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 you plan to be evaluated on a core, simply 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 your 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.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: FOOD

OBSERVATIONS

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

	Observation	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	*ALL* 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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Discuss the results 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.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: FOOD

RESIDENT INTERVIEWS

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

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?

RESIDENT INTERVIEW FOLLOW-UP

Once resident interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern:

Supporting Practice #1- What to Eat

- **How do you let staff know what you want to eat at each meal?** → Look for responses that indicate residents are offered options AT THE TIME OF SERVICE.
- **How are you involved in meal planning or changing and/or updating the menu?** → Residents tell you they ARE involved in meal planning and/ or updating the menu and can explain how they do this.
- **What happens if you don't like what is being served at a meal?** → Residents report they are offered alternatives if they don't like something.

Supporting Practice #2- When to Eat

- **What food/drinks are available at night?** → Residents report they are able to get HOT and/or cold food items at night.
- **How do you get food/drinks at night?** → Residents know food/drinks are available at night and know how to get them.
- **What are the meal times in your home?** → Residents know meals are available for extended times and are aware they can eat when they want.
- **Is this when you ate at home?** → Residents report that previous eating routines are supported here.
- **If you are hungry for something special, how would you get it?** → Residents know how to get special requests.

Supporting Practice #3- Where to Eat

- **Where do you eat your meals?**
- **Where do you like to sit?**   →   Answers indicate that ALL residents choose their own seat and
- **How is this determined?**   can eat where they want.

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: FOOD

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **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.**

	Supporting Practice #1- What to Eat	YES	NO
	Question	**YES**	**NO**
1	Has the home implemented an enhanced dining program for ALL meals?		
2	Are there numerous choices and/or alternatives at each meal?		
3	Are residents aware of the various food options available to them and able to make their own choices at the time of the meal?		
4	Does your home gather information on residents' food preferences, such as, lifelong eating patterns and habits?		
5	Is there a process in place to communicate resident preference information to all caregivers?		
6	Do residents in your 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?		
7	Is the information gathered from residents at the time of move-in used in developing menus on an on-going basis?		
8	Can changes be made to menus at residents' request after the menu has been implemented?		
9	Is there a system in place to gather information on food preference for residents with cognitive impairment?		

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TEAM INTERVIEW (CONT'D)

	Supporting Practice #2- When to Eat		
	Questions	**YES**	**NO**
1	Has the home implemented systems to have food and drinks (hot and cold) available to residents 24 hours a day?		
2	Have staff been trained and empowered to provide food and drinks (hot and cold) as requested by residents any time of day or night in accordance with their individual care plan?		
3	Are residents aware of the food and drink (hot and cold) options available to them 24 hours a day?		
4	Have meal times in the home been expanded to be more flexible in offering hot food items for breakfast, lunch and supper, 7 days a week?		
5	Do meal times in the home reflect residents eating preferences and habits?		
6	Are residents actively involved in determining the meal times in the home?		
7	Are residents able to make and receive special requests for food items that are not routinely stocked in the home?		
8	Are staff empowered and able to meet the special requests of the residents?		

	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?		
3	Are ALL residents able to choose their own seat for each meal? (Including residents who need assistance)		
4	Are residents supported in eating in areas of the home other than 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, competed 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.

	Question	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? (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?		

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.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: BATHING

OBSERVATIONS

Instructions: Ask a team member to look at all of the 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?		
	Are supplies and equipment available to support residents in alternative bathing methods?		

Comments:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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 practice to see if they meet the criteria for this core. If not discuss changes that may need to be made.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: BATHING

RESIDENT INTERVIEWS

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

Supporting Practice #1- Bathing Choice

- Tell me about *your* bathing routines when you were at home.
- What options are available here to keep clean?
- Do they meet your preferences?
- Do you have a choice in who bathes you?

RESIDENT INTERVIEW FOLLOW-UP

Once resident interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern.

Supporting Practice #1-Bathing Choice

- **Tell me about *your* bathing routines when you were at home.**
- **What options are available here to keep clean?**
- **Do they meet your preferences?** → Residents should describe practices and routines here that support their life-long practices as well as their current preference. If a resident does not want to take a bath or shower, be sure they are supported in Alternative methods instead.
- **Do you have a choice in who bathes you?** → Residents should report they have some input in who supports them with this very personal care.

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: BATHING

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **Any "No" response** *could* **indicate an area of concern during your evaluation. Review the criteria for this core and discuss you current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.**

Supporting Practice #1- Bathing Choice			
	Question	**YES**	**NO**
1	Does the home gather information about resident's lifelong bathing patterns?		
2	Does the information gathered include information such as what time they like to bathe, how often, how they bathe, where they bathe, preferred bathing routine and bath products?		
3	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?		
4	Are decisions about who will help provide bathing care based on the resident's relationship with caregivers and their preferences rather than staff convenience?		
5	Do all team members assist with bathing on a regular basis rather than relying solely on a designated bath aid?		
6	Do residents have choice in the day and time of day they receive bathing?		
7	Do residents have choice in where they bathe? (spa room, personal bedroom)?		
8	Are residents aware that their bathing preferences can change from day to day and be accommodated?		
9	Do all team members understand the expectation and offer flexibility in the bathing schedule to support resident preference?		

CORE: BATHING

Supporting Practice #2- Bathing Alternatives			
	Question	**YES**	**NO**
1	Does your home have an alternative bathing training that includes instruction on how to effectively use a variety of alternative bathing methods?		
2	Do all the direct caregivers receive training on alternative bathing methods upon hire?		
3	Do all team members receive this training periodically?		
4	Are attendance records maintained for this training that can be submitted to the PEAK team at evaluation time?		
5	Do all team members understand resident should NOT be expected to submerge in water for traditional baths/showers to maintain hygiene?		

NOTE: The sleep core requires passing the relationships core criteria. In addition to completing the following core area audit for sleep, you will also complete the CORE AUDIT: RELATIONSHIPS, as well.

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.

	Question	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?		

Instructions: Review several 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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Discuss the findings of the audit as a team. Any "No" responses *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.

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.

	Observation	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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

RESIDENT INTERVIEWS

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

Supporting Practice #1- Individual Sleep Routines

- Do you get up and go to bed and nap when you want?
- Do you ever get awaken 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

RESIDENT INTERVIEW FOLLOW-UP

Once resident interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern.

Supporting Practice #1-Individual Sleep Routines

- **Do you get up and go to bed and nap when you want?** → Residents will indicate they are able to get up, go to bed and nap when they want if they are being supported in their sleep preferences.
- **Do you ever get awaken to take a medication?** → Residents should not be waken for medications unless it is their preference to do so. Otherwise, medication schedules should be in place to support the residents' preferred routine.

Supporting Practice #2- Undisturbed Sleep Practices

- **How well do you sleep here at night?** → Residents should indicate they are able to sleep well here. If not, investigate what could be disrupting their sleep.
- **What things disrupt your sleep?** → If any disruptions are reported, how could we improve in this area? Talk with residents and work to alleviate disruptions for them.
- **Do you have your own bed, blankets and pillows here?** → Residents should be aware that they are able to bring their own beds, blankets and pillow and should be supported in doing so. If no one currently has brought their own, be sure elders are being made aware of their option to do so.

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **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.**

	Supporting Practice #1- Individual Sleep Routines	YES	NO
	Question	**YES**	**NO**
1	Does your home ask each resident/family about their current sleep routines?		
2	Does the information gathered include information such as preferred sleep schedules, what kinds of support the resident needs during the night, when the resident wants to receive this support, toileting schedule, things that help the resident sleep and things that may disrupt the residents sleep?		
3	Is there a process in place to communicate this information to direct caregivers?		
4	Do direct caregivers know how to access this information?		
5	Are the sleep routines described by the resident/family being supported on a day to day basis in your home?		
6	Does the home supports individual sleep preferences rather than practicing any group wake-up, nap or bedtime schedules?		
7	Does each resident have a person-centered care plan to describe the resident's needs and preference related to sleep?		
8	Do these care plans include sleep preference information beyond what time a resident wishes to wake and go to bed?		

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TEAM INTERVIEW (CONT'D)

Supporting Practice #2- Undisturbed Sleep Practices		YES	NO
	Question		
1	Are thorough assessments completed on each resident's continence, bed-mobility and skin?		
2	Are individual Care Plans developed, that identify night care needed by each resident, based on their assessments?		
3	Does the home check on residents as directed in their individualized night care plan rather than practicing traditional bedtime "rounds" every two hours on every resident?		
4	Is each resident asked about what support they need during the night and when they would prefer to receive care?		
5	Are resident preferences to not be disturbed for care during the night respected and supported?		
6	Have staff talked with residents to find out if they experience any disruptive noise at night?		
7	Are tasks that must be completed in resident rooms, except direct resident care, avoided while residents are sleeping? (Such as stocking and cleaning in resident bedrooms)		
8	Are hall lights dimmed and do staff use flashlights or small bedside lamps rather than overhead lights during the night?		
9	Are there residents living in your home who have their own bed from home?		
10	Do residents know this is an option?		
11	Does the home offer any variety of mattress/beds?		

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.

	Question	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?		

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.

	Question	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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: DAILY ROUTINES

RESIDENT INTERVIEWS

Instructions:

Ask team members to interview a few residents asking the following questions:

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?

<u>RESIDENT INTERVIEW FOLLOW-UP</u>

Once resident interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern.

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?**
  Residents should describe living a daily routine in the home similar to the routine they enjoyed prior to moving in. If they feel they are unable to do so, the home should consider changes in practice that may be necessary to support residents in their daily routine.

- **If you want something about your care to change, how do you go about getting it changed?**
  Residents should describe a sense of being in charge of their own care and supported in the decisions they make. Residents should report they are able to tell any team members of changes they want made in their care and it will be taken care of for them.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: DAILY ROUTINES

<u>TEAM INTERVIEW</u>

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **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.**

	Supporting Practice #1- Move-in Assessment		
	Question	**YES**	**NO**
1	Is the information you are gathering about resident routines and preferences adequate to enable the team to support the residents' preferred daily routine?		
2	Is the information you gather about resident routines and preferences gathered PRIOR to move in?		
3	Is information about resident routines and preferences available to direct caregivers PRIOR to move in?		
4	Do all direct caregivers know how to access this information prior to move in?		
5	Do direct caregivers feel they have adequate information to support new residents in their daily routine from Day 1?		

	Supporting Practice #2- Person-centered Care Plan development		
	Question	**YES**	**NO**
1	Are residents or their family/designee involved in setting care plan goals?		
2	Are direct caregivers involved in creating resident care plans?		

	Supporting Practice #3- Care Plan delivery		
	Question	**YES**	**NO**
1	Are direct caregivers able to access the care plan?		
2	Is there a way that direct caregivers can make changes to the care plan as requested by residents beyond simply "telling a nurse"?		
3	Are the residents daily routines lived as outlined in the Care plans?		
4	Does the team regularly check with residents/family/designee to see if daily routines and preferences are being met?		

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RELATIONSHIPS

DOCUMENT REVIEW

Instructions: Review the current posted schedules. Review each name on the schedule. If a team members 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. Answer the question below.

	Question	YES	NO
1	Are 75% of all staff consistently assigned to the same work area every day on the current schedule?		

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Discuss the results. A "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.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RELATIONSHIPS

RESIDENT INTERVIEWS

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

Supporting Practice #2- Consistent staffing

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

RESIDENT INTERVIEW FOLLOW-UP

Once resident interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern.

Consistent staffing:

- **Do you routinely have the same caregivers from day to day?**
  Resident response should indicate they have the same caregivers from day to day and know the caregivers who care for them. If residents describe having different people coming and going from day to day, the home is encouraged to look closely at their practices in this core area.

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RELATIONSHIPS

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **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.**

Supporting Practice #1- Get Small		YES	NO
	Question		
1	Is the home divided into small work areas?		
2	Does the team recognize and know who lives in each of the work areas?		
3	Do 30 or less residents live in every work area identified?		
4	Do team members in each work area have easy access to equipment and supplies necessary to do their job?		

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TEAM INTERVIEW (CONT'D)

Supporting Practice #2- Consistent Staffing			
	Question	**YES**	**NO**
1	Are 75% of team members assigned to work in the same work area each day they come to work?		
2	When someone calls-in, are they replaced with a team member who is consistently assigned to the same work area?		

Homes are additionally required to meet 2 of the following 4 outcomes for *Supporting Practice #2- Consistent Staffing*. Answer the questions for each to see which 2 you might meet with current practices.

Outcome 1: Versatile workers are assigned in the home			
	Question	**YES**	**NO**
1	Are workers in each area expected to perform duties outside their "traditional" role on a regular basis to the extent allowed by their license or certification?		
2	Do workers routinely receive additional training to allow them to safely help with tasks outside their traditional role?		
Outcome 2: There is no schedule rotation between work areas			
	Question	**YES**	**NO**
1	Do staff work in the same work area each time they are scheduled?		
2	Do the neighborhood teams work in the same work area without periodic rotations to other work areas?		
3	Are workers primarily expected to cover call-ins within their own area rather than being asked to cover other areas outside of their consistent work area?		
Outcome 3: There is no scheduled agency staff			
	Question	**YES**	**NO**
1	Has the home covered the staff schedule in the past PEAK year WITHOUT the use of agency staff?		
Outcome 4: PRN staff are recruited and designated for each work area			
	Question	**YES**	**NO**
1	Has each work area developed their own PRN team to help when needed?		
2	Do PRN staff always work in the same work area when called in to cover an open shift?		

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? (*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.*)		

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.

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

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **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.**

Supporting Practice #1- Shared Understanding			
	Question	**YES**	**NO**
1	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			
	Question	**YES**	**NO**
1	Is there a system in place for direct caregivers to access information about special health needs of each resident in their work area?		
2	Do direct care staff have access to contact information for resident loved ones?		
3	Are direct caregivers empowered to make independent contact with loved ones as directed by residents?		
4	Is transportation readily available for direct caregivers to support resident requests including during evening hours and weekends?		
5	Is a system in place to empower direct care staff 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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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.

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

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **Any "No" responses** *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.**

Supporting Practice #1- Staff Scheduling		YES	NO
	Question	**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		YES	NO
	Question	**YES**	**NO**
1	Do direct care staff receive training on the home's hiring practices?		
2	Do direct care staff receive training on subjects such as questions that can and cannot be asked in an interview or what to look for in a good candidate?		
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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TEAM INTERVIEW (CONT'D)

	Supporting Practice #3- Leadership		
	Question	**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

<u>**DOCUMENT REVIEW**</u>

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		
	Question	**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 *or* 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		
	Question	**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.

STAFF INTERVIEWS

Instructions: Ask a team member to interview several staff members asking the question below.

Supporting Practice #1- Professional Development

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

STAFF INTERVIEW FOLLOW-UP

Once staff interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern.

Professional development

- **Tell me about Career Advancement opportunities available to you in this organization.** Responses should indicate that team members are aware of the opportunities provided through the organizations Formal Career Ladder or Formal Skills enhancement Program and know how to access the program.

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: CAREER DEVELOPMENT

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **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 his core. If not, discuss changes that may need to be made.**

	Supporting Practice #1- Professional Development	YES	NO
1	Is formal orientation and training available to prepare team members to safely respond to resident requests within their capacity and certification? (Examples of training might include: Safe food handling, preparation and service, housekeeping and laundry functions, assisting with daily activity programs, etc.)		

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

	Supporting Practice #2- Outside Education	YES	NO
1	Can the home provide copies of certificates of completion or sign-up sheets that reflect 10% of non-managerial staff have attended outside training of some kind in the past PEAK year?		

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RESIDENT BEDROOMS

OBSERVATIONS

Instructions: Ask a team member to observe staff interaction in and near resident bedrooms at various times throughout the day and document observations. If **NO** is marked, comment on the specific observation in comment section below.

	Observation	YES	NO
1	Did staff always knock, announce self and wait for permission before entering resident bedrooms?		
2	Did staff only enter resident bedrooms when occupied by the resident?		
3	Did staff avoid entering rooms when the resident was not home?		
4	Were doors and curtains closed when cares were being provided?		

Comments:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

OBSERVATIONS (CONT'D)

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

	Observation	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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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. Remember, you are only required to meet 2 of the 4 outcomes from Supporting Practice #2.

RESIDENT INTERVIEWS

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

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?

RESIDENT INTERVIEW FOLLOW-UP

Once resident interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern.

Supporting Practice #1- Privacy

- **Tell me about your ability to enjoy private space or time here.** → Responses should indicate that residents feel their privacy is supported and they are able to find space and time to enjoy privacy.
- **Do you think staff come into your room when you are not home?** → Residents report that boundaries in their bedroom are respected and staff ask permission to enter their room at all times.
- **Do you find things moved around?** → Residents report they do not find personal items moved around and feel that staff respect their personal belongings.

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?** →Residents should tell you they were involved in deciding how to decorate their room and deciding what to bring with them.
- **Were you able to bring the things you wanted to bring?** → Residents should report they were supported in bringing the personal items they wanted to bring, that space allowed, and the home supported and assisted them in this.

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?** → Residents should report that their bedrooms have been arranged to make things most convenient for them and they are free of barriers to self-care or mobility to the extent possible.

**Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____**

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RESIDENT BEDROOMS

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **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.**

Supporting Practice #1- Privacy		YES	NO
	Questions	**YES**	**NO**
1	Are all of the resident bedrooms, whether private or semi-private, arranged to promote individual privacy (visual privacy, auditory privacy, privacy for personal items etc.)?		
2	Are all team members trained upon hire on the homes privacy expectations and practices?		
3	Do all team members receive regular training on privacy expectations?		

Supporting Practice #2- Personalization (*Remember* **-** Homes are only required to meet 2 of the 4 outcomes of Supporting Practice #2)		YES	NO
	Questions	**YES**	**NO**
1	Are all resident bedrooms personalized according to the resident's preference?		
2	Are residents able to determine the paint color for walls in their bedroom?		
3	Are residents able to bring personal beds and furniture to the home and are they aware this is an option for them?		
4	Is there a policy in place to encourage personalization?		

Supporting Practice #3- Self-Care and Mobility		YES	NO
	Questions	**YES**	**NO**
1	Has each resident bedroom been looked at from the resident's perspective to promote self-care and mobility to the fullest extent possible?		
2	Have barriers in resident bedrooms that impede mobility from the resident's point of view been eliminated?		

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RESIDENT USE SPACE

OBSERVATIONS

Instructions: Ask a team member to observe staff interactions in community areas of the home at various times of day and document observations. If **NO** is marked, comment on the specific observation in comment section below.

	Observation	YES	NO
1	Are there private spaces available to residents to use outside of their bedrooms?		
2	Did staff avoid interrupting residents using community spaces?		
3	Do bathing areas provide privacy and dignity?		
4	Does resident use space appear to be free of barriers that may make resident navigation of these areas difficult?		
5	Have overhead pages and announcements been eliminated?		
6	Are hallways free of clutter from equipment and carts?		
7	Are resident use spaces free of clutter from equipment and carts?		
8	Has the traditional nurse station been eliminated		

Comments:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Discuss the findings of the audit as a team. Any "No" responses *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.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RESIDENT USE SPACE

RESIDENT INTERVIEWS

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

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: RESIDENT USE SPACE

<u>RESIDENT INTERVIEW FOLLOW-UP</u>

Once resident interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern.

Supporting Practice #1- Private space

- **What spaces are available to you to entertain friends and family here?** → Residents are able to identify places they can go in the home outside of their bedrooms to enjoy time alone with privacy.
- **Do staff members interrupt you when you have company?** → Residents report they are able to host family and friends without unnecessary interruption from staff.
- **Where can you go to make private phone calls?** → Residents are able to identify places they can 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?** → Resident should report they have no unmet concerns in this area. If residents identify areas that are difficult for them to navigate, efforts should be made by the team to eliminate any barriers described.

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: RESIDENT USE SPACE

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **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.**

	Question	YES	NO
1	Is there space available in the home for residents to host family and friends?		
2	Do bathing areas in the home provide privacy and dignity?		
3	Is there space in the home outside of bedrooms where residents can go for solitude/privacy without being interrupted?		
4	Do staff avoid interrupting residents when hosting family and friends or enjoying solitude?		
5	Have all resident concerns about barriers in resident use space been addressed in some way?		
6	Have all overhead paging systems in the home been turned off?		
7	Are the halls and resident use spaces free of medical equipment, carts, and other institutional elements?		
8	Have traditional nurses' stations been eliminated?		
9	Are staff work spaces free of barriers to residents wanting to talk to the staff?		

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

OBSERVATIONS

Instructions: Ask a team member to 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.

	Observation	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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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 currently practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.

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.

	Question	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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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 score. If not, discuss changes that may need to be made.

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

RESIDENT INTERVIEWS

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

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: SUPPORTING THE HUMAN SPIRIT

RESIDENT INTERVIEW FOLLOW-UP

Once resident interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern.

Supporting Practice #1- Free Time

- **Tell me about your typical daily routine here.**
- **Is this like your routine was at home?** →Residents should indicate that they are supported here in living their preferred daily routine as they did before moving in to the home.
- **Tell me about your spiritual preferences.**
- **How does the home help you to continue these practices or preferences?** → Residents tell you they are supported by the team in their spiritual practices.
- **How does the home honor residents when they pass away?** → Residents can describe how residents are honored when they pass away and are made aware of the passing of other residents.

Supporting Practice #2- Planned and Spontaneous Activity

- **What do you do with most of your free time here?** → Residents are able to report that they spend most of their free time as they wish.
- **How are you involved in planning formal activities here?** → Residents can describe opportunities that exist for them to participate in the creation of the formal activity calendar and planning activities if they wish.
- **Have you done anything you really enjoyed lately?**
- **What is your favorite thing to do?**
- **Do you get to do this here?** → Residents should report they have recently enjoyed activities of interest to them.

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **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.**

	Question	YES	NO
Supporting Practice #1- Free Time			
1	Is information gathered at the time of move in regarding individual routines, preferences and personal pleasures?		
2	Is the information gathered in this area adequate to support residents in their personal routines, preferences and daily pleasures?		
3	Do direct caregivers have access to information about the resident's routines, preferences and personal pleasures at the time of move in?		
4	Are residents supported in living their preferred individualized daily routine?		
5	Are residents preferred daily routines outlined in person-centered Care Plans?		
6	Are systems in place to check with residents regularly to verify that their individual routines and personal preferences are begin met?		
7	Does your home have practices in place to honor each resident at the time of their passing?		
Supporting Practice #2- Planned and Spontaneous Activities			
8	Are residents actively involved in planning monthly activity calendars?		
9	Do activity calendars reflects the interests and preferences of the current residents each month?		
10	Is special event planning done by residents on a regular basis?		
11	Do residents have the opportunity to discuss upcoming activities daily and alter activity plans?		
12	Are all team members empowered and encouraged to carry out spontaneous activity requests made by residents at the time of the request?		
13	Can residents and staff describe fun unplanned things that have happened in the home recently?		

Notes:_____
_____
_____
_____
_____
_____
_____
_____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: COMMUNITY INVOLVEMENT

OBSERVATIONS

Instructions: Ask a team member to observe life in the home at various times throughout the day and document observations. If **NO** is marked, comment on the specific observation in comment section below.

	Observations	YES	NO
1	Were residents observed participating in chores?		
2	Were residents observed helping others?		
3	Were residents observed engaged in meaningful activity?		

Comments:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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.

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.

	Question	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.

	Question	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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: COMMUNITY INVOLVEMENT

<u>RESIDENT INTERVIEWS</u>

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

<u>RESIDENT INTERVIEW FOLLOW-UP</u>

Once resident interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern.

Supporting Practice #1- Internal Community:

- **How are you involved in deciding what goes on here? (Activities, events, etc.)**
  Residents report there are opportunities beyond the monthly Resident Council meetings to be involved in daily decisions made in the home. (Activity planning sessions, Participation in hiring decisions, Involvement in making selections for purchases, etc.)

- **What do you do when you have a complaint?**
  Residents report they have regular opportunities to express concerns/complaints beyond the monthly Resident Council meetings. Residents report staff are responsive to their complaints/concerns.

Supporting Practice #2- External Community

- **How are you involved in the local community outside the home since moving to the nursing home?**
  Residents report they have been supported in maintaining their community connections as desired.

- **How is your family involved in your life here?**
  Residents report their family feels welcome and supported by the home.

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: COMMUNITY INVOLVEMENT

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **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.**

Supporting Practice #1- Internal Community		YES	NO
	Question	**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:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TEAM INTERVIEW (CONT'D)

Supporting Practice #2- External Community		YES	NO
	Question		
1	Does the home ask questions about who the resident has relationships or group affiliations with in the external community and which of those relationships or affiliations they wish to maintain?		
2	Does the home record this information to share with team members in some way?		
3	Does each resident have a person-centered care plan that includes strategies to support individual preferences to maintain external relationships?		
4	Are residents supported by the home as outlined in their person-centered care plans in maintaining external relationships?		
5	Does the home make efforts to encourage people who are important to the current residents, to visit the home?		
6	Does the team make efforts to help the residents host others in the home?		
7	Do current residents host any outside community meetings or groups in their home?		
8	Have residents been actively engaged in community life outside the home during the past PEAK year?		
9	Does the team talk with residents regularly about what is going on in the community to discuss possible interest in participation?		
10	Has the home been involved in community projects in the past PEAK year?		

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____