

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F 246 (cont'd.)</p>	<p>Touddness).</p> <p><u>Specific observation for comatose or terminally ill resident:</u></p> <ul style="list-style-type: none"> <li>- Appropriate items for sensory enrichment in room (e.g., TV, radio, adequate lighting)</li> <li>- Resident placed in supportive living environment (e.g., around people, in hall, activities room, sunshine, fresh air), when appropriate to the resident needs and consistent with the resident's choice.</li> </ul> <p><u>Specific observation of environment for conducting activity program:</u></p> <ul style="list-style-type: none"> <li>- Adequate lighting.</li> <li>- Functional area is appropriate for activities of interest (e.g., religious services, arts and crafts, cooking, reading, TV watching, card playing, parties, discussion groups, gardening).</li> </ul>	<ul style="list-style-type: none"> <li>- How do you adapt activities for needs of residents who are:               <ul style="list-style-type: none"> <li>- confused/disoriented</li> <li>- emotionally disturbed</li> <li>- mentally retarded</li> <li>- physically impaired but alert</li> <li>- terminally ill?</li> </ul> </li> <li>- Are community volunteers utilized in the activities program? In what way?</li> <li>- Are the residents encouraged to offer suggestions for new activities? If so, what activities have been instituted as a result?</li> <li>- How they manage maladaptive behavior (e.g., abusive, disruptive, combative)?</li> <li>- How do they help depressed residents (e.g., tearful, emotionally labile)?</li> </ul>		<p>Resident may refuse to participate in activity. However, if the activities are part of a diagnostic or therapeutic program, the resident is responsible for assisting in the selection of mutually acceptable alternative activities.</p>	