather, and reassuring anxious residents. The staff should also take the time to ensure that residents are not bored, but rather that they have something to do, ensuring that whatever diversion they provide to a resident is within that resident's abilities; for example, they should not give a magazine to someone who cannot turn the pages.

Surveyors will determine whether staff members know what they are supposed to do according to the care plan and whether they are doing it. Surveyors also will determine whether staff members from different departments are working as a team to ensure that residents can participate in their activities of choice.

F249: The activities program must be directed by a qualified professional who:

(i) Is a qualified therapeutic recreation specialist or an activities professional who:

(A) Is licensed or registered, if applicable, by the state in which he or she is practicing; and

(B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or

(ii) Has two years of experience in a social or recreational program within the past five years, one of which was full-time in a patient activities program in a healthcare setting; or

(iii) Is a qualified occupational therapist or occupational therapy assistant; or

(iv) Has completed a training course approved by the state.

The intent is to ensure that a facility's activities program is directed by a qualified professional, and that the activities director remains eligible for this position by keeping up with whatever the state requires. If the state requires the director to have a license or be certified, the director must keep his or her status current.

F249 is an absolute requirement, which means that if a facility fails to meet the regulatory language in F249, the facility is cited, regardless of whether there are outcomes to its residents.

Activities Director Responsibilities

The activities director is responsible for the program, its compliance with the regulatory mandates in F248, and its implementation by the staff and volunteers who are conducting aspects of the program; for example, those individuals know what to do, they furnish residents with supplies, equipment, and sufficient space, and so on. The director's responsibilities also include:

- Directing the development, implementation, supervision, and ongoing evaluation of the activities program
- Completing or delegating the completion of the activities component of the comprehensive assessment
- Contributing to, directing, or delegating the contribution to the goals of the comprehensive care plan

"Ongoing evaluation" means:

- Determining whether the program as a whole includes offerings that meet resident

preferences and needs

- Determining whether changes are needed, such as new seasonal programs for certain times of the year
- Assessing whether the program includes activities for different interests and needs, for residents who are unable to participate in group offerings, for residents who want activities in the evenings and on weekends, and so on

The director is responsible for the activities component of each resident's assessment. The director needs to contribute to the activities component of the comprehensive care plan information regarding what individualized activities the resident will be participating in, and what the resident will need in order to participate. The interdisciplinary team should work together to ensure that the resident receives any necessary transportation and adaptation to allow participation. This is the facility's responsibility, to ensure that the resident's care plan is implemented.

"Directing the program" means scheduling activities to meet residents' needs. This involves more than merely producing a monthly calendar. It includes ensuring that activity interventions for all residents can occur; for example, activities have assigned space, essential supplies, and someone to lead or facilitate them.

Monitoring resident responses may be done in part by those staff members who are conducting the activity. The director needs to remain informed of resident responses to activities to determine whether changes are needed in any of the activity offerings.

The director is also responsible for taking the information gathered regarding needed changes and actually making those changes to the activity program offerings.

Determination of Compliance

A facility is in compliance if it has employed a qualified activities director who:

- Has developed an activities program that meets the interests of residents
- Ensures that the activities component of the comprehensive assessment is completed

for every resident and contributes to care plan goals

- Monitors residents' responses to interventions and makes necessary changes to care plans and/or to the program offerings

Noncompliance for F249

Noncompliance may include:

- Lack of a qualified activities director
- Lack of direction for planning, scheduling, implementing, monitoring, and revising the activities program
- Lack of monitoring the response of residents to modify care plans as needed

The severity for a deficiency at F249 is based on the effect or potential for harm to the resident. After a deficiency is cited at F249, the severity and scope that are selected *do* need to consider outcomes and potential outcomes to residents.

Interpretive Guidelines: Assessment

The information from the assessment needs to be specific enough for the facility to develop a care plan to meet residents' interests, and to be able to understand what specific adaptation and assistance are required.

Some residents are capable of self-structuring their day, and this needs to be noted in their assessment and identified on their plan of care. In assessing each resident, the staff should note what the resident prefers, what adaptations are needed, and what the resident's lifelong interests, spirituality, goals, life roles, skills, abilities, and needs are.

Interpretive Guidelines: Care Planning

Information from the individualized assessment is used to develop the activities components of the comprehensive care plan. Objectives should be measurable and should focus on the resident's desired outcomes. All relevant departments collaborate—not just the Activities Department. Individualized interventions are based on an assessment of each resident's history, preferences, strengths, and needs. Many activities can be adapted to accommodate a particular resident's change in functioning. The facility should be aware of the range of adaptations

it can make to assist residents in participating in their activities of choice. It is important to identify whether the resident has issues for which the staff should provide adaptations. Types of impairments that might require adaptations include visual, hearing, physical, and cognitive. Some adaptations employ special equipment; others involve adapting the environment where activities are taking place. For some residents, the length of the activity may need to change or the steps of the activity may need to be task-segmented into simple steps.

Some residents who have dementia may have a pattern of aggressive or anxious behavior at a similar time each day. The facility should try to individualize its approach to residents with distressed behavior, taking all factors into account. Sometimes a simple diversion may suffice, such as engaging the resident in a quiet and pleasant conversation, offering a drink or snack, or asking the resident to help with something. These staff interactions should be part of the resident's care plan and should be specific for the staff to use them routinely.

Investigative Protocol

Surveyors evaluate the ongoing program of activities to determine whether it accommodates the residents who live at the facility. Surveyors look at the assessment and care plan to see whether preferences and needs are taken into account, any necessary adaptive equipment is used, timely transportation is provided if needed, and available activities are compatible with residents' interests, needs, and abilities. They also look to see whether any significant changes have occurred in activity patterns. They determine whether the residents' activities-related care plan:

- Includes participation of the resident (if able) or the resident's representative
- Considers a continuation of life roles, consistent with preferences and functional capacity, and encourages and supports the development of new interests, hobbies, and skills
- Identifies interventions that include activities in the community, if appropriate, and includes needed adaptations that address resident conditions and issues affecting activity participation
- Identifies how the facility will provide activities to help residents reach their goal(s), as well as who is responsible for implementing various interventions

Surveyors also observe activities to see whether residents are engaged in these activities—that is, whether residents are looking at staff and listening to what is being said, smiling, or responding to the activities in some other way. They also observe to see whether residents are disengaged—that is, whether residents are looking down, sleeping, or attempting to leave the room. If a resident is doing this, surveyors watch to see what the staff will do.

Figure 1.1

ACTIVITY INTERVIEW ASSESSMENT

Resident Name: **Wing/Unit & Room Number:** **Medical Record Number:** **Date of Assessment:** **Staff Signature & Date:**	**Type of Assessment:** **Admission** **Quarterly** **Annual** **Significant change** **Other: (specify)** **Participation in Assessment:** Resident Family Other staff Chart/notes Personal observations of staff completing assessment

Hearing/ability to hear:
Adequate – no difficulty in normal conversation, social interaction, listening to TV
Minimal difficulty – difficulty in some environments (e.g., when spoken to softly or when setting is noisy)
Moderate difficulty – speaker has to increase volume and speak distinctly
Highly impaired – absence of useful hearing
Uses hearing aide or appliance: Yes/No Type:

Speech clarity:
Clear speech – distinct intelligible words
Unclear speech – slurred or mumbled words
No speech – absence of spoken words

Makes self understood:
Understood
Usually understood – difficulty communicating some words or finishing thoughts, but is able if prompted or given time
Sometimes understood – ability is limited to making concrete requests
Rarely/never understood

Ability to understand others:
Understands – clear comprehension
Usually understands – misses some part/intent of message, but comprehends most conversations
Sometimes understands – responds adequately to simple, direct communication only
Rarely/never understands

Figure 1.1 **ACTIVITY INTERVIEW ASSESSMENT (cont.)**

Vision:
Adequate – sees fine detail, including regular print in newspapers/books
Impaired – sees large print, but not regular print in newspapers/books
Moderately impaired – limited vision; not able to see newspaper headlines but can identify objects
Highly impaired – object identification in question, but eyes appear to follow objects
Severely impaired – no vision or sees only light, colors, or shapes; eyes do not appear to follow objects
Wears glasses: Yes/No Uses magnifying glass: Yes/No

Mental status:
Short-term memory (seems or appears to recall after five minutes)
Memory okay
Memory problem
Long-term memory (seems or appears to recall long past memories)
Memory okay
Memory problem
Memory/recall ability Circle all that he or she can normally recall
Current season Location of room
Staff names and faces That he or she is in a nursing home
None of the above
Attention span
Short Average Long Easily distracted Focuses well Not able to focus Poor

Cognitive skills for daily decision-making:
Independent – decision consistent/reasonable
Modified independence – some difficulty in new situations
Moderately impaired – decisions poor; cues/supervision required
Severely impaired – never/rarely makes decisions

Psychosocial/mood:
Little interest or pleasure in doing things
Feeling down, depressed, or hopeless
Social in nature and enthusiastic
Supportive family/friends
Appears to have good coping skills

Figure 1.2

ACTIVITY PROGRESS NOTE

Resident:	**Room #:**	**Medical record #:**	**Date:**

Purpose for note:

❑ Annual review ❑ Quarterly review ❑ Significant change ❑ Other:

Visit/group/independent activity enjoyed/pursued:

MDS Activity Pursuit patterns section review:

❑ MDS reviewed, and no changes were made to the Activity Pursuit section.

❑ MDS reviewed, and the changes made to the Activity Pursuit section include:

Attendance/participation summary (refer to activity flow sheets/attendance sheets):

Attended on: ❑ Own ❑ Needs assistance ❑ Wheelchair ❑ Cane
❑ Wheeled walker ❑ Walker ❑ Tilt-back chair ❑ Walks
❑ Other:_____

Describe resident's participation in/response to activities (group, 1:1 visits, and/or individual):

Activity plan review:

Resident's activity-related problem(s) (include needs, concerns, and/or strengths)

❑ Remain appropriate/current ❑ Will be retained

Detail problem changes:_____
_____

Figure 1.2

ACTIVITY PROGRESS NOTE (cont.)

❑ Have been resolved/changed ❑ Will be revised
❑ New problems have emerged

Progress toward resident's activity plan goals(s):
❑ Surpassed goal ❑ Goal will be increased

Detail goal changes: _____
_____

❑ Met goal ❑ Goal will be decreased

❑ Did not meet goal ❑ Goal will be retained

❑ Goal unsuitable ❑ Goal will be revised

Appropriateness of activity interventions:

❑ Interventions remain effective

Detail intervention changes:_____
_____

❑ Interventions are partially effective

❑ Interventions will be revised

Additional comments:

Signature: _____Title/credentials: _____

Figure 1.3

QUARTERLY ACTIVITY RESPONSE REVIEW

Quarterly Activity Response Review

Resident Name: _____ Medical Record Number: _____

Circle **ALL** noted responses/involvement that the resident offers. Define areas as specified.

Annual Dates:
Physical abilities: Stable/Declined/Improved
Define:
Can complete a single-step command: Yes/No
Provide example:

Displays simple large motor skills: Yes/No
Can complete a multistep command: Yes/No
Provide example:

Mood: Stable/Variable/Declined/Improved
Define:

Behaviors: None/Stable/Improved/Declined
Define:
Displays anxiety/restlessness at activities: Yes/No
Define behavior:

Displays repetitive behavior: Yes/No
Define behavior:

Cognition: Stable/Improved/Declined
Define:

Has a limited attention span: Yes/No
Exhibited by:
Loss of attention span after _____ min.
Reestablishes attention to activity with prompting: Yes/No
Remains alert and attentive/attention span intact: Yes/No
Falls asleep during activities: Yes/No
Needs verbal cues to complete tasks: Yes/No
Needs visual cues to complete tasks: Yes/No
Needs direct physical guidance/hand-over-hand: Yes/No
Social interaction/communication abilities:

1 – 2-word response	Nonverbal
Unrelated conversation	Appropriate sentences
Facial expressions	Gestures
Body posture change	Answers simple question

Displays social/interactive skills
Displays physical demonstration of understanding
Displays long-term memory skills
Displays short-term memory skills
Displays congenial verbal responses
Comments:

Most successful interventions/favorite activities:

1st Quarter Dates:
Physical abilities: Stable/Declined/Improved
Define:
Can complete a single-step command: Yes/No
Provide example:

Displays simple large motor skills: Yes/No
Can complete a multistep command: Yes/No
Provide example:

Mood: Stable/Variable/Declined/Improved
Define:

Behaviors: None/Stable/Improved/Declined
Define:
Displays anxiety/restlessness at activities: Yes/No
Define behavior:

Displays repetitive behavior: Yes/No
Define behavior:

Cognition: Stable/Improved/Declined
Define:

Has a limited attention span: Yes/No
Exhibited by:
Loss of attention span after _____ min.
Reestablishes attention to activity with prompting: Yes/No
Remains alert and attentive/attention span intact: Yes/No
Falls asleep during activities: Yes/No
Needs verbal cues to complete tasks: Yes/No
Needs visual cues to complete tasks: Yes/No
Needs direct physical guidance/hand-over-hand: Yes/No
Social interaction/communication abilities:

1 – 2-word response	Nonverbal
Unrelated conversation	Appropriate sentences
Facial expressions	Gestures
Body posture change	Answers simple question

Displays social/interactive skills
Displays physical demonstration of understanding
Displays long-term memory skills
Displays short-term memory skills
Displays congenial verbal responses
Comments:

Most successful interventions/favorite activities:

Figure 1.3

QUARTERLY ACTIVITY RESPONSE REVIEW (cont.)

Quarterly Activity Response Review

Resident Name: _____ Medical Record Number: _____

Circle **ALL** noted responses/involvement that the resident offers. Define areas as specified.

2nd Quarter Dates:
Physical abilities: Stable/Declined/Improved
Define:
Can complete a single-step command: Yes/No
Provide example:

Can complete a multistep command: Yes/No
Provide example:

Displays simple large motor skills: Yes/No
Mood: Stable/Variable/Declined/Improved
Define:

Behaviors: None/Stable/Improved/Declined
Define:

Displays anxiety/restlessness at activities: Yes/No
Define behavior:

Displays repetitive behavior: Yes/No
Define behavior:

Cognition: Stable/Improved/Declined
Define:
Has a limited attention span: Yes/No
Exhibited by:
Loss of attention span after _____ min.
Reestablishes attention to activity with prompting: Yes/No
Remains alert and attentive/attention span intact: Yes/No
Falls asleep during activities: Yes/No
Needs verbal cues to complete tasks: Yes/No
Needs visual cues to complete tasks: Yes/No
Needs direct physical guidance/hand-over-hand: Yes/No
Social interaction/communication abilities:

1 – 2-word response	Nonverbal
Unrelated conversation	Appropriate sentences
Facial expressions	Gestures
Body posture change	Answers simple question

Displays social/interactive skills
Displays physical demonstration of understanding
Displays long-term memory skills
Displays short-term memory skills
Displays congenial verbal responses
Comments:

Most successful interventions/favorite activities:

3rd Quarter Dates:
Physical abilities: Stable/Declined/Improved
Define:
Can complete a single-step command: Yes/No
Provide example:

Can complete a multistep command: Yes/No
Provide example:

Displays simple large motor skills: Yes/No
Mood: Stable/Variable/Declined/Improved
Define:

Behaviors: None/Stable/Improved/Declined
Define:

Displays anxiety/restlessness at activities: Yes/No
Define behavior:

Displays repetitive behavior: Yes/No
Define behavior:

Cognition: Stable/Improved/Declined
Define:
Has a limited attention span: Yes/No
Exhibited by:
Loss of attention span after _____ min.
Reestablishes attention to activity with prompting: Yes/No
Remains alert and attentive/attention span intact: Yes/No
Falls asleep during activities: Yes/No
Needs verbal cues to complete tasks: Yes/No
Needs visual cues to complete tasks: Yes/No
Needs direct physical guidance/hand-over-hand: Yes/No
Social interaction/communication abilities:

1 – 2-word response	Nonverbal
Unrelated conversation	Appropriate sentences
Facial expressions	Gestures
Body posture change	Answers simple question

Displays social/interactive skills
Displays physical demonstration of understanding
Displays long-term memory skills
Displays short-term memory skills
Displays congenial verbal responses
Comments:

Most successful interventions/favorite activities: