

## 10. ACTIVITIES

### Review of Indicators of Activities

✓	<b>Activity preferences prior to admission</b> (from interviews and clinical record)	<b>Supporting Documentation</b> (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)	
<input type="checkbox"/>	• Passive		
<input type="checkbox"/>	• Active		
<input type="checkbox"/>	• Outside the home		
<input type="checkbox"/>	• Inside the home		
<input type="checkbox"/>	• Centered almost entirely on family activities		
<input type="checkbox"/>	• Centered almost entirely on non-family activities		
<input type="checkbox"/>	• Group (F0500E) activities		
<input type="checkbox"/>	• Solitary activities		
<input type="checkbox"/>	• Involved in community service, volunteer activities		
<input type="checkbox"/>	• Athletic		
<input type="checkbox"/>	• Non-athletic		
✓	<b>Current activity pursuits</b> (from interviews and clinical record)		<b>Supporting Documentation</b>
<input type="checkbox"/>	• Resident identifies leisure activities of interest		
<input type="checkbox"/>	• Self-directed or done with others and/or planned by others		
<input type="checkbox"/>	• Activities resident pursues when visitors are present		
<input type="checkbox"/>	• Scheduled programs in which resident participates		
<input type="checkbox"/>	• Activities of interest not currently available or offered to the resident		

✓	<b>Health issues</b> that result in reduced activity participation	<b>Supporting Documentation</b> (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Indicators of depression or anxiety (D0200, D0300, D0500, D0600)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Use of psychoactive medications (N0410A-N0410D)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Functional/mobility (G0110) or balance (G0300) problems; physical disability (G0300, G0400)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Cognitive deficits (C0500, C0700-C1000), including stamina, ability to express self (B0700), understand others (B0800), make decisions (C1000)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Unstable acute/chronic health problem (clinical record, O0100, J0100, J1100, J0700, J1400, J1550, I8000, M1040, M1200)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Chronic health conditions, such as incontinence (H0300, H0400) or pain (J0300)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Embarrassment or unease due to presence of equipment (O0100D, E, F), such as tubes, oxygen tank (O0100C), or colostomy bag (H0100) (observation, clinical record)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Receives numerous treatments (O0100, O0400) that limit available time/energy (clinical record)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Performs tasks slowly due to reduced energy reserves (observation, clinical record)</li> </ul>	
✓	<b>Environmental or staffing issues</b> that hinder participation	<b>Supporting Documentation</b>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Physical barriers that prevent the resident from gaining access to the space where the activity is held (observation)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Need for additional staff responsible for social activities (observation)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Lack of staff time to involve residents in current activity programs (observation)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Resident's fragile nature results in feelings of intimidation by staff responsible for the activity (from observation, interviews, clinical record)</li> </ul>	

<input checked="" type="checkbox"/>	<b>Unique skills or knowledge</b> the resident has that he or she could pass on to others (from interviews and clinical record)	<b>Supporting Documentation</b> (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Games</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Complex tasks such as knitting, or computer skills</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Topic that might interest others</li> </ul>	
<input checked="" type="checkbox"/>	<b>Issues</b> that result in reduced activity participation	<b>Supporting Documentation</b>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Resident is new to facility or has been in facility long enough to become bored with status quo (interview, clinical record)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Psychosocial well-being issues, such as shyness, initiative, and social involvement</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Socially inappropriate behavior (E0200)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Indicators of psychosis (E0100A-E0100C)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Feelings of being unwelcome, due to issues such as those already involved in an activity drawing boundaries that are difficult to cross (observation, interview, clinical record)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Limited opportunities for resident to get to know others through activities such as shared dining, afternoon refreshments, monthly birthday parties, reminiscence groups (observation, facility activity calendar)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Available activities do not correspond to resident's values, attitudes, expectations (interview, clinical record) (F0500, F0800)</li> </ul>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Long history of unease in joining with others (interview, clinical record)</li> </ul>	

<b>Input from resident and/or family/representative regarding the care area.</b> (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings	Care Plan	Care Plan Considerations
Review indicators and supporting documentation, and draw conclusions. Document: <ul style="list-style-type: none"> <li>• Description of the problem;</li> <li>• Causes and contributing factors; and</li> <li>• Risk factors related to the care area.</li> </ul>	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): \_\_\_\_\_

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):  
 Yes      No

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_