ASK NAAP: How to complete a CAA effectively?

To effectively complete a Care Area Assessment (CAA) with the Minimum Data Set (MDS) in a skilled nursing facility, you must follow a structured, interdisciplinary approach to ensure regulatory compliance and individualized care planning. It is important first to understand the CAA Process: The CAA process begins after completing the MDS 3.0 assessment. A corresponding CAA Summary (Section V) must be completed when a triggered Care Area is identified on the MDS. Second, review MDS triggers: Each Care Area has specific trigger criteria based on MDS responses. Review which areas have triggered (e.g., falls, mood, nutrition). Last, analyze the triggered areas by using the CMS CAA Resources (Appendix C of the RAI Manual), Perform an in-depth assessment using information from:

    - Resident interview (if possible)
    - Medical records
    - Staff input (nurses, CNAs, therapy)
    - Observations
- Consider risk factors, strengths, needs, and causal factors.

To complete the **Activities Care Area Assessment (CAA)** in a **skilled nursing facility**, you'll use resident-centered information from the **MDS 3.0**, especially Section F (Preferences for Customary Routine and Activities), to determine whether the resident's **activity needs and preferences** are being met — and if not, develop an individualized plan of care.

Here are the steps for completing the Activities CAA

1. Identify the Trigger

Check if the **Activities CAA (Care Area 4)** is **triggered** based on the MDS. Key MDS items that can trigger it include:

- **F0400–F0500** – Customary routines and activity preferences
- **B0100–C1000** – Cognitive patterns (to understand participation potential)
- **E0100–E0800** – Behavior status (may impact participation)
- **G0110** – ADL support (mobility/function can affect participation)

2. Gather Additional Information

Use multiple sources to understand the **resident's history, preferences, and limitations**:

- Resident interview (F0500): Use the **Preferences for Activities Assessment Tool (PAAT)**
- Family/caregiver input
- Staff observations (e.g., activity participation, isolation)
- Therapy notes (physical/cognitive function)
- Cultural background and personal history

3. Analyze the Resident's Needs

Determine:

- What **activities are meaningful** to the resident?
- Are **preferences being honored** or **barriers preventing participation**?
- Does the resident show **interest**, **boredom**, **withdrawal**, or **frustration**?
- Are there **cognitive or physical issues** that limit involvement?

4. Write the CAA Summary in Section V

Document your findings in a clear, specific, and resident-centered manner. Example format:

CAA: Activities (Care Area 4)

The CAA for activities was triggered based on MDS Section F responses. Resident expressed interest in music, reading, and church services but reports feeling isolated due to vision decline and difficulty getting to the common room. Staff note she does not regularly attend group activities but enjoys one-on-one reading time. She also misses religious services, which were important to her prior to admission.

Strengths: Oriented, communicative, enjoys conversation, open to alternative formats (e.g., audiobooks).

Barriers: Poor vision, limited mobility, and occasional incontinence lead to embarrassment.

Conclusion: Care planning is indicated. Activity programming will be adapted to include more in-room and individualized options aligned with her interests and needs.

5. Link to the Care Plan

If you decide care planning is needed, develop tailored goals such as:

- "Resident will participate in 3 individualized activities per week to promote social engagement."
- "Provide audiobooks 3x/week based on her preferred genres."
- "Offer room-based spiritual content or visits from local faith volunteers weekly."

Assign responsible staff (activities, nursing, volunteers) and set target timelines.

6. Monitor and Revise as Needed

Reassess during care plan reviews, significant change assessments, or upon resident/family request.

Here is a sample CAA for review:

Activities CAA Summary (Care Area 4)

Resident Name: Helen Carter

Assessment Date: 5/8/2025

Discipline: Activities Director

CAA Trigger:

The Activities CAA was triggered based on MDS Section F (F0400 and F0500). The resident expressed a strong interest in music, spiritual practices, and social interaction, but has not participated regularly in group activities since admission. Staff report increased time spent alone and signs of withdrawal.

Resident Assessment Summary:

Mrs. Carter is an 83-year-old female with mild cognitive impairment (BIMS score: 11) and a history of macular degeneration, resulting in significant vision loss. She is alert and oriented but requires verbal cues for orientation at times. During the resident interview, she indicated that she used to attend church weekly and played piano at home. She stated that she 'misses people and music' but 'can’t see well enough' to participate.

Staff note that Helen often remains in her room during group activities. She was observed tapping her hand to music played in the hallway and responded positively to 1:1 visits. She has previously participated in individualized sessions involving spiritual readings and familiar hymns but lacks consistent opportunities for these.

Strengths:

Communicative and socially motivated

Responsive to music and spiritual conversation

Mild cognitive impairment (able to express preferences clearly)

Barriers:

Severe visual impairment limits participation in traditional activities

Reports feeling self-conscious about needing assistance

Limited mobility (uses a walker with staff assistance)

Recommendations:

Care planning is indicated. The resident has a strong personal interest in social and musical activities but faces physical and environmental barriers. The care plan interventions will include:

Providing 1:1 music sessions with familiar hymns (weekly)

Offering large-print or audio devotional readings

Encouraging attendance at small, staff-accompanied social events

Collaborating with the local faith community for in-room visits