

PEAK 2.0 EVALUATION PREPARATION AUDIT | OVERVIEW AND INSTRUCTIONS

The PEAK 2.0 Evaluation preparation audit is intended to provide homes with a tool to help self-evaluate progress being made in the PEAK 2.0 program. It should help identify areas of practice that may need additional work, prior to the PEAK evaluation.

The Evaluation preparation audit is not intended to be a comprehensive review, and should not be considered a sole predictor of the homes final evaluation results. It should simply help homes think about the program criteria and how practices in the home compare to the criteria.

An audit has been developed for each of the program's core areas. If a home plans to be evaluated on a core, print the audit for that core and following the instructions. Remember, the self-audit is only intended to serve as a tool for the home and completion is **not required by the program**.

It is suggested that the home involve as many team members as possible in the audit process to help prepare for evaluation.

Once the audit has been completed the team is encouraged to look at the program criteria for any core area that concerns are identified to consider if changes may need to be made in practice. It may also be helpful to review the Core Consideration for that area for additional considerations. These can be found on the PEAK 2.0 website.

The home will have an opportunity to share the audit with a PEAK consultant to help develop action plans for continual improvement in person-centered care. Please complete the information below in preparation for sharing the audit information with the PEAK team.

Home Name: _____

Primary Contact Person: _____

Date of Audit Completion: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: FOOD

OBSERVATIONS

Instructions: Ask a team member to observe a meal service for a meal and document observations. If **NO** is marked, comment on the specific observation in comment section below.

A member of your dining team could complete this observation exercise.

| | Observations | YES | NO |
|----------|--|------------|-----------|
| 1 | Menu options are posted in some way for every meal. | | |
| 2 | Posted menus reflect various options beyond the two required menu alternatives. | | |
| 3 | Menu options are discussed with each resident at the time of service. | | |
| 4 | Beverages were served AFTER residents were seated. | | |
| 5 | Residents with dementia and those whom have difficulty with communication were offered options at the time of service. | | |
| 6 | A variety of foods (hot and cold) are easily accessible to residents between meal services. | | |
| 7 | There are no assigned seating charts or place cards in the dining room. | | |
| 8 | <i>ALL</i> residents are asked where they want to sit upon entering the dining room. | | |
| 9 | Resident who require assistance at meal time are seated in a seat of their choice rather than seated together at the same table. | | |

Comments: _____

RESIDENT INTERVIEWS

Instructions: Ask team members to interview a few residents asking the questions below.

These questions could be asked of a group of elders gathered for any reason, i.e. a Resident council meeting, a group activity or for a meal.

Supporting Practice #1-What to Eat

- How do you let staff know what you want to eat at each meal?
- How are you involved in meal planning or changing and/or updating the menu?
- What happens if you don't like what is being served at a meal?

Supporting Practice #2-When to Eat

- What food/drinks are available at night?
- How do you get food/drinks at night?
- What are the meal times in your home?
- Is this when you ate at home?
- If you are hungry for something special how would you get it?

Supporting Practice #3- Where to Eat

- Where do you eat your meals?
- Where do you like to sit?
- How is this determined?

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: FOOD

DIRECT CARE STAFF INTERVIEW

Instructions: Talk with few direct caregivers and ask the following questions.

A member of the Leadership team could talk with a few direct caregivers in a stand-up meeting, or briefly at the beginning or end of a shift.

| Supporting Practice #1- What to Eat | | | |
|--|---|------------|-----------|
| | Questions | YES | NO |
| 1 | Does our home gather information on residents' food preferences, such as, lifelong eating patterns and habits? | | |
| 2 | Is there a process in place to communicate resident preference information to all caregivers? | | |
| 3 | Can you tell me where this information can be found? | | |
| 4 | Do residents in our home have a food committee or other group, other than Resident Council, that meets routinely and is actively involved in menu development on an ongoing basis BEFORE menus are implemented? | | |

| Supporting Practice #2- When to Eat | | | |
|--|--|------------|-----------|
| | Question | YES | NO |
| 1 | Are residents actively involved in determining the meal times in the home? | | |

| Supporting Practice #3- Where to Eat | | | |
|---|---|------------|-----------|
| | Questions | YES | NO |
| 1 | Are resident suggestions and ideas for decorating dining rooms included in the decision-making process BEFORE decisions are made? | | |
| 2 | Are residents routinely involved in placement/ arranging of the furnishings in the dining room? | | |

Notes: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: BATHING

DOCUMENT REVIEW

Instructions: Review the interview tools used to gather information about resident bathing preferences and answer the questions below.

| | Questions | YES | NO |
|---|---|-----|----|
| 1 | Does the interview tool ask questions beyond resident preference of frequency for a bath or shower? | | |
| 2 | Is the interview tool adequate to gather detailed information about residents' lifelong hygiene routines? | | |
| 3 | Are interview tools, asking about residents' bathing preferences, completed for each resident? | | |

Instructions: Review the training outline used to provide the team Alternative Bathing training and answer the question below.

| | Question | YES | NO |
|---|---|-----|----|
| 1 | Does the training include instruction on HOW to use a variety of alternative bathing methods effectively to maintain hygiene? | | |

Instructions: Review the Alternative Bathing training attendance records maintained by the home and answer the questions below.

| | Questions | YES | NO |
|---|---|-----|----|
| 1 | Did 90% of certified staff (CNA's, CMA's, Nurses) who are scheduled to work at least weekly, complete the Bathing Alternative training during the past year? (Note: You do NOT need to include PRN or seasonal staff in this calculation) | | |
| 2 | Is Alternative Bathing training included in new staff orientation for all staff certified to assist with bathing? | | |

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: BATHING

OBSERVATIONS

Instructions: Ask a team member to look at all spa and shower spaces in the home and document observations. If **NO** is marked, comment on the specific observation in comment section below.

| | Observations | YES | NO |
|----------|---|------------|-----------|
| 1 | Are bathing areas clean and pleasant spaces? | | |
| 2 | Are bathing areas uncluttered and not used to store extra medical equipment and supplies? | | |
| 3 | Do bathing areas provide privacy and dignity? | | |
| 4 | Are supplies and equipment available to support residents in alternative bathing methods? | | |

Comments: _____

RESIDENT INTERVIEWS

Instructions: Ask a team member to interview a few residents privately asking the questions below.

Supporting Practice #1- Bathing Choice

- Tell me about *your* bathing routines when you were at home.
- Is that similar to your routine here?
- Do you have choice in when and where you bathe?
- Can you change your mind about your bathing schedule?
- Does your bathing care meet your preferences?
- Do you have a choice in who assists you with bathing care?

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: BATHING

DIRECT CARE STAFF INTERVIEWS

Instructions: Talk with few direct caregivers and ask the following questions.

A member of the Leadership team could talk with a few direct caregivers in a stand-up meeting, or briefly at the beginning or end of a shift

| Supporting Practice #1- Bathing Choice | | | |
|---|--|------------|-----------|
| | Questions | YES | NO |
| 1 | Do caregivers know how to effectively assist with sink baths, bed baths, towel baths, segmented bathing, alternative haircare with dry shampoo products and other alternative methods? | | |
| 2 | Are decisions about who will help provide bathing care based on the resident’s relationship with caregivers and their preferences rather than staff convenience? | | |
| 3 | Do all team members assist with bathing on a regular basis rather than relying solely on a designated bath aid? | | |

| Supporting Practice #2- Bathing Alternatives | | | |
|---|---|------------|-----------|
| | Question | YES | NO |
| 1 | Do all team members you work with understand that resident should NOT be expected to submerge in water for traditional baths/showers to maintain hygiene? | | |

Comments: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

DOCUMENT REVIEW

Instructions: Review the interview tools used to gather resident sleep preferences and answer the questions below.

| | Questions | Yes | No |
|----------|--|------------|-----------|
| 1 | Do the interview tools ask questions beyond the resident’s preferred time to wake and go to bed? | | |
| 2 | Are interview tools adequate to gather rich information about resident’s preferences so caregivers can support residents in preferred routines around sleep? | | |
| 3 | Are interview tools completed for each resident asking about sleep routines and preferences? | | |
| 4 | Are thorough assessments completed on each resident’s continence, bed-mobility and skin? | | |

Instructions: Review a few resident care plans and answer the question below.

| | Question | Yes | No |
|----------|--|------------|-----------|
| 1 | Do all care plans contain individualized night care plans that describe what type of care the resident needs at night and the preferred frequency or time for this care? | | |

Notes: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

OBSERVATIONS

Instructions: Ask a team member to observe team interaction with residents during the night and through a brief period first thing in the morning. Then, complete the following questions. If **NO** is marked, comment on the specific observation in comment section below.

| | Observations | YES | NO |
|----------|--|------------|-----------|
| 1 | Were all residents allowed to sleep without disruptions by staff to provide care or medication during the observation period? | | |
| 2 | Were all residents allowed to wake naturally on their own unless indicated on their care plan they wished to be waken in the morning by staff? | | |
| 3 | Were residents only taken to bed if they asked to do so or indicated they were tired and ready for bed? | | |
| 4 | Are sleep routine preferences being supported by staff? | | |
| 5 | Were all residents allowed to sleep without disruptions by staff completing tasks such as stocking or cleaning in the resident's room? | | |
| 6 | Were hall lights dimmed at night? | | |
| 7 | Did staff use flashlights or bedside lamps rather than overhead lights when entering rooms at night? | | |
| 8 | Did staff provide resident care as outlined on the individualized night care plan rather than practicing traditional rounds every two hours on every resident? | | |
| 9 | Are there residents here with their own bed, blanket and pillows? | | |

Comments: _____

RESIDENT INTERVIEWS

Instructions: Ask team members to interview a few residents asking the questions below.

These questions could be asked of a group of elders gathered for any reason, i.e. a Resident council meeting, a group activity or for a meal.

Supporting Practice #1- Individual Sleep Routines

- Do you get up and go to bed and nap when you want?
- Do you ever get awoken to take a medication?

Supporting Practice #2- Undisturbed Sleep Practices

- How well do you sleep here at night?
- What things disrupt your sleep?
- Do you have your own bed, blankets and pillow here?

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

DIRECT CARE STAFF INTERVIEWS

Instructions: Talk with few direct caregivers and ask the following questions.

A member of the Leadership team could talk with a few direct caregivers in a stand-up meeting, or briefly at the beginning or end of a shift.

| Supporting Practice #1- Individual Sleep Routines | | | |
|--|---|------------|-----------|
| | Questions | YES | NO |
| 1 | Does each resident have a person-centered care plan to describe the resident’s needs and preference related to sleep? | | |
| 2 | Do you know how to access elders sleep preference information? | | |
| 3 | When a new elder moves into our home how long is it before you usually receive information about their sleep preferences? | | |
| 4 | Do we support individual sleep preferences rather than practicing any group wake-up, nap or bedtime schedules? | | |

Notes: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: DAILY ROUTINES

DOCUMENT REVIEW

Instructions: Review the Screening tool used to gather information before the resident moves into your home and answer the questions below.

| | Questions | YES | NO |
|----------|--|------------|-----------|
| 1 | Does the move-in tool used to gather clinical information prior to move-in, (diagnosis, meds etc.) include information about residents' personal routines and preferences? | | |
| 2 | Is the information you are gathering about resident routines and preferences adequate to enable the team to support the residents' preferred daily routine? | | |
| 3 | Is the information you gather about resident routines and preferences gathered PRIOR to move in? | | |

Instructions: Review Care Plan attendance records for the past 3 months. Select your best month in the past 3 months to report attendance and answer the questions below.

| | Questions | YES | NO |
|----------|--|------------|-----------|
| 1 | Were 90% of care plans attended by a resident or family member/designee? | | |
| 2 | Were 90% of care plans attended by a direct caregiver? | | |

Instructions: Review a few comprehensive care plans for current residents.

| | Question | YES | NO |
|----------|---|------------|-----------|
| 1 | Do the person-centered care plans include information about resident's personal routines and preferences? | | |

Notes: _____

RESIDENT INTERVIEWS

Instructions: Ask team members to interview a few residents asking the questions below.

These questions could be asked of a group of elders gathered for any reason, i.e. a Resident council meeting, a group activity or for a meal.

Supporting Practice #1- Move-In Assessment

- How is your daily routine different here than it was at home?
- Why is it different?
- What do you think the reason for this is?
- If you want something about your care to change, how do you go about getting it changed?

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: DAILY ROUTINES

DIRECT CARE STAFF INTERVIEWS

Instructions: Talk with few direct caregivers and ask the following questions.

A member of the Leadership team could talk with a few direct caregivers in a stand-up meeting, or briefly at the beginning or end of a shift

| Supporting Practice #1- Move-in Assessment | | | |
|---|---|------------|-----------|
| | Questions | YES | NO |
| 1 | Is information about resident routines and preferences available to you PRIOR to a new eldering moving into our home? | | |
| 4 | Do you know how to access this information prior to move in? | | |
| 5 | Do you feel you have adequate information to support new residents in their daily routine from Day 1? | | |

| Supporting Practice #3- Care Plan delivery | | | |
|---|---|------------|-----------|
| | Questions | YES | NO |
| 1 | Are you able to access resident care plan? | | |
| 2 | Is there a way you can make changes to the care plan as requested by residents beyond simply “telling a nurse”? | | |

Notes: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RELATIONSHIPS

DOCUMENT REVIEW

Instructions: Review the current posted staff schedules and answer the following questions.

To determine the % of Consistently assigned staff:

Review each name on the schedule. If a team member is always assigned to the same work area on the schedule, mark them as consistent. If a team members name appears on the schedule in more than one work area, or the team member provides service to more than one work area, mark them as not consistent. Divide the total number of names marked consistent by the total number of names for a % of consistently assigned staff.

| | Questions | YES | NO |
|----------|---|------------|-----------|
| 1 | Is the home divided into work areas of no more than 30 residents? | | |
| 2 | Is there a separate work schedule for each work area of no more than 30 residents? | | |
| 3 | Are 75% of all staff consistently assigned to the same work area every day on the current schedule? | | |
| 4 | Are there any agency staff on the schedule? | | |
| 5 | Are PRN staff members always assigned to the same work area? | | |
| 6 | Do team members in each work area have easy access to equipment and supplies necessary to do their job? | | |

Notes: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RELATIONSHIPS

SELF-REFLECTIONS

Instructions: Review the following questions and respond as accurately and possible as to what is currently happening in your home.

| | Question | YES | NO |
|----------|---|------------|-----------|
| 1 | Are workers trained and expected to serve as universal workers in your home? | | |
| 2 | When someone calls in, are they replaced with a team member who is consistently assigned to the same work area? | | |

Notes: _____

RESIDENT INTERVIEWS

Instructions: Ask team members to interview a few residents asking the question below.

These questions could be asked of a group of elders gathered for any reason, i.e., a Resident council meeting, a group activity or for a meal.

Supporting Practice #2- Consistent staffing

- Do you routinely have the same caregivers from day to day?

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: DECISION-MAKING RESIDENT CARE

DOCUMENT REVIEW

Instructions: Review the training outline used by the home for Risk training in the past PEAK year and answer the questions below.

| | Questions | YES | NO |
|----------|---|------------|-----------|
| 1 | Does the Risk training clarify the organization’s position on Risk? | | |
| 2 | Does the Risk training address how to respond to a resident making a risky decision? | | |
| 3 | Does the Risk training discuss the need to consider the severity of the risk involved in the decision being made by the resident? | | |
| 4 | Does the Risk training address the need to determine why a person is making the choice they are making? | | |
| 5 | Does the Risk training address the need to discuss alternatives to mitigate risk with the resident? | | |
| 6 | Does the Risk training address the need to educate residents about consequences of their decisions? | | |
| 7 | Does the Risk training cover how to document these situations? | | |
| 8 | Does the Risk training cover how to Care plan risky decisions? | | |
| 9 | Does the Risk training encourage the team to make decisions based on individual needs and situation of each elder? | | |

Instructions: Review attendance records of Risk training completed in the past PEAK year and answer the question below.

| | Question | YES | NO |
|----------|---|------------|-----------|
| 1 | Does the home have evidence that 90% of the staff have completed the Risk training in the past PEAK year? <i>(To calculate this %, divide the number of staff who have received this training by the total number of team members who are scheduled to work every week, either full or part time. Seasonal or PRN staff do NOT need to be included.)</i> | | |

DIRECT CARE STAFF INTERVIEWS

Instructions: Talk with few direct caregivers and ask the following questions.

A member of the Leadership team could talk with a few direct caregivers in a stand-up meeting, or briefly at the beginning or end of a shift

| Supporting Practice #1- Shared Understanding | | | |
|--|--|-----|----|
| | Question | YES | NO |
| 1 | What do you do if a resident makes a decision that is not in their best interest? Do all direct caregivers know how to respond to residents on the spot as the developed risk training guides them to do? | | |

| Supporting Practice #2- Access to Information and Resources | | | |
|---|---|-----|----|
| | Questions | YES | NO |
| 1 | Is there a system in place for you to access information about the special health needs of each resident in your work area? | | |
| 2 | Do you have access to contact information for resident loved ones? | | |
| 3 | Are you empowered to make independent contact with loved ones as directed by residents? | | |
| 4 | Is transportation readily available for you to support resident requests including during evening hours and weekends? | | |
| 5 | Is a system in place to empower you to assist residents with access to their spending money accounts when administrative staff are out of the building? | | |

Notes: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: DECISION-MAKING/STAFF WORK

DOCUMENT REVIEW

Instructions: Review the training outline used to train direct care staff on the hiring practices used by the home and answer the questions below.

| | Questions | YES | NO |
|----------|--|------------|-----------|
| 1 | Can the home provide a training outline used to teach direct caregivers about the hiring practices used by the home? | | |
| 2 | Can the home provide attendance records to reflect direct care staff receive this training? | | |

Notes: _____

DIRECT CARE STAFF INTERVIEWS

Instructions: Talk with few direct caregivers and ask the following questions.

A member of the Leadership team could talk with a few direct caregivers in a stand-up meeting, or briefly at the beginning or end of a shift.

| Supporting Practice #1- Staff Scheduling | | | |
|---|--|------------|-----------|
| | Questions | YES | NO |
| 1 | Are direct care staff in your home empowered to develop and manage their own work schedule? | | |
| If No: | | | |
| 1 | Are direct care staff actively involved in determining the staffing patterns/levels that are needed to meet the needs of the residents in each area? | | |
| 2 | Do direct care staff assume responsibility for arranging their own coverage with co-workers when unable to work as scheduled? | | |
| 3 | Are direct care staff generally expected to coordinate and negotiate time off with each other? | | |

| Supporting Practice #2- Hiring and Orientation Practices | | | |
|---|--|------------|-----------|
| | Questions | YES | NO |
| 3 | Are direct care staff involved in some way in the interview process of all new hires? | | |
| 4 | Are direct care staff actively involved in the final selection of all new hires? | | |
| 5 | Are direct care staff currently involved in the orientation of new employees beyond job shadowing? | | |

Notes: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: DECISION-MAKING/STAFF WORK

DIRECT CARE STAFF INTERVIEWS (CONT'D)

| Supporting Practice #3- Leadership | | | |
|---|--|------------|-----------|
| | Questions | YES | NO |
| 1 | Think about central or main leadership teams or decision-making teams that meet routinely in your home. Often these are the department heads. Does this team include direct care staff as regular members? | | |
| 2 | When decisions are made that will impact all areas of the home, are direct care staff given the opportunity to weigh in? | | |
| 3 | Are direct care staff represented on teams in each work area who are responsible for day-to-day decisions in that area? | | |
| 4 | Are direct care staff in each work area empowered to support decisions about daily operations of their home? | | |
| 5 | Do various problem-solving work groups in the home include direct care staff as regular members? | | |
| 6 | Do direct care staff have opportunities to voice opinions and make decisions about their work? | | |

Notes: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: CAREER DEVELOPMENT

DOCUMENT REVIEW

Instructions: Review your Career Development policy. The home must have in place either a Formal Career Ladder *or* a Formal Skills Enhancement Program. Evaluate the one you have in place.

| FORMAL CAREER LADDER | | | |
|-----------------------------|--|------------|-----------|
| | Questions | Yes | No |
| 1 | Does the Formal Career Ladder include specific curriculum and educational opportunities for each level of the career ladder? | | |
| 2 | Does the Formal Career Ladder provide opportunities for lateral advancement in the organization? (The opportunity for direct caregivers to learn new skills and advance in the organization while continuing to serve as valued direct caregivers) | | |
| 3 | Does the Formal Career Ladder provide opportunity for all non-licensed staff? | | |
| 4 | Do team members receive incremental pay increases <i>or</i> title/position recognition for completing various levels of the career ladder? | | |
| 5 | Do team members receive a certificate of completion for completing various levels of the career ladder? | | |
| 6 | Is the Formal Career Ladder outlined formally in writing in either policy, employee handbook or other written documents that are available and communicated to team members? | | |

| FORMAL SKILLS ENHANCEMENT PROGRAM | | | |
|--|---|------------|-----------|
| | Questions | YES | NO |
| 1 | Does the Formal Skills Enhancement Program provide skill enhancing educational opportunities for all non-licensed staff? | | |
| 2 | Does the Formal Skills Enhancement Program include strong coaching, mentoring, and goal setting opportunities for all non-licensed staff? | | |
| 3 | Are development plans created through collaborative effort between team members and leaders to reflect personal career goals for participants | | |
| 4 | Does the Formal Skills Enhancement Program actively involve leadership in the search for training opportunities for participants to achieve their goals? | | |
| 5 | Is the Formal Skills Enhancement Program outlined formally in writing in either a policy, employee handbook or other written document that is available and communicated to team members? | | |

Discuss the findings of the audit as a team. Any “No” response *could* indicate an area of concern during your evaluation. Review the criteria for this core and discuss your current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.

DIRECT CARE STAFF INTERVIEWS

Instructions: Talk with few direct caregivers and ask the following questions.

A member of the Leadership team could talk with a few direct caregivers in a stand-up meeting, or briefly at the beginning or end of a shift.

Supporting Practice #1- Professional Development

- Tell me about career advancement opportunities available to you in this organization.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RESIDENT BEDROOMS

OBSERVATIONS (CONT'D)

Instructions: Have a team member then look at some resident bedrooms and document observations. If **NO** is marked, comment on the specific observation in comment section below.

| | Observations | YES | NO |
|----------|---|------------|-----------|
| 1 | Are resident rooms personalized according to the resident's preference? | | |
| 2 | Are bedrooms painted different colors? | | |
| 3 | Do bedroom have personal furniture, curtains, beds and/or bedding? | | |
| 4 | Can individual adaptations be found in resident bedrooms to promote self-care and mobility? (For example, the closet rod has been lowered so a resident can select their own clothes) | | |

Comments: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RESIDENT BEDROOMS

RESIDENT INTERVIEWS

Instructions: Interview a few residents and ask the questions below. You may interview resident in a learning circle or in a group to get various perspectives.

Supporting Practice #1 Privacy

- Tell me about your ability to enjoy private space or time here.
- Do you think staff come into your bedroom when you are not home?
- Do you find things moved around?


Supporting Practice #2 Personalization

- When you moved in, how did you decide to decorate your room?
- When you moved in, how did you decide what you wanted to bring?
- Were you able to bring the things you wanted to bring?

RESIDENT INTERVIEWS (CONT'D)

Supporting Practice #3- Self-care and mobility

- Is there anything in your bedroom that is difficult for you to navigate independently?
- Could any changes be made in your bedroom to help you be more independent?



PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RESIDENT BEDROOMS

DOCUMENT REVIEW

Instructions: Review training on privacy.

| Supporting Practice #1- Privacy | | | |
|--|---|------------|-----------|
| | Questions | YES | NO |
| 1 | Are all team members trained upon hire on the homes privacy expectations and practices? | | |
| 2 | Do all team members receive regular training on privacy expectations? | | |

Instructions: Review your homes’ policy on personalization of resident bedrooms.

| Supporting Practice #2- Personalization (<i>Remember</i> - Homes are only required to meet 2 of the 4 outcomes of Supporting Practice #2) | | | |
|---|--|------------|-----------|
| | Question | YES | NO |
| 1 | Is there a policy in place to encourage personalization? | | |

Comments: _____

RESIDENT INTERVIEWS

Instructions: Interview a few residents and ask the questions below. You may interview resident in a learning circle or in a group to get various perspectives.

Supporting Practice #1- Private Space

- What spaces are available to you to entertain friends and family here?
- Do staff members interrupt you when you have company?
- Where can you go to make private phone calls?

Supporting Practice #2- Self-care and mobility

- Are there areas of the home that are difficult for you to navigate independently? If so, tell me about them.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SUPPORTING THE HUMAN SPIRIT

OBSERVATIONS

Instructions: Have a team member observe how residents are engaged in life in the home, at various times of day and document observations. If No is marked, comment on specific observation.

| | Observations | YES | NO |
|----------|--|------------|-----------|
| 1 | During the observation could residents be found engaged in meaningful life? | | |
| 2 | Were residents and staff observed to be engaged in any spontaneous activity? (Activity that was not planned on a formal calendar) | | |

Comments: _____

DIRECT CARE INTERVIEWS:

Instructions: Talk with few direct caregivers and ask the following questions.

A member of the Leadership team could talk with a few direct caregivers in a stand-up meeting, or briefly at the beginning or end of a shift.

| Supporting Practice #1- Free Time | | | |
|--|---|------------|-----------|
| | Questions | YES | NO |
| 1 | Do direct caregivers have access to information about the resident’s routines, preferences and personal pleasures at the time of move in? | | |
| 2 | Does your home have practices in place to honor each resident at the time of their passing? | | |

Comments: _____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SUPPORTING THE HUMAN SPIRIT

DOCUMENT REVIEW

Instructions: Review the interview tool used to gather information about resident routines, preferences and daily pleasures and answer the question below.

| | Question | YES | NO |
|----------|--|------------|-----------|
| 1 | Is the interview tool adequate to gather rich information about residents' personal routines, preferences and daily pleasures? | | |

Instructions: Review a few care plans and answer the question below.

| | Question | YES | NO |
|----------|---|------------|-----------|
| 1 | Do the Care Plans address residents' preferred daily routines, preferences and daily pleasures? | | |

Instructions: Review the current posted activity calendar and answer the questions below.

| | Questions | YES | NO |
|----------|--|------------|-----------|
| 1 | Can activity preferences noted on the care plans that were reviewed for this audit be found on the posted activity schedule? | | |
| 2 | Does the posted activity schedule reflect a variety of opportunities based on the interests of current residents? | | |

Notes: _____

RESIDENT INTERVIEWS

Instructions: Interview a few residents and ask the questions below. You may interview resident in a learning circle or in a group to get various perspectives.

Supporting Practice #1- Free Time

- Tell me about your typical daily routine here.
- Is this like your routine was at home?
- Tell me about your spiritual preferences.
- How does this home help you to continue these practices or preferences?
- How residents honored when they pass away here?

Supporting Practice #2- Planned and Spontaneous Activity

- What do you do with most of your free time here?
- How are you involved in planning formal activities here?
- Have you done anything you really enjoyed lately?
- What is your favorite thing to do?
- Do you get to do this here?

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: COMMUNITY INVOLVEMENT

DOCUMENT REVIEW

Instructions: Review the interview tool used to gather information about resident’s relationships and connections with people in the external community and answer the question below.

| | Questions | YES | NO |
|----------|--|------------|-----------|
| 1 | Do interview tools ask questions about resident’s relationships with people in the external community? | | |
| 2 | Do interview tools ask how the team can support the resident in maintaining the relationships they wish to continue? | | |

Instructions: Review a few care plans and answer the question below.

| | Question | YES | NO |
|----------|---|------------|-----------|
| 1 | Do care plans address strategies to support residents in maintaining relationships with those outside the home? (Assisting with phone calls, letters, social media, providing transportation, hosting meetings, etc.) | | |

Instructions: Review the posted activity calendar and answer the questions below.

| | Questions | YES | NO |
|----------|--|------------|-----------|
| 1 | Does the posted activity calendar(s) include opportunity for volunteer experiences? | | |
| 2 | Does the posted activity calendar(s) include opportunity for involvement with the local community outside of the home? | | |

Notes: _____

RESIDENT INTERVIEWS

Instructions: Ask a team member to interview a few residents and ask the questions below.

Supporting Practice #1- Internal Community

- How are you involved in deciding what goes on here? (Activities, events, etc.)
- What do you do when you have a complaint?

Supporting Practice #2- External Community

- How are you involved in the local community outside the home since moving to the nursing home?
- How is your family involved in your life here?

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: COMMUNITY INVOLVEMENT

SELF-REFLECTIONS

Instructions: Review the following questions and respond as accurately and possible as to what is currently happening in your home.

| Supporting Practice #1- Internal Community | | | |
|---|---|------------|-----------|
| | Questions | YES | NO |
| 1 | Are residents in the home actively engaged in chores they want to help with or complete themselves? | | |
| 2 | Do staff talk with residents about things they want to do themselves and things they want help with? | | |
| 3 | Do caregivers actively look for opportunity to engage residents in chores? | | |
| 4 | Do residents in the home serve in any volunteer roles? | | |
| 5 | Does the team actively work to facilitate volunteer opportunities (helping others) for residents? | | |
| 6 | Are residents actively engaged in daily decisions made in their home? (For example: Decisions about hiring, purchases, staffing, décor, furniture placement, menus, activities, etc.) | | |
| 7 | Do formal opportunities exist beyond monthly Resident Council meetings to discuss such decisions with residents? | | |
| 8 | Do residents have formal opportunities beyond monthly Resident Council meetings to voice ideas, opinions and concerns? | | |
| 9 | Do formal opportunities exist for residents who do not attend group activities to voice ideas, opinions and concerns? | | |

Notes: _____

