

## 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.

	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.**



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**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?



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

**CORE: BATHING**

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