Using the Care Area Assessments to springboard to Activities Care Planning
What are Care Area Assessments?

- Assessment
  - MDS
  - CAA’s
- Decision Making
- Care Plan Development
- Care Plan Implementation
- Evaluation

Steps:
1. Assessment
2. Decision Making
3. Care Plan Development
4. Care Plan Implementation
5. Evaluation
The assessment process known as the **RAI** involves the completion of the MDS, the CAAs, and the development of a comprehensive care plan.
The RAI process requires the facility staff to, at a minimum, complete standardized assessment data for each resident at regular intervals. The intent is to develop an individualized plan of care based on the identified needs, strengths, and preferences of the resident.
Using the results of the assessment, the IDT and the resident and/or resident’s representative, will be able to identify areas of concern that warrant intervention:

- That impact on the resident’s functioning to assist with development of interventions for improvement, to the extent possible, or to maintain the present level of functioning and to prevent decline, to the extent possible, based upon the resident’s condition and choices and preferences for interventions; 

- If the resident is at risk of decline, that minimize decline in order to avoid functional complications, to the extent possible, including pain or the development of contractures; or

- That may address palliative care, including symptom relief or pain management
There is variability within the resident population capabilities, which may alter as abilities and expectations change, disease intervenes, situational opportunities become less frequent, and/or extended social relationships become less common.
ACTIVITIES

The purpose of the activities CAA is to identify strategies to assist residents with increasing their involvement in activities that have interested and stimulated them in the past and/or to help them find satisfying activities to replace recreational activities that are no longer available to them because of functional or situational factors.
When this CAA is triggered, nursing home staff should follow their facility’s chosen protocol or policy for performing the CAA. This CAA is triggered when the resident may have indications of decreased involvement in social activities.
The information gleaned from the assessment should be used to identify residents who have either withdrawn from recreational activities or who are uneasy entering into activities and social relationships, to identify the resident’s interests, and to identify any related possible contributing and/or risk factors.
The next step is to develop a resident-specific care plan based directly on these conclusions. The focus of the care plan should be to address the underlying cause or causes and the development or inclusion of activity programs tailored to the resident’s interests and to his or her cognitive, physical/functional, and social abilities in order to stimulate and facilitate social engagement.
The activities should focus on helping the resident fulfill his or her wishes, use his or her physical and cognitive skills, provide enjoyment, and provide an avenue for interaction with others.
Areas that Trigger Activities Care Planning

D0200A1 - Code 1
Resident mood interview: little interest or pleasure in doing things - presence

Staff Assessment

D0500A1 - Code 1
Staff assessment of resident mood: little interest or pleasure in doing things - present
Code 4
Not Important at All

Code 5
Important, but can’t do or no choice
Resident interview: how important is it to you to keep up with news

Resident interview: how important is it to you to be around animals/pets

Resident interview: how important is it to you to listen to music

Resident interview: how important is it to you to have books, newspapers, magazines to read
Resident interview: how important is it to you to participate in religious practices

Resident interview: how important is it to you to go outside in good weather

Resident interview: how important is it to you to do your favorite activities

Resident interview: how important is it to you to do things with groups of people
Myrtle responds **“Not Important at All”** to:

How Important to you is it to listen to music

How Important to you is going outside in good weather

How Important to you is it to practice your religion

**TRIGGERED!**
CARE PLAN???

If these items are not important to Myrtle...should we address the situation? Would the Activities Assessments that you do reflect Myrtle and her interests and needs? Would the information that Myrtle does not practice a specific religion, does not spend too much time outside or listens to music but does listen to Talk Radio and watches TV be addressed?
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>F0800L</td>
<td>Staff assessment: reading books, newspapers, magazines</td>
<td>NOT</td>
</tr>
<tr>
<td>F0800M</td>
<td>Staff assessment: listening to music</td>
<td>NOT</td>
</tr>
<tr>
<td>F0800N</td>
<td>Staff assessment: being around animals/pets</td>
<td>NOT</td>
</tr>
<tr>
<td>F0800O</td>
<td>Staff assessment: keeping up with news</td>
<td>NOT</td>
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### CARE AREA TRIGGERS - STAFF ASSESSMENT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>F0800P</td>
<td>Staff assessment: doing things with groups</td>
<td>NOT √</td>
</tr>
<tr>
<td>F0800Q</td>
<td>Staff assessment: participating in favorite activities</td>
<td>NOT √</td>
</tr>
<tr>
<td>F0800R</td>
<td>Staff assessment: spend time away from nursing home</td>
<td>NOT √</td>
</tr>
<tr>
<td>F0800S</td>
<td>Staff assessment: spend time outdoors</td>
<td>NOT √</td>
</tr>
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### Activity preferences prior to admission (from interviews and record)

- Passive
- Active
- Outside the home
- Inside the home
- Centered almost entirely on family activities
- Centered almost entirely on non-family activities
- Group (F0500E) activities
- Solitary activities
- Involved in community service, volunteer activities
- Athletic
- Non-athletic
### Current activity pursuits (from interviews and record)

- Resident identifies leisure activities that interest this resident
- Self-directed or done with others and/or planned by others
- Activities resident pursues when visitors are present
- Scheduled programs in which resident participates
- Activities of interest not currently available or offered to the resident
<table>
<thead>
<tr>
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<th><strong>Health issues</strong> that result in reduced activity participation</th>
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<tbody>
<tr>
<td>✔</td>
<td>- Indicators of depression or anxiety (D0200, D0500)</td>
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<td></td>
<td>- Use of psychoactive medications (N0400A-D)</td>
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<td></td>
<td>- Functional/mobility (G0110) or balance (G0300) problems: physical disability</td>
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<td></td>
<td>- Cognitive deficits (C0500, C0700-C1000), including stamina, ability to express self (B0700), understand others (B0800), make decisions C1000</td>
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<td></td>
<td>- Unstable acute/chronic health problem (from record) (O0100)</td>
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<td>- Chronic health conditions, such as incontinence (H0300, H0400) or pain (J0300)</td>
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<td>- Embarrassment or unease due to presence of equipment, such as tubes, oxygen tank, colostomy bag (H0100), etc. (from observation, record)</td>
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<td></td>
<td>- Receives numerous treatments (O0100) that limit available time/energy (from record)</td>
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<td></td>
<td>- Performs tasks slowly due to reduced energy reserves (observation, record)</td>
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### Care Area Assessment Form

<table>
<thead>
<tr>
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<th>Environmental or staffing issues that hinder participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Physical barriers that prevent the resident from gaining access to the space where the activity is held (observation)</td>
</tr>
<tr>
<td></td>
<td>Need for additional staff responsible for social activities (observation)</td>
</tr>
<tr>
<td></td>
<td>Lack of staff time to involve residents in current activity programs (observation)</td>
</tr>
<tr>
<td></td>
<td>Resident’s fragile nature results in feelings of intimidation by staff responsible for the activity (observation, interviews, record)</td>
</tr>
</tbody>
</table>
Preparing a care plan for an elderly person should encompass all facets of life. In the past, care plans were written to address only the deficits. For better quality of life results, caregivers now write universal care plans incorporating needed care into the adult's life. These care plans are intended to provide assistance in a person's natural environment. If the elderly person resides in a nursing home or care facility, the care plans address the need to provide home-like routines and suggest ways to provide healthy lifestyles that fits their beliefs and personal preferences.
Write short-term goals for your patient to work toward. The patient should have the ultimate vote as to whether he is interested in working toward the goal or not. Goals should be co-written by the patient. The goals should be written with the patient's strengths and needs in mind. For example, if the patient can walk with or without assistance he should be encouraged to walk rather than sit in a wheelchair simply to prevent a fall. The identified care needs should be administered in a way that preserves the dignity of the patient and promotes independence to the degree possible for the individual.
Problem/Strength

Rose is dependent on staff for activities, cognitive stimulation, social interaction due to short term memory loss.

Rose is able to interact with staff during 1-1 visits.

Rose enjoys doing crossword puzzles and gardening.

Rose enjoys musical programs and educational programs as evidenced by her interaction with staff during these programs.
CARE PLANNING

Rose is dependent on staff for activities, cognitive stimulation, social interaction due to short term memory loss

Goals

Rose will attend group activities that she is interested in
Rose will interact with staff during group activities
Rose will be escorted to activity groups via wheelchair
Remind Rose of musical and educational programs just prior to the group program

Escort Rose to music and educational programs

Encourage Rose to interact with staff during group programs

Positively reinforce her interactions with staff
Problem/Strength
Rose enjoys doing Crossword Puzzles

Goal
Rose will complete crossword Puzzles that she is interested in

Intervention
Rose will have crossword puzzle supplies available for her including puzzles, sharpened pencils
Rose will be assisted to complete crossword puzzles during 1-1 visits
Facilitate social interaction with other residents interested in gardening

Remind and escort Rose to gardening program
Encourage Rose to activity participate in gardening as evidenced by her planting and maintaining the garden at least once a week
Assist Rose with her container plants in her room, water regularly, prune as needed and share cuttings with others

Goal

Rose will interact with other residents, staff and family concerning her gardening and share her expertise with others
Joe answered that it was important to do things outside, in good weather but he could not do.

**Problem**

Joe would like to go fishing with his friends and family.
Joe will be able to go fishing with family and friends.
<table>
<thead>
<tr>
<th><strong>Social Services/PT</strong></th>
<th>• Staff will educate family and friends proper wheelchair transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities/OT</strong></td>
<td>• Staff will show Joe adaptive fishing equipment for bass fishing</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>• Provide Bass Fishing information to include Fishing Channel information, DVD’s on bass fishing and fishing magazines</td>
</tr>
<tr>
<td><strong>Nursing</strong></td>
<td>• Will schedule medication and ADL’s around Joe’s fishing trips with family and friends</td>
</tr>
<tr>
<td><strong>Social Services</strong></td>
<td>• Will educate family and friends about planning ahead so that staff can prepare Joe for his outings</td>
</tr>
</tbody>
</table>
Carrie stated that it wasn’t important to her that she participate in group activities.
CARE PLANNING

Goal

Carrie will be able to participate in activities of her choice to include but not be limited to gardening, reading and watching her favorite TV shows
CARE PLANNING

Interventions

Activities
• Provide Carrie with TV Schedule for Top Chef
• Provide information concerning Top Chef

Activities
• Assist with in room gardening including setting up an Herb Garden
• Include herbs in Cooking classes

Social Services
• Assure that Carrie continues to receive TV Guide
• Maintain Reading List for Large Print Books

Nursing
• Encourage participation in Book Club by reminding of program on Wednesdays at 2:00PM

Activities/All
• Remind Carrie of small group programs including Book Club and Cooking Classes.
• Encourage interaction with other’s who share a common interest
Using the information from the MDS 3.0, Activities Initial Assessment as well as the Care Area Assessments you develop the Plan of Care for your residents.

Care Plans should be individualized and reflect the needs and interests of each individual

All staff can be included in the Plan of Care
Use the Care Area Assessments for your documentation

Consider the resident responses for your Care Planning

Individualize Care Plans

Even when not triggered, you can address residents problem/strengths using the CAA’s
The Interpretive Guidelines as well as the upcoming QIS Survey process are all based on knowing the resident and their specific needs and interests. It is the goal of care planning for activities to be specific in the needs and interests of each individual resident. Care Planning should include the specific needs and interests of the residents as well as addressing any challenges that the resident may have concerning pursuing those specific needs and interest.
Goals should reflect what the resident wants (or family if resident cannot communicate) and should be measurable. They should be based upon the needs and interests identified in the Activities Assessment, the MDS as well as information gleaned from the resident or significant family member.

Using the specific needs and interests of the residents base their goals on what they want to do. Does their current condition hinder what they want to do with the interests that they have????????
Fishing

- Resident will be involved in Fishing programs.
- AEB will attend the Fishing program.

Crossword

- Resident will complete two crossword puzzles successfully each week for the next 3 months.

Knitting

- Resident will be able to knit with adapted knitting patterns.