

Resident-related – Triggered

Home Name: _____ Inspection Number: _____ (*hard copy use only*)
Date: _____
Inspector ID: _____

Definition / Description

Recreation and Social Activities: Every licensee must ensure that there is an organized program of recreational and social activities to meet the interests of the residents. LTCHA

Use

This is a resident-related triggered IP, used to review recreation and social activities program during the annual inspection of the LTC home for a sampled resident who:

- does not participate in activities
- requires assistance to attend activities of choice, or
- identifies that there are no organized activities of interest offered.

The inspector may also select and complete this IP when a concern(s) related to recreation and social activities program is raised while conducting any type of inspection.

The inspection focuses on the licensee's obligations to provide a recreation and social activities program that includes:

- The provision of supplies and appropriate equipment
- The development, implementation and communication of the recreation and social activities schedule
- Resident and family input into the development of the recreation and social activities schedule
- Assistance and support to allow residents to participate in activities
- A range of indoor and outdoor recreation.

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collection of information and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.

This IP contains two (2) parts:

- Part A: Resident Risk and Care Outcomes
- Part B: Contributing Factors

During the Annual Inspection:

1. The inspector(s) will complete one (1) IP for each selected resident.
2. All applicable questions in Part A must be completed unless not applicable to the specific resident's

condition.

3. If non-compliance is identified in Part A, the inspector(s) will proceed to Part B and complete the applicable questions.
4. If there is no non-compliance identified in Part A, Part B is not required to be completed unless other concerns related to recreation and social activities have been identified.
5. The inspector must document evidence to support non-compliance in the 'Notes' section when answering 'No'.

PART A: Resident Risk and Care Outcomes

Initial Record Review

Relevant documents for review include:

MDS assessment:

- Section B (cognitive patterns)
- Section C (communication/hearing patterns)
- Section D (vision patterns)
- Section E (mood and behaviour patterns)
- Section F (psychological well-being)
- Section G (physical functioning and structural problems) – e.g. G5 (functional limitation in range of motion), G5 (modes of locomotion), G7 (task segmentation), G6a=1 (bedfast all or most of the time)
- Section I (disease diagnoses)
- Section J (health conditions) – e.g. J2 (pain symptoms), J3 (pain site)
- Section N (activity pursuit patterns)
- Section R (assessment information) – e.g. R1 (participation in assessment)

The history, physical assessment, physician orders, plan of care, progress notes, pharmacist reports, lab reports and any flow sheets, intake and output records, MAR and TAR.

			Information Gathering	
			Initial Record Review	
Notes				

Resident / Substitute Decision-Maker Interview

Interview the resident, family or responsible party to determine:

- Awareness of the recreation and social activities offered by the home
- Whether the resident receives assistance and access to equipment and supplies to complete activities
- Whether assistance is provided as needed to facilitate participation in activities of choice
- If the resident is not participating in activities, whether the reasons have been identified by the home
- Whether the resident is participating in chosen activities on a regular basis
- Whether planned recreational and social activities are occurring on a regular basis.

			Information Gathering
			Resident / SDM Interview
Notes			

Staff Interviews			
<p>Interview staff on various shifts when concerns about recreation and social activity have been identified to determine:</p> <ul style="list-style-type: none"> • Knowledge of the resident's recreation and social activities plan of care • What assistance staff provide for the resident to participate in recreation and social activities • How staff make sure equipment and supplies are made available • How regularly the resident participates • How staff make sure the resident is informed and transported to participate in activities • How special dietary needs and restrictions are handled and communicated during activities involving food. 			
			Information Gathering
			Staff Interviews
Notes			

Assessment			
<p>Determine whether the recreation and social activities include, as appropriate:</p> <ul style="list-style-type: none"> • Lifelong interests/customary routines • Resident's desired daily routine and availability for activities • Group, one-to-one and/ or self-directed activities which the resident wishes to participate in • Type and frequency of physical assistance necessary to facilitate the resident's attendance at recreation and social activity • Current physical, mental and psychosocial health status which could affect the resident's choice of activities or ability to participate • Recent changes in activity, daily patterns or prior routines • Environmental / risk factors or conditions that may affect recreation and social activity attendance. 			
			Information Gathering
			Assessment
Notes			

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff and others collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other?	s. 6 (4) (a)
Notes					

Plan of Care					
Review the plan of care to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan of care addresses: <ul style="list-style-type: none"> • Resident-specific needs, conditions, history, risks, needs, behaviours, medication and preferences • Quantifiable, measurable objectives with re-assessment timeframes • Interventions with clear direction to guide the provision of care and treatment. 					
Information Gathering					
Plan of Care					
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of the resident's psychological well-being?	r. 26 (3) 6
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of the resident's activity patterns and pursuits?	r. 26 (3) 16
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of the resident's cultural, spiritual, and religious preferences and age-related needs and preferences?	r. 26 (3) 22
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan of care set out clear directions to staff and others who provide direct care to the resident?	s. 6 (1) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident, SDM, if any and designate of the resident/SDM been given an opportunity to participate fully in the development and implementation of the plan of care?	s. 6 (5)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are staff and others who provide direct care to a resident kept aware of the contents of the plan of care and have convenient and immediate access to it?	s. 6 (8)
Notes					

Observations / Provision of Care					
Observe the resident to determine whether staff: <ul style="list-style-type: none"> • Inform resident of activity programs and schedule • Encourages resident to participate and attend activities • Respond to and assist the resident's requests to attend recreation and social activities • Provide activities for residents confined to their rooms • Have access to supplies and equipment • Seek alternatives to assist the resident when the interventions are not effective. 					
				Information Gathering	
				Observations / Provision of Care	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the care set out in the plan of care provided to the resident as specified in the plan?	s. 6 (7)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to be treated with courtesy and respect and in a way that fully recognizes their individuality and respects their dignity?	s. 3 (1) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to form friendships and relationships and to participate in the life of the long-term care home?	s. 3 (1) 18
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to have his or her lifestyle and choices respected?	s. 3 (1) 19
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to pursue social, cultural, religious, spiritual and other interests and develop his or her potential? Has the resident been given reasonable assistance by the licensee to pursue these interests and develop his or her potential?	s. 3 (1) 23
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to have access to a protected outdoor area in order to enjoy outdoor activity unless the physical setting makes this impossible?	s. 3 (1) 26
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the recreational and social activities program include services for residents with cognitive impairments and residents who are unable to leave their room?	s. 10 (2)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program include the assistance and support to permit the resident to participate in activities that may be of interest to them if they are not able to do so independently?	r. 65 (2) (f)
Notes					

Monitoring / Evaluation/ Revision			
Determine whether the staff have been monitoring the resident's response to interventions and have evaluated and revised the plan of care based on the resident's response, outcomes, and needs. Both the RAI outcome scale and the quality indicators are evidence of the care intervention effectiveness.			
			Information Gathering
			Monitoring / Evaluation/ Revision
Notes			

No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary?	s. 6 (10) b
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident being reassessed and the plan of care being reviewed and revised because care set out in the plan has not been effective, and have different approaches been considered in the revision of the plan of care?	s. 6 (11) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions, are documented?	r. 30 (2)
Notes					

PART B: Contributing Factors
(Complete applicable questions if non-compliance is identified in Part A.)
Recreational and Social Activities

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there an organized recreational and social activities program to meet the interests of the residents?	s. 10 (1)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program include the provision of supplies and appropriate equipment for the program?	r. 65 (2) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program include: <ul style="list-style-type: none"> • the development and implementation of a schedule of recreation and social activities that are offered during days, evenings and weekends, and • the communication of the schedule to all residents and families? 	r. 65 (2) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents and reflect their interests?	r. 65 (2) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program include opportunities for resident and family input into the development and scheduling of recreation and social activities?	r. 65 (2) (d)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program include the provision of information to residents about community activities that may be of interest to them?	r. 65 (2) (e)
Notes					

Policies to be followed

No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is: <ul style="list-style-type: none"> a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and b) complied with? 	r. 8 (1) (a) (b)
Notes					

General Requirements for Programs

No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that there is a written description of the program that includes its: <ul style="list-style-type: none"> • goals and objectives • relevant policies, procedures, protocols • methods to reduce risk • methods to monitor outcomes, and • protocols for referral of resident to specialized resources where required? 	r. 30 (1) 1
Notes					

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Recreation and Social Activities, for example:

- Admission Process
- Dignity, Choice and Privacy
- Contenance Care and Bowel Management
- Falls Prevention
- Medication
- Minimizing of Restraining
- Pain
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Reporting and Complaints
- Responsive Behaviours
- Training and Orientation