



**RULES & REGULATIONS  
REVIEW FOR THE  
ACTIVITY DEPARTMENT  
IN LONG-TERM CARE**

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**&**

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# Objectives

- Participants will demonstrate an increased understanding in the Idaho and Federal Regulations Specific to Activities in Long-Term Care
- Participants will be able to identify their own policies and procedures and how they affect their day-to-day programming and the survey process
- Participants will be able to answer some of the “myths” about Activities in LTC in Idaho.



# IDAHO REGULATIONS

## 151.01 ORGANIZED PROGRAM

- There shall be an organized and supervised activity program appropriate to the needs and interests of each patient/resident.
  - Designed to include a variety of processes and services which are designed to stimulate patients/residents to greater self-sufficiency, resumption of normal activities and maintenance of an optimal level of psychosocial functioning
  - It shall include recreation, therapeutic, leisure and religious activities.



## 151.02 POLICIES AND PROCEDURES

- Policies and procedures shall be developed which reflect the purpose of the program and how it is to be accomplished.



## 151.03 COORDINATOR

- The facility shall designate an Activities Program Coordinator who shall:
  - **a.** Coordinate and supervise the program.
  - **b.** Devote sufficient time to the program to achieve an effective result meeting the individual needs of the patients/residents.
  - **c.** Make or cause to be made an assessment of each individual's interests and needs
  - **d.** Develop and implement an individual activity plan for each patient/resident which reflects the interests and needs of the patient/resident.



## 151.03 COORDINATOR CONT'D

- **e.** Provide active and continuing encouragement of patients/residents to participate in individual or group activities.
- **f.** Work with a variety of people and groups such as volunteers to achieve an effective program.
- **g.** Plan and schedule activities in advance and inform patients/residents of scheduling plans.
- **h.** Maintain appropriate records of patients'/residents' individual participation and progress.
- **i.** Plan group activities which shall be noted on a calendar of events, posted and large enough for the vision impaired to read.



## 151.04 RECORDS

- The individual patient's/resident's medical record shall contain:
  - a. An assessment of his needs and interests which is
    - i. Signed and dated by the person making the assessment.
    - ii. Reviewed periodically, but at least annually.



## 151.04 RECORD'S CONT'D

- **b.** An activity plan designed to meet the interest and needs of the patient/resident and which:
  - i. Has been approved by the patient's/resident's attending physician as not being in conflict with the patient's/resident's overall plan of care.
    - Approval may be accomplished by signing the activity plan or by indicating activity plan approval on the physician's orders for care of the patient/resident. If the physician verifies approval on his orders he must initially provide the date of the plan which he approved.
  - ii. Shall be updated as necessary due to changing interests or physical condition of the patient/resident. The plan shall be updated *at least annually*.



## 151.04 RECORDS CONT'D

- c. Progress notes which reflect the patient's/resident's response to the activity program. Progress notes shall be made by the activity coordinator or his designee at least quarterly.



## 151.05 PHYSICAL REQUIREMENTS

- **a.** Supplies and equipment shall be provided in sufficient quantities to support the activities program and shall include items necessary to meet identified patient/resident needs and interests.
- **b.** Location of activities shall not be limited to the facility and the grounds of the facility.



## 151.06 PATIENT/RESIDENT PARTICIPATION

- The patient/resident has the right to refuse participation in an activity program.
- If a patient/resident refuses to participate in his individualized program the coordinator shall document his refusal, the attempts made to encourage the patient/resident and alternate means employed to keep the patient/resident active physically, mentally, and socially



## 151.06 BUDGET

- The facility shall provide adequate funding for the activity program.
- Patients/residents shall not be required to support the funding



# FEDERAL REGULATIONS

- F248 – Activities
  - A key outcome tag within Quality of Life
- F249 – Activities Director
  - A process tag concerning the presence of a Qualified Activities Director
- Each tag has a
  - Description
  - Interpretive Guidelines
  - Investigative Protocol



## F248 - ACTIVITIES

- The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.



## F248 – INTERPRETIVE GUIDELINES

- The “facility” indicates provision of activities involves *everyone*
- Identification of *each* resident’s interests and needs in *a variety of domains*
- Involves the resident in an *ongoing program* of activities



# F248 – INTERPRETIVE GUIDELINES

## ○ Definitions

- Activities: any endeavor, other than a routine ADL, in which a resident participates that is intended to enhance his/her sense of well-being and to promote or enhance physical, cognitive, and emotional health.

May promote:

- Self-esteem
- Pleasure
- Comfort
- Education
- Creativity
- Success
- Independence



# F248 – INTERPRETIVE GUIDELINES

## ○ Definitions

- One-to-One Programming: activities provided to residents who will not, or cannot, effectively plan their own activity pursuits, or residents needing specialized or extended programs to enhance their overall daily routine and activity pursuits



# F248 – INTERPRETIVE GUIDELINES

## ○ Definitions

- Person-appropriate: refers to the idea that each resident has a personal identity and history that includes much more than just their medical illnesses or functional impairments and that activities should be relevant – as much as possible – to the specific needs, interests, culture, background, etc of the individual for whom they are developed.



# F248 – INTERPRETIVE GUIDELINES

## ○ Definitions

- Program of Activities: includes a combination of large and small group, one-to-one, and self-directed activities
  - A system that supports the development, implementation, and evaluation of the activities provided to the residents in the facility



# F248 – INTERPRETIVE GUIDELINES

## ○ ASSESSMENT

- Information gathered is used to develop the activities component of the comprehensive care plan

## ○ CARE PLANNING

- Objectives should be measurable and focus on desired outcomes
- All relevant departments collaborate
- Accommodations should be made to maximize activity participation (schedules, supplies, timing, etc)



# F248 – INTERPRETIVE GUIDELINES

## ○ INTERVENTIONS

- Based on each resident's history, preferences, strengths, and needs
- Adaptations for functional abilities are implemented
- Consider resident's batter of behavioral symptoms
- Activities should be present prior to when symptoms usually present themselves
  - Encourage physical exercise when resident is pacing
  - Provide organized tasks for residents who go through other's belongings
  - Offer social programs and opportunities for leadership for residents who are attention seeking



# F248 – INVESTIGATIVE PROTOCOL

- OBSERVATIONS
- INTERVIEWS
- RECORD REVIEW



# F248 – INVESTIGATIVE PROTOCOL

## ○ OBSERVATIONS

- Is the staff:
  - Taking preferences and needs into account?
  - Using adaptive equipment?
  - Providing timely transportation?
  - Providing activities that are compatible with residents interests, needs, and abilities?



# F248 – INVESTIGATIVE PROTOCOL

## ○ INTERVIEWS

- Resident

- What is your opinion of the activities provided?
- Are the activities occurring as scheduled?
- Are you satisfied with the activities?
- Does the environment pose any barriers?

- Activity Staff

- How do you determine resident needs/preferences?
- How do you assure residents are informed of activities?
- How do you obtain supplies for your residents?



# F248 – INVESTIGATIVE PROTOCOL

## ○ INTERVIEWS

- CNA's
  - How do you help your resident's participate in activities?
  - What role do you play in providing activities
  - What do you do when activity staff are not present?
- Social Services
  - How do you help residents participate in activities?
  - What is your role in providing equipment, funds, etc?
- Nurse
  - How does nursing staff help increase resident participation?
  - Do you alter your schedule as much as possible to make sure residents who want to attend certain activities are able to?



# F248 – INVESTIGATIVE PROTOCOL

## ○ RECORD REVIEW

- Evaluate assessment to see if it captures residents abilities, needs, desires for daily routines, etc
  - Activities assessment
  - Activity documents/notes
  - Social history
  - Notes from a previous facility
- Are resident's previous life roles considered?
- Does it encourage/support the development of new interests, hobbies and skills?
- Are adaptations needed?
- Does it identify how facility will provide activities and who is responsible?



# F248 – INVESTIGATIVE PROTOCOL

## ○ RECORDS REVIEW

- Review care plan to determine if resident participated in care plan development and if the plan matches interests/needs/etc.
- Determine if the facility periodically reviewed the plan with resident input



# DETERMINATION OF COMPLIANCE

- Did the facility:
  - Recognize and assess individual preferences, choices, conditions, problems, behaviors, etc?
  - Define and implement activities in accordance with residents needs and goals?
  - Provide any needed adaptations?
  - Monitor and evaluate resident responses?
  - Revise the approaches as appropriate?
  - Provide individualized programming?

....then YES!!!!!!!!!! you are in compliance! ☺



## F249 ACTIVITIES

- The activities program must be directed by a qualified professional who:
  - Is a qualified therapeutic recreation specialist or an activities professional who:
    - Is licensed or registered by the State in which they are practicing
    - Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990
    - Has two years of experience in a social or recreational program within the last 5 years, one of which was full-time in patient activities program in a health care setting
    - Is a qualified occupational therapist or occupational therapy assistant
    - Has completed a training course approved by the state.



# F249 ACTIVITIES

- Activities Director Responsibilities
  - Directing the development, implementation, supervision, and ongoing evaluation of the activities program
    - Scheduling, monitoring participation and responses, revising interventions as necessary
  - Completing or delegating the completion of the activities component of the comprehensive assessment
  - Contributing to, directing, or delegating the contribution to the comprehensive care plan



# TRUE OR FALSE

- Not following your company's Policies and Procedures related to Activities can lead to a citation
  - True
    - State 151.02 – “Policies and Procedures shall be developed which reflect the purpose of the program and how it is to be accomplished”



# TRUE OR FALSE

- Activity calendars have to be posted in every room.
  - False
    - State Regulation I: “ shall be noted on a calendar of events, posted and large enough for the vision impaired to read.”
  
- Activities must occur exactly as scheduled and must include 5 activities per day
  - False
    - Neither State or Federal Regulation
    - Out of respect for other disciplines, our residents, families, etc., activities should occur on schedule as often as possible.



## TRUE OR FALSE

- Scenario: you are playing cards from 10:00 – 11:00. 11:00 is crafts but no one wants to attend and the group wants to continue playing cards. You can cancel crafts and continue playing cards.
  - True



## TRUE OR FALSE

- Activity professionals are the only staff members responsible for running resident activities
  - False
    - Federal: F-248 “The *FACILITY* must provide for an ongoing program of activities... Can be through volunteers, family members, other staff, etc.”
    - State 151: “work with a variety of people and groups, such as volunteers, to achieve an effective program”



## TRUE OR FALSE

- Decorations for holidays, parties, etc. are not overseen by Federal or State Regulations
  - True



# TRUE OR FALSE

- Assessments must be reviewed during every resident care plan
  - False
    - State 151.04.ii “at least annually or due to changing interests or physical condition of the patient’s interest”



## TRUE OR FALSE

- All residents who cannot or will not participate in scheduled activities must receive 1:1 visits and be care planned for them.
  - False
    - Federal: F248: “meet the well-being of *each* resident.”
    - If the resident will tolerate 1:1 they should be placed on a schedule to meet their 1:1 needs.



# TRUE OR FALSE

- Residents with cognitive impairments cannot have children's toys or books.
  - False
    - Federal: F248: “meet the well-being of *each* resident.”
    - “Person Appropriate”



## TRUE OR FALSE

- ADL-related activities, such as manicures/pedicures, hair styling, and makeovers, are never considered part of the activities program.
  - False
    - Federal F248



# POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION

- F172 Access and Visitation Rights
  - Example: “Family members are being denied round-the-cloud access to a resident who is dying
  
- F242 Self-Determination and Participation
  - Example: “Facility refuses to alter schedules and resident is complaining of missing his/her favorite activity.”



# POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION

- F246 Accommodation of Needs
  - Example: “Resident confined to room complains he cannot do his preferred activity of putting puzzles together as facility has not provided any adaptations (table, bed tray, etc)
- F250 Social Services
  - Example: “Resident with poor vision needs assistance in getting audio books and the facility is not responding to this request.”



# POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION

- F272 Comprehensive Assessment
- F279 Comprehensive Care Plan
- F280 Care Plan Review
  - Example: “Not including a resident in the development of the care plan or not revising the care plan based on functional needs/abilities.”
- F353 Sufficient Staff
  - Example: “Care plan indicates nursing will provide weekend activities and surveyor discovers activities are not occurring because her staff are too busy.”



# POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION

- F464 Dining and Activities Rooms
  - Example: “Environment is inhibiting participation - poorly lit room, not enough space, too much noise, excessive stimulation, etc.”
- F499 Staff Qualifications
  - Example: “Even if activity director is qualified, the staff who are providing the activities are unable to provide necessary adaptive assistance to residents due to unfamiliarity with proper use of equipment as identified on the resident’s care plan.”



# DISCUSSION

- Other scenarios you would like to discuss?
- Q&A



# REFERENCES

- <http://adminrules.idaho.gov/rules/current/16/index.html>
  - 16.03.02 – Minimum Standards for Skilled Nursing and Intermediate Care Facilities
- [http://cms.hhs.gov/manuals/Downloads/som107app\\_guidelines\\_ltcf.pdf](http://cms.hhs.gov/manuals/Downloads/som107app_guidelines_ltcf.pdf)

