

# PEAK 2.0 Criteria

PEAK 2.0 is a Medicaid pay-for-performance program offered through the Kansas Department for Aging and Disability Services and administered by the Kansas State University Center on Aging.



## 2018-2019

## Goal

The overall goal of the program is to improve the quality of life for residents living in Kansas nursing homes. To achieve this, PEAK 2.0 is designed to inspire and reward deep organizational change through the adoption of person-centered care practices. Enrolled homes engage in various opportunities including education, action planning, team engagement, consultation, exposure, recognition, and mentoring activities.



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# Special Considerations for Mental Health Homes

Some areas of the PEAK 2.0 criteria have been revised for providers **licensed as Nursing Facilities for Mental Health (NFMH)**. These revisions only apply to homes **licensed** by the State of Kansas as **NFMH's**.

These revisions have been made to recognize and address the unique care needs of individuals with a mental health diagnosis as they relate to person-centered care.

It is the intent of the criteria that all treatment considerations be based on the individual need of each resident.

All other areas of the criteria apply.

They are outlined in the criteria and can be identified by a **green** delta symbol ( $\Delta$ ) and the **NFMH** acronym.

If you are not a **NFMH** please disregard any areas of the criteria in green.

**Nursing Facility for Mental Health (NFMH):** Any place or facility operating 24 hours a day, seven days a week caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care and special mental health services to compensate for activities of daily living limitations.



**Domain #1**  
**Resident Choice**  
*Residents Direct Their Lives*



**Core #1**  
**Food**  
*Residents choose what, when, and where they eat.*

**Core # 2**  
**Sleep**  
*Residents' individual sleep patterns are supported*

**SP #1 What to Eat**

- Enhanced dining program to increase menu options
  - ◊ Restaurant & buffet
- Resident input

**SP #1 Individual Sleep Routines**

- Individual sleep preferences are gathered/communicated/supported
- No group sleep or wake-up program
- Individual sleep routines/schedules are in place
- Consistent Staffing

**SP #2 When to Eat**

- Food available 24/7
- Expanded meal times of hot food availability to reflect resident eating habits
- Access to special food requests

**SP #2 Undisturbed Sleep Practices**

- Individualized night care
- Care provided around preferred sleep
- Reduced noise and lighting conducive to sleep
- Resident bed choice

**SP #3 Where to Eat**

- Residents are involved in décor changes and decisions
- No assigned seats in dining room
- Multiple options in where to eat

**Domain #1**  
**Resident Choice**  
*Residents Direct Their Lives*

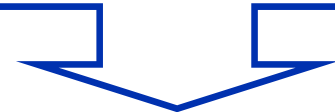


**Core #3**  
**Bathing**

*Bathing practices support individual choice*

**Core #4**  
**Daily Routines**

*Residents decide how they spend their day*

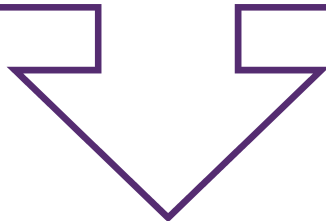


**SP #1 Bathing Choice**

- Information about bathing preferences is gathered
- Multiple bathing options exist
- Residents have input in who assists them
- Residents have choice in when and where they bathe
- Practices accommodate daily preferences

**SP #1 Move in Assessment**

- Gather information about routines and preferences PRIOR to move in
- Caregivers have access to information
- Caregivers support daily routines from day 1



**SP #2 Bathing Alternatives**

- Staff is trained on bathing alternatives
- Residents are supported in bathing alternatives

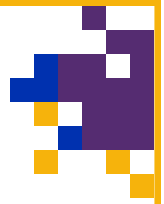
**SP #2 PCC Care Plan Development**

- 90% of care plans are attended by residents and/or family
- Residents and/or family participate in creation of the care plan
- 90% of care plan meetings are attended by direct caregivers
- Direct caregivers participate in the creation of the care plan



**SP #3 Care Plan Delivery**

- All caregivers have direct access to care plan information
- Direct caregivers have a system available to communicate care plan changes as directed by elders.
- Daily routines are lived as outlined in the plan of care



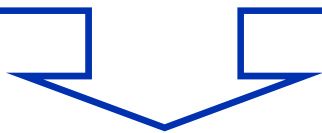
## Domain #2

### Staff Empowerment

*All Staff are Empowered to Support Resident Choices and Make Decisions About Their Work*

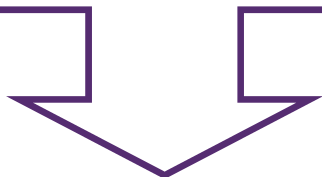
#### Core #1 Relationships

*Residents enjoy meaningful relationships with a small group of consistently assigned caregivers*



#### △ SP #1 Get Small

- Defined physical locations
- No more than 30 residents live in each work area
- Necessary supplies/equipment available in each work area



#### △ SP #2 Consistent Staffing

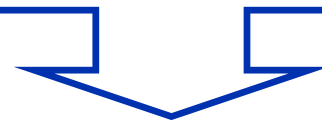
- A staff schedule is developed for each work area (required)
- Staff are assigned to a team in a defined work area (required)

Meet at least 2:

- Versatile workers
- No “scheduled” rotation
- No “scheduled” agency staff
- PRN staff are assigned to work areas

#### Core #2 Decision Making: Resident Care

*The home supports resident decisions through a team approach*



#### △ SP #1 Shared Understanding

- Formal training on how to respond when residents make a risky decision



#### △ SP #2 Access to Information and Resources

All team members have access to:

- Information about special health needs of each residents
- Access to contact information
- Access to transportation
- Access to resident funds



**Domain #2**

**Staff Empowerment**

*All Staff are Empowered to Support Resident Choices and Make Decisions About their Work*

**Core #3**

**Decision Making: Staff Work**

*Traditional "top-down" hierarchy is replaced with self-led teams making decisions that affect their work*

**Core #4**

**Career Development**

*Systems are in place to promote professional development.*

**SP #1 Staff Scheduling**

- Direct care (DC) staff are self-scheduling **OR**
- The scheduling process includes:
  - DC staff input is gathered for staffing plans
  - DC staff arrange own coverage
  - DC staff coordinate and negotiate time off with one another

**SP #1 Professional Development**

- Formal career ladder or skills enhancement program in place
- Versatile worker training opportunities

**SP #2 Hiring and Orientation Practices**

- DC staff receive training on homes' hiring practices
- DC staff involved in hiring process
- DC staff are involved in orientation of new staff

**SP #2 Outside Education**

- At least 10% of non-managerial staff attend outside training of any kind

**SP #3 Leadership**

- The home has a central leadership team that includes DC staff representation
- Each work area has a leadership team that includes DC staff representation
- DC staff serve on work groups addressing issues throughout the home





## Domain #3

### Home Environment

*The Built Environment is Recognized as the Residents' Home and Resident Comfort is Honored Over Staff Convenience*

#### Core #1 Resident Bedrooms

*Bedrooms in the home provide opportunities for privacy, personalization and comfort*

#### SP #1 Privacy

- Arranged to promote privacy
- Boundaries are respected
- Regular trainings on privacy expectations

#### SP #2 Personalization

Meet at least 2:

- Décor reflects preferences
- Choose paint color
- Bed & furniture choices are supported
- Policy in place to encourage personalization

#### SP #3 Self-care & Mobility

- Adaptations to promote self-care
- Free of barriers to mobility and self-care

#### Core #2 Resident Use Space

*All spaces in the home are comfortable and accommodating*

#### SP #1 Private Space

- Space is available to host & receive family & friends
- Bathing areas provide privacy and dignity
- Space for solitude
- Boundaries are respected

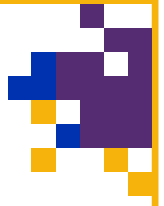
#### SP #2 Self-care & Mobility

- Free of barriers to mobility and self-care
- Adaptations to promote self-care

#### SP #3 Institutional Elements

- Overhead paging turned off (used only in emergencies)
- Equipment and carts not left in halls
- Nurse stations are eliminated





**Domain #4**  
**Meaningful Life**

*Opportunities/Assistance to Pursue a Purposeful Life*

**Core #1**  
**Supporting the Human Spirit**

*Team members work together to discover and support what gives each resident meaning and pleasure*

**Core #2**  
**Community Involvement**

*Opportunities to build and maintain existing connections*

**SP #1 Day-to-Day Life**

- Information is gathered about residents' routines, preferences, and daily pleasures
- Information is available to DC staff
- Residents live individualized daily routines supported by PCC care plan
- Individual spiritual and cultural preferences supported
- Residents are honored when they pass on

**SP #1 Internal Community**

- Residents participate in chores
- Residents have opportunities to help others
- Residents contribute to community decisions
- Residents have opportunities to express preferences and concerns

**SP #2 Planned and Spontaneous Activities**

- Residents involved in planning formal activity schedules
- Residents involved daily in determining spontaneous activity

**SP #2 External Community**

- Home gathers information about residents' community connections
- PCC care plans address ways staff support community connections as desired by residents
- Outside community members are welcomed by the home
- Family and friends feel welcome
- Home engages in community projects/life

# KDADS Full Criteria

## PEAK 2.0 2017-2018

### DOMAIN #1

#### RESIDENT CHOICE- *Residents direct their lives.*

### CORE #1

#### FOOD- *Residents choose what, when and where they eat.*

#### SUPPORTING PRACTICE #1

**WHAT TO EAT-** *Menus include numerous options and are developed with on-going resident input.*

#### OUTCOMES:

- An enhanced dining program to increase resident menu selection has been implemented. (Such as restaurant style, buffet, cook to order, open dining or an equivalent option.)
- Residents are involved with menu development on an on-going basis.

#### BASIS FOR EVALUATION:

- The home demonstrates that one or more of the enhanced dining programs or an equivalent option has been implemented.
- The home will be asked to describe how numerous food options are made available to residents.
- The home will be asked to describe formal systems for gathering resident menu input.
- The home may also be asked to provide sample menus.

#### SUPPORTING PRACTICE #2-

**WHEN TO EAT-** *Food and drinks are available 24 hours a day and staff are empowered to provide food when a resident desires it.*

#### OUTCOMES:

- A system to make food and drinks available to residents 24 hours a day has been implemented and staff will be empowered to serve residents in accordance with their individualized plan of care.
- Meal times are expanded to be more flexible in offering hot meals and reflect resident eating habits.
- Residents are able to access special food requests and/or items not normally stocked by the home.

#### BASIS FOR EVALUATION:

- The home will describe the procedures related to 24-hour food and drink access.
- The home will describe the scheduled meal times for serving hot meals and how these times are determined.
- The home will describe how they handle special food requests.

**SUPPORTING PRACTICE #3-**

**WHERE TO EAT- *Resident preferences are reflected in the dining atmosphere and residents determine where they eat meals.***

**OUTCOMES:**

- Residents are involved in decisions to change the dining room décor or arrangement and placement of dining room furniture.
- There are no assigned seats in the dining room.
- Multiple options in where to eat are available and residents are supported in eating where they are comfortable.

**BASIS FOR EVALUATION:**

- Homes will describe dining room enhancements made recently and how residents were involved in the changes.
- Homes will describe how decisions are made around where people sit in the dining room.
- Homes will describe practices around supporting residents in eating where they are comfortable outside of the dining room.

**CORE #2**

***SLEEP- Residents individual sleep routines are supported.***

**SUPPORTING PRACTICE #1-**

**INDIVIDUAL SLEEP ROUTINES- *Residents wake, nap and go to bed when they choose.***

**OUTCOMES:**

- Residents' individual preferences around sleep are gathered, communicated and supported by the home.
- There are no group wake-up, nap or bedtime routines/schedules.
- Individual sleep schedules are determined by each resident.
- Consistent staffing is in place.

**BASIS FOR EVALUATION:**

- Homes will describe how information about individual sleep routines is gathered and communicated to direct caregivers.
- Samples of tools used to gather information from residents may be requested.
- Direct caregivers will describe their morning and evening job responsibilities and routines.
- Homes will describe systems that are in place that accommodate resident sleep preferences (such as flexible meal times, bathing schedule and liberalized medication administration.)
- Homes will describe their current staffing patterns and how assignments are made.
- Sample schedules will be provided.

**SUPPORTING PRACTICE #2-****UNDISTURBED SLEEP PRACTICES- *Residents enjoy restful, undisturbed sleep.*****OUTCOMES:**

- Residents receive individualized night care to support restful sleep.
- Resident care is provided around residents preferred sleep routine.
- Noise at night is reduced and lighting is conducive to restful sleep.
- Residents have choice of the bed they sleep in.

**BASIS FOR EVALUATION:**

- Homes will describe how nighttime care needs are assessed.
- Homes will provide the tools used to assess nighttime care needs.
- Homes will provide sample individualized night care plans.
- Direct caregivers will describe night job responsibilities and routines.
- Homes will describe their practices around reducing disruptive noise and light.
- Homes will describe their procedures for addressing resident choice of beds.

**CORE #3****BATHING- *Bathing practices support individual choice.*****SUPPORTING PRACTICE #1-****BATHING CHOICE- *Residents have choice in how, when and where they bathe as well as who assists them with bathing.*****OUTCOMES:**

- Information about resident bathing preference is gathered on an ongoing basis.
- There are multiple bathing options.
- Residents have input in who assists them with bathing.
- Residents choose when and where they bathe.
- Bathing practices accommodate the daily preferences of residents.

**BASIS FOR EVALUATION:**

- Homes will describe how they gather information about resident bathing preferences.
- Samples of tools used to gather resident bathing information may be requested.
- Direct caregivers will describe the bathing options available to residents.
- Direct caregivers will explain how they decide who will assist each resident with bathing.
- Direct caregivers will describe how bathing practices accommodate the daily resident preferences in when and where baths are taken.

**SUPPORTING PRACTICE #2-****BATHING ALTERNATIVES- *Residents are offered alternative bathing options.*****OUTCOMES:**

- Staff are trained in bathing alternatives (such as “Bathing Without a Battle” or an equivalent option.)
- Residents are supported in alternative bathing options.

**BASIS FOR EVALUATION:**

- The home will provide samples of the training curriculum used to train staff on bathing alternatives.
- The home will provide attendance records of the bathing alternative trainings.
- The home will describe how staff training on alternative bathing practices will be maintained.
- The home will provide copies of individual resident care plans that include bathing alternatives as an approach.

**CORE #4****DAILY ROUTINES- *Residents decide how they spend their day.*****SUPPORTING PRACTICE #1****MOVE-IN ASSESSMENT- *Residents will continue to live their personal daily routine when they move in.*****OUTCOMES:**

- Information is gathered about daily routines and preferences PRIOR to the resident moving in (at the time of move in for emergency situations.)
- Caregivers have access to information and preferences PRIOR to the resident moving in (at the time of move in for emergency situations.)
- Caregivers support personal daily routines and preferences from day one.

**BASIS FOR EVALUATION:**

- Homes will describe how they gather information about personal routines and preferences before residents move into the home.
- Sample of tool used to gather this information will be provided.
- Homes will describe how this information is made available to caregivers.

**SUPPORTING PRACTICE #2**

**PERSON-CENTERED CARE PLAN DEVELOPMENT- *Residents, family and caregivers collaborate to develop a plan of care that is based on each individual's personal daily routine and preferences.***

**OUTCOMES:**

- 90% of care plan meetings are attended by a resident (family members or designated decision makers may represent a resident at the resident's request or if the resident is unable to communicate in any way).
- Residents or family members participate in the creation of the individualized plan of care.
- 90% of care plan meetings are attended by a direct caregiver.
- Direct caregivers participate in the creation of the individualized plan of care.

**BASIS FOR EVALUATION:**

- Homes will describe the process used to invite and encourage resident and family involvement in the care plan process.
- Homes will describe how they support direct caregivers to attend and participate in care plan meetings.
- Review of care plan attendance records.

**SUPPORTING PRACTICE #3**

**CARE PLAN DELIVERY- *Residents live a daily routine of their choice supported by a person-centered plan of care.***

**OUTCOMES:**

- All caregivers have direct access to care plans and information about resident preferences.
- Direct caregivers have a system available to communicate care plan changes as directed by elders.
- Daily routines are lived as outlined in the person-centered plan of care.

**BASIS FOR EVALUATION:**

- Homes describe the process used to make care plan information available to care teams.
- Homes describe the process used to revise care plans to reflect current resident preferences.
- Homes provide copies of sample resident care plans.
- Homes will describe how they assure residents are living their preferred daily routines.

**DOMAIN #2**

**STAFF EMPOWERMENT-** *All staff are empowered to support resident choices and make decisions about their own work.*

**CORE #1**

**RELATIONSHIPS-** *Residents enjoy meaningful relationships with a small group of consistently assigned caregivers.*

**SUPPORTING PRACTICE #1**

**GET SMALL-** *The team identifies small areas of the home as work areas.*

**OUTCOMES:**

- Work areas are defined by specific physical locations.
- No more than 30 residents live in each area.
- Necessary supplies and equipment are convenient and available in each work area.

**BASIS FOR EVALUATION:**

- Review of map outlining specific physical locations of each work area and number of residents who live there.
- Home describes how supplies and equipment are reallocated to support each work area.

**SUPPORTING PRACTICE #2**

**CONSISTENT STAFFING-** *Teams are identified to consistently support people living in each work area.*

**OUTCOMES:**

- A staff schedule is developed for each work area. (required)
- Team members are assigned to a team in a defined work area. (required)

**AND:****OPTIONS (two of the four required):**

- ◊ Versatile workers are assigned in each area.
- ◊ There is no “scheduled” staff rotation between work areas.
- ◊ There is no “scheduled” agency staffing.
- ◊ PRN staff are recruited and designated for each work area.

**BASIS FOR EVALUATION:**

- Both required outcomes and at least 2 of the 4 options must be met.
- Homes will provide samples of staff schedules for each work area.
- Review various job descriptions.
- Direct caregivers will explain their job duties.



**Δ NFMH**

Mental Health homes are exempt from Supporting practices #1 and #2 of Core #1 (Relationships) due to the small size of the staffing patterns used in these homes.

**Replacement SUPPORTING PRACTICE for Δ NFMHs**  
**PERSON-CENTERED CARE PLAN REVIEW- *Residents enjoy meaningful relationships with trained caregivers who support individual care needs and preferences.***

**Δ OUTCOMES**

- Every staff member receives training on the person-centered care plan for each resident upon hire.
- There is no “scheduled” agency staffing.
- Versatile workers are assigned in the home.

**Δ BASIS FOR EVALUATION:**

- Review of new employee orientation checklists.
- Home will provide samples of staff schedules.
- Review various job descriptions.
- Direct caregivers will explain their job duties.

**CORE #2**

**DECISION-MAKING/RESIDENT CARE- *The home supports resident decisions through a team approach.***

**SUPPORTING PRACTICE #1**

**SHARED UNDERSTANDING- *Team members are prepared and expected to support resident decisions.***

**OUTCOMES:**

- The home provides formal training to all team members on what to do when a resident makes a risky decision. (The training must include the position of the organization as it relates to decision making when the choice of the resident may not be in agreement with policy, may pose risk to the resident, or does not agree with the caregivers’ personal value set.)

**BASIS FOR EVALUATION:**

- Review of training outline used by the home.
- Review of attendance records maintained for the training.
- Home will explain how they plan to keep new employees trained

**Δ NFMH**

Mental health homes are exempt from Supporting practice #1 of Core #2 (Decision-Making/Resident Care) due to the unique challenges created by the prevalence of clients who require a structured environment for treatment of serious mental health issues resulting in dysfunctional or dangerous behaviors.

**Replacement SUPPORTING PRACTICE for  $\Delta$  NFMHs**

**SHARED UNDERSTANDING-** *Team members are prepared and expected to mitigate risk and support client choice to the extent possible. Boundaries established in the home will be determined on an individual basis.*

 **$\Delta$  OUTCOMES**

- The home has a formal process in place to evaluate, address and plan responses to risky decisions. The process gives consideration to:
  - A. The severity of risk to self and others. Does the choice place the client or others in immediate jeopardy or a life-threatening situation? Will the choice impede the client's treatment process and hopes to return to independent living?
  - B. Available alternatives and staff approaches to mitigate risk and support resident choice.
  - C. Considerations are documented
  - D. Person-centered care plans addressing risky decisions are reviewed regularly and issues revisited on an on-going basis.
- Home provides formal training to all team members on this process.
- Home addresses risk on an individual basis rather than with "blanket policies"

 **$\Delta$  BASIS FOR EVALUATION**

- Home will explain the process used to evaluate, address and plan responses to risky decisions.
- Direct caregivers will explain this process.
- Home will explain how they plan to keep new employees trained.
- Review of individual Care plans.
- Home will discuss current practices/policies around boundaries in the home.

**SUPPORTING PRACTICE #2**

**ACCESS TO INFORMATION AND RESOURCES-** *Team members have direct access to information and resources to support resident decisions.*

**OUTCOMES:**

- All team members have access to information about special health needs of each resident in their work area.
- Direct care staff have access to contact information and facilitate communication between residents and their support systems.
- Staff have access to transportation as needed to support residents.
- Staff have access to petty cash or resident funds to support resident requests.

**BASIS FOR EVALUATION:**

- Direct caregivers explain how they access special health needs information of residents.
- Direct caregivers explain how family contact and communication is handled.
- Direct caregivers describe transportation options available to them.

**CORE #3**

**DECISION MAKING/STAFF WORK-** *The traditional “top-down” hierarchy is replaced with self-led teams making decisions that affect their work.*

**SUPPORTING PRACTICE #1**

**STAFF SCHEDULING-** *Direct care staff are actively involved in staff scheduling.*

**OUTCOMES:**

- Direct care staff participate in self-scheduling

**OR:**

The scheduling process includes the following three outcomes:

1. Direct care staff input is gathered for staffing plans.
2. Direct care staff arrange coverage when they are unable to work.
3. Direct care staff coordinate and negotiate time off with one another.

**BASIS FOR EVALUATION:**

- Homes will describe their scheduling process.
- Direct care staff will explain how they have input into the scheduling process.
- Direct care staff will explain how they handle call-ins and arrange time off.

**SUPPORTING PRACTICE #2**

**STAFF HIRING AND ORIENTATION-** *Direct care staff are involved in selecting and training new staff members.*

**OUTCOMES:**

- Direct care staff receive training on the home’s hiring practices
- Direct care staff are involved in the selection process of all new hires.
- Direct care staff are responsible for portions of the orientation of new employees.

**BASIS FOR EVALUATION:**

- Review training outline used by the home.
- Review attendance records maintained by the home.
- Direct caregivers will explain how they are involved in new hires and the orientation process.

**SUPPORTING PRACTICE #3**

**LEADERSHIP-** *Direct care staff participate in leadership throughout the organization.*

**OUTCOMES:**

- Direct caregivers are actively involved in the home’s central leadership team.
- Direct caregivers serve on leadership teams in each work area of the home.
- Direct caregivers serve on various work groups addressing issues throughout the home.

**BASIS FOR EVALUATION:**

- Home provides the name and role of members of various teams throughout the home to demonstrate involvement.
- Review meeting attendance records maintained by the home to verify participation.

**CORE #4**

**CAREER DEVELOPMENT-** *Systems are in place to promote professional development.*

**SUPPORTING PRACTICE #1**

**PROFESSIONAL DEVELOPMENT-** *Formal opportunities are provided for staff to develop professionally.*

**OUTCOMES:**

- A formal career ladder or a skills enhancement program is in place.
- In-house training is available for versatile workers to learn new job duties and skills outside their traditional roles.

**BASIS FOR EVALUATION:**

- Review of formal Career Development policy.
- Home will describe how staff are made aware of opportunities available to them.

**SUPPORTING PRACTICE #2**

**OUTSIDE EDUCATION-** *Opportunities are provided for non-managerial staff to attend outside training.*

**OUTCOMES:**

- 10% of non-managerial staff attend outside training of any kind (in past year)

**BASIS FOR EVALUATION:**

- Home submits copy of certificates of completion for outside training.

**DOMAIN #3**

**HOME ENVIRONMENT-** *The built environment in the home is recognized as the resident's home and resident comfort is honored over staff convenience in the workplace.*

**CORE #1**

**RESIDENT BEDROOMS-** *Bedrooms in the home provide opportunities for privacy, personalization and comfort.*

**SUPPORTING PRACTICE #1**

**PRIVACY-** *The sanctity of home is acknowledged and respected by all.*

**OUTCOMES:**

- Rooms are arranged to promote privacy.
- Staff recognize boundaries and are respectful of resident space.
- Staff receive regular training on privacy expectations.

**BASIS FOR EVALUATION:**

- Home will describe room arrangements that have been made to promote privacy.
- Direct care staff explain their practices around resident privacy.
- The home explains how they handle training around privacy expectations.

**SUPPORTING PRACTICE #2**

**PERSONALIZATION-** *Residents are encouraged and actively assisted in creating personalized space.*

**OUTCOMES:****OPTIONS (two of the four required):**

- Room décor reflects resident preferences.
- Residents have ability to choose paint color.
- Bed and furniture choices are supported.
- Policy is in place to encourage personalization of resident rooms.

**BASIS FOR EVALUATION:**

- A minimum of two of the four outcomes must be addressed.
- Home will describe their efforts to assist residents with personalization.
- Review formal policy on personalization of resident space.

**SUPPORTING PRACTICE #3**

**SELF-CARE AND MOBILITY-** *The environment is adapted to promote self-care and mobility.*

**OUTCOMES:**

- Adaptations are made to promote self-care.
- Rooms are free of barriers to mobility and self-care.

**BASIS FOR EVALUATION:**

- Homes will describe their efforts to promote self-care and mobility in resident rooms.

**CORE #2**

**RESIDENT USE SPACE-** *All spaces in the home are comfortable and accommodating.*

**SUPPORTING PRACTICE #1**

**PRIVATE SPACE-** *Private space is available for resident use.*

**OUTCOMES:**

- Space is available to host and receive family and friends.
- Bathing areas provide privacy and dignity.
- There is space available for solitude.
- Boundaries are respected by staff in these spaces.

**BASIS FOR EVALUATION:**

- Homes will describe the spaces available to residents to entertain friends and family.
- Homes will describe how privacy is handled in bathing areas.
- Homes will describe their practices and boundaries around entering social areas when in use by residents.

**SUPPORTING PRACTICE #2****SELF-CARE AND MOBILITY- *The environment is adapted to promote independence.*****OUTCOMES:**

- Resident use space is free of barriers to mobility and self-care.
- Adaptations have been made to promote self-care.

**BASIS FOR EVALUATION:**

- Homes will describe the efforts they have made to support independence in resident use spaces.

**SUPPORTING PRACTICE #3****INSTITUTIONAL ELEMENTS- *Key institutional elements have been eliminated.*****OUTCOMES:**

- Overhead paging has been turned off and used only in emergencies.
- Equipment and carts are not left in hallways.
- Nurse stations have been eliminated.

**BASIS FOR EVALUATION:**

- Home will report what has been done to eliminate overhead paging.
- Home will describe how equipment storage is handled.
- Home will report what has been done to change nurse stations.

**DOMAIN #4****MEANINGFUL LIFE- *Residents have opportunities and receive assistance in the continued pursuit of purposeful life.*****CORE #1****SUPPORTING THE HUMAN SPIRIT- *Team members work together to discover and support what gives each resident meaning and pleasure.*****SUPPORTING PRACTICE #1****FREE TIME- *Residents determine how their leisure time is spent each day.*****OUTCOMES:**

- Information is gathered about resident routines, preferences and personal pleasures.
- Information about resident leisure preferences is shared with direct caregivers.
- Residents live individualized daily routines supported by a person-centered care plan.
- Individual spiritual and cultural preferences are supported and accommodated.
- Residents are honored when they pass on.

**BASIS FOR EVALUATION:**

- Homes describe how information is gathered and shared with staff.
- Review of tools used to gather information.
- Review of sample care plans that address daily routines and leisure preferences.
- Homes describe how they support spiritual/psychosocial preferences.
- Homes describe their practices around honoring residents at the time of their death.

**SUPPORTING PRACTICE #2**

**PLANNED AND SPONTANEOUS ACTIVITIES-** *Individual and group activities reflect the interests of current residents.*

**OUTCOMES:**

- Residents are involved in planning formal activity schedules.
- Residents are involved daily in determining spontaneous activity.

**BASIS FOR EVALUATION:**

- Homes describe the process used to plan formal activity schedules.
- Homes will give examples of spontaneous activity that has involved residents.

**CORE #2**

**COMMUNITY INVOLVEMENT-** *Opportunities are available to build new and maintain existing connections.*

**SUPPORTING PRACTICE #1**

**INTERNAL COMMUNITY-** *Residents have opportunities to be contributing members in the home.*

**OUTCOMES:**

- Residents participate with chores or tasks as they desire.
- Residents have opportunities to help others.
- Residents contribute to community decisions through formal decision making processes.
- Residents have regular opportunities to express preferences and concerns.

**BASIS FOR EVALUATION:**

- Homes describe opportunities residents have to contribute to the home in meaningful ways.
- Homes provide examples of how residents help others.
- Homes describe how residents are involved in decisions about day to day life in the home.
- Homes describe formal opportunities that exist for residents to voice their opinions, concerns and preferences.



**SUPPORTING PRACTICE #2**

**EXTERNAL COMMUNITY- *Residents have opportunities to remain active members of the broader community.***

**OUTCOMES:**

- Home gathers information about resident's current community connections.
- Care plans address ways staff support connections as desired by the residents.
- Outside community members and groups are welcomed by the home.
- Family and friends feel welcome in the home.
- Home engages in community projects and life outside the home in the surrounding community. (e.g. community projects, civic organizations, festivals and fairs)

**BASIS FOR EVALUATION:**

- Homes describe how they gather information about resident's current community connections.
- Review tool used to gather this information.
- Home provides specific examples of outside community members being welcomed by the home.
- Home describes things they do to make visitors feel welcome.
- Home describes opportunities that residents have to be involved in life outside the home in the surrounding community.