

RTC's OBRA Interview Practice Tool Resident Interviews

Resident	Room #	Comments
1		
2		
3		
4		
5		

Review items. For each item below, indicate in the columns to the right. Y= yes or not applicable N= No		Resident				
		#1	#2	#3	#4	#5
1	What assistance, if any, does the facility provide to facilitate your participation in activities of choice. Is that assistance being provided?					
2	Do you participate in chosen activities on a regular basis, and if not, why not?					
3	Are you notified of activities opportunities and offered transportation assistance as needed to the activity location within the facility?					
4	Are you assisted with access to transportation, where available and feasible, to outside activities?					
5	Has the facility tried, to the extent possible, to accommodate your choices regarding your personal schedule? As an example, so that bathing or therapy does not routinely conflict with your desired activities.					
6	Do planned activity programs usually occur as scheduled (instead of being cancelled repeatedly)?					
7	Do you desire activities that the facility does not provide?					
8	If you have expressed any concerns, did you discuss these with staff and, if so, what was the staff's response?					
9	Are the activities provided by the care facility various and meaningful?					
10	Do the activities offered to you promote your independence?					
11	Do the activities provide opportunities for you to feel good about yourself					
If you answered no to any of the above, what activity might offer these opportunities for you? (Write comments on back of page.)						

Percent Compliance can be calculated as # of Y responses times 100 divided by the total # possible answers or Percent compliance = (___ X 100) / 55	Care Center determined threshold met Yes ___ No ___
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Review by: _____ Date: _____

RTC's OBRA Interview Practice Tool Activity Staff Interview

Resident	Room #	Comments
1		
2		
3		
4		
5		

	Review items. For each item below, indicate in the columns to the right if answers were adequate Y = yes adequate or not applicable or N = No	Resident				
		#1	#2	#3	#4	#5
1	What are the Resident's primary activity interests and preferences for activities?					
2	What are Resident's activity related goals?					
3	How do you assure Resident is informed/transported to programs of choice?					
4	How do you handle dietary needs and restrictions during activities?					
5	What assistance do you provide Resident for individual activities?					
6	How do you assure Resident has sufficient supplies, lighting and space, or adaptive devices for individual activities?					
What is your rationale for the current plan of care, how did you come up with the Resident's care plan? (Write comments on back of page.)						

Comments/Recommendations

Review by: _____	Date: _____
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Percent Compliance can be calculated as $\# \text{ of Y responses times } 100 \text{ divided by the total } \# \text{ possible answers or}$ $\text{Percent compliance} = (___ \times 100) / 35$	Care Center determined threshold met Yes ___ No ___
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RTC's OBRA Interview Practice Tool Nursing Assistant Interviews

Resident	Room #	Comments
1		
2		
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	Review items. For each item below, indicate in the columns to the right if answers were adequate Y = yes adequate or not applicable or N = No	Resident				
		#1	#2	#3	#4	#5
1	How do you make sure that your Resident is out of bed, dressed, and ready to participate in desired group and individual activities?					
2	What do you do to provide the Resident with ADL assistance while she/he is participating in group activities?					
3	What do you do to help the Resident participate in individual activities?					
4	Do you set up equipment or supplies, give Resident assistance with positioning, or provide space or adequate lighting?					
5	How are activities provided for the Resident when activities staff are not available to provide care planned activities?					
What would be the best way for us to help you to learn or remember each Resident's specific activity preferences? (Write comments on back of page.)						

Comments/Recommendations

Percent Compliance can be calculated as # of Y responses times 100 divided by the total # possible answers or Percent compliance = (___ X 100) / 25	Care Center determined threshold met Yes ___ No ___
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Review by: _____ Date: _____

**RTC's OBRA Interview Practice Tool
Social Service Interview**

Resident	Room #	Comments
1		
2		
3		
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Review items. For each item below, indicate in the columns to the right if answers were adequate. Y= yes, adequate or not applicable or N= No		Resident				
		#1	#2	#3	#4	#5
1	How do you address the Resident's psychosocial needs which impact on the resident's ability to participate in desired activities?					
2	How do you obtain equipment and/or supplies that the Resident needs in order to participate in desired activities (for example, obtaining audio books, helping the resident replace inadequate glasses or a hearing aid?)					
3	How do you help the Resident access his/her funds in order to participate in desired activities that require money, such as attending concerts, plays, or restaurant dining events?					

Comments/Recommendations

Percent Compliance can be calculated as # of Y responses times 100 divided by the total # possible answers or Percent compliance = (___ X 100) / 15	Care Center determined threshold met Yes ___ No ___
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Review by: _____ Date: _____

RTC's OBRA Interview Practice Tool Nurse Supervisor Interviews

Resident	Room #	Comments
1		
2		
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Review items. For each item below, indicate in the columns to the right if answers were adequate Y = yes, adequate or not applicable or N = No		Resident				
		#1	#2	#3	#4	#5
1	How do you assist the resident in participating in activities of choice? Do you coordinate schedules for ADLs, medications, and therapies, to the extent possible, to maximize the resident's ability to participate?					
2	How do you make nursing staff available to assist with activities in and out of the facility?					
3	How do you try to identify and address the reasons if the resident is refusing to participate in activities?					
4	How do you coordinate the resident's activities participation when activities staff are not available to provide care planned activities?					

Comments/Recommendations

Percent Compliance can be calculated as # of Y responses times 100 divided by the total # possible answers or Percent compliance = (___ X 100) / 20	Care Center determined threshold met Yes ___ No ___
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Review by: _____ Date: _____

Adaptive Equipment for Activity Programs in Long Term Care

These devices are mentioned in the Activity Interpretive Guidelines for OBRA surveyors, F 248

Devices to assist with decreased vision:

- Higher levels of lighting without glare
- Magnifying glasses
- Light-filtering lenses
- Telescopic glasses
- Large print items including playing cards, newsprint, books
- Audio books

Devices to assist with decreased hearing:

- Use of amplifiers or headphones
- Adapted TV
- Closed captioning
- Magnified screen
- Earphones

Devices to assist with physical limitations:

- Positioning tables for physical limitations
- Consider also stabilizing surface pads such as “Dycem”

Devices to facilitate

- Upper extremity reach
- Adapted size of items such as larger handles for cooking and woodworking tools
- Built-up paintbrush handles
- Large needles for crocheting
- Light weight equipment for residents with muscle weakness
- Heavy or resistive weights for person with tremors

Holders for:

- Kitchen items
- Magazines/books
- Playing cards
- Devices or equipment to tape items to tables (e.g., art work, bingo card, nail file)
- C-clamps or suction vise to hold wood to be sanded

Also computer and Internet access