

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F246 (cont'd)	<p>and patients names or symbols visible to all the residents.</p> <p>Staff consistently use techniques such as reality orientation, empathy, and/or validation therapy as per each individual's needs.</p> <p>Resident has familiar items if available in room (e.g., family pictures, artwork, afghan, chair from home).</p> <p>Residents in restraints have activities of interest geared to their abilities when restrained (e.g., table-top activity, music, radio, reading and writing material; when out of restraints (e.g., walks, exercise, group, toileting).</p> <p>Small group and one-on-one involvement with staff reinforcing appropriate responses.</p> <p>Staff reaction to resident behavior during activities (e.g., crying, whining, demanding, non-verbal, aggression,</p>	<ul style="list-style-type: none"> <li>- If he/she does not participate, why?</li> <li>- Which activities appear to relax/calm the resident? Excite him/her?</li> <li>- How does staff manage maladaptive behavior (e.g., abusive, disruptive, combative)?</li> <li>- Is direct care staff involved in resident activities? How? When (weekends, evenings)?</li> <li>- Does resident have one-to-one assistance in activities?</li> <li>- How many residents have activities a day of interest to them as individuals?</li> <li>- Why do these residents have so little interest? What is your plan to find more activities of interest to them that will meet their needs?</li> <li>- What types of residents seem not to be interested in activities?</li> <li>- How many (who) residents have only passive activities?</li> </ul>			