FACILITY NAME
COMPREHENSIVE PLAN OF CARE

PROBLEM(S)	GOAL(S)	APPROACH(ES)	DEPT	REVIEW
Little or no activity involvement.	Will participate in activities of choice ___ times weekly by review date.	Assess prior level of activity involvement and interests by talking with resident, staff, family.	ACT	
		Assess for impact of medical problems on activity level	N	
	Will express satisfaction with type of activities and level of activity involvement when asked by next review date.	Monitor nutritional status. Ensure res has adequate nutritional intake to maintain normal activity level	DM, N	
		Explain importance of social interaction, leisure activity time.	ACT, SW	
		Invite to scheduled activities. Praise/thank resident for attendance at activity functions.	ACT	
		Offer variety of activity types and locations.	ACT	
		Offer to assist/escort resident to activity functions.	ACT	
		Invite/encourage family members to attend activities with resident.	ACT	
		Remind resident that s/he may leave activities at any time, and is not required to stay for entire activity.	ACT	
		Modify daily schedule, treatment plan prn to accommodate activity participation.	N,C	