

## ACTIVITY/QUALITY OF LIFE SIGNIFICANT CHANGE ASSESSMENT

Resident Name: Jane Smith	Physician: Johnson	Room # 224	Bed B
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**Admit Date:** 1/25/23      **Birthdate:** 2/16/1949

**Family Support:** Yes - Husband and two daughters      **Religion:** Baptist

**Significant Change:**  
Jane is now receiving end of life care.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the COC affected activity participation/preferences?  YES       NO

**Explain:** Jane is no longer engaged or able to participate in activities of previous interest. Jane was always active and enjoyed socializing with staff and peers.  
 \_\_\_\_\_  
 \_\_\_\_\_

Is a new activity care plan needed in regards to the residents COC?  YES       NO

**Explain:** Jane will require a new activity plan of care focusing on supportive activities and companionship.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Care Plan:** *(Describe any changes, additions made for this quarter)*

Activity care plan was revised to include bedside programming focusing on companionship, see care plan for specific details.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Preferred Activity Setting:**  Group     Independent     1:1     Room

**Additional Comments:**

Companion visits will be scheduled and provided around family and friend visits.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

John Anderson, ADC  
 Activity Representative Signature/Title

3/20/23  
 Date