10. ACTIVITIES

Review of Indicators of Activities

✓	Activity preferences prior to admission	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Passive	
☐	• Active	
☐	• Outside the home	
☐	• Inside the home	
☐	• Centered almost entirely on family activities	
☐	• Centered almost entirely on non-family activities	
☐	• Group activities *(F0500E, F0800P)*	
☐	• Solitary activities	
☐	• Involved in community service, volunteer activities	
☐	• Athletic	
☐	• Non-athletic	
✓	**Current activity pursuits**	**Supporting Documentation**
☐	• Resident identifies leisure activities of interest	
☐	• 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	

✓	**Health issues** that result in reduced activity participation	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Indicators of depression or anxiety (*D0150*, *D0160*, D0500, D0600)	
☐	• Use of psychoactive medications (*N0415A–N0415D*)	
☐	• Functional/mobility (*GG0130, GG0170*) or balance problems; physical disability	
☐	• Cognitive deficits (C0500, C0700–C1000), including stamina, ability to express self (B0700), understand others (B0800), make decisions (C1000)	
☐	• Unstable acute/chronic health problem • (*O0110*, J0100, J1100, J1400, J1550, *J2000,* I8000, M1040)	
☐	• Chronic health conditions, such as incontinence (H0300, H0400) or pain (J0300*, J0800*)	
☐	• Embarrassment or unease due to presence of equipment, such as tubes, oxygen tank (O01*10C1*), or colostomy bag (H0100)	
☐	• Receives numerous treatments (*M1200, O0110*, O0400) that limit available time/energy	
☐	• Performs tasks slowly due to reduced energy reserves	
✓	**Environmental or staffing issues** that hinder participation	**Supporting Documentation**
☐	• Physical barriers that prevent the resident from gaining access to the space where the activity is held	
☐	• Need for additional staff responsible for social activities	
☐	• Lack of staff time to involve residents in current activity programs	
☐	• Resident's fragile nature results in feelings of intimidation by staff responsible for the activity	

✓	**Unique skills or knowledge** the resident has that *they* could pass on to others	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Games	
☐	• Complex tasks such as knitting, or computer skills	
☐	• Topic that might interest others	
✓	**Issues** that result in reduced activity participation	**Supporting Documentation**
☐	• Resident is new to facility or has been in facility long enough to become bored with status quo	
☐	• Psychosocial well-being issues, such as shyness, initiative, and social involvement	
☐	• Socially inappropriate behavior (E0200)	
☐	• Indicators of psychosis (E0100A–B)	
☐	• Feelings of being unwelcome, due to issues such as those already involved in an activity drawing boundaries that are difficult to cross	
☐	• Limited opportunities for resident to get to know others through activities such as shared dining, afternoon refreshments, monthly birthday parties, reminiscence groups	
☐	• Available activities do not correspond to resident's values, attitudes, expectations (F0500, F0800)	
☐	• Long history of unease in joining with others	

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

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	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:_____