



# 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:** \_\_\_\_\_  
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**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.**

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## 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?

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## 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.

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## 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.

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

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