

Long-Term Care Survey Alert

QUALITY OF LIFE: Help Your Facility Make The Grade With Its Activities Programming

Use this checklist to get your program in shape before the next survey.

You want your activities to entice residents to participate--not be an open invitation to F tags under the revised activities survey guidance and Psychosocial Outcome Severity Guide.

So cover the bases by running your activities program through this gauntlet to see if it meets the new survey expectations.

- **The staff uses a comprehensive assessment and RAP review to assess and evaluate a resident's needs and preferences for activities.** For example, the care team should do an activities RAP review to ask why the activities RAP is or isn't triggering and whether the team wants to proceed with changing the care plan.

Ask why the person isn't participating, suggested **Barbara Quinlan**, activities director at **Daughters of Israel**, who discussed her facility's best practices during a recent **Centers for Medicare & Medicaid Services'** Webcast on the new activities survey guidance. "Is [the problem] behavior, mood, psychosocial or physical issues?" Or perhaps the facility isn't providing the programs that the person needs, she said.

- **The facility performs a population analysis on a regular basis to see if its activity programming is on target.** If 75 percent of the population would respond best to small groups--then 75 percent of the calendar programming should be of that type, said Quinlan. The activities programming calendar should change to reflect changes in the resident population.

Make sure to meet the activity needs of sicker post acute patients, advises **Diane Brown**, CEO of **Brown LTC Consultants** in Boston. "Many times facilities focus their activities programming on long-term residents," she says. "But someone immobilized after surgery might enjoy having someone read to him," she says. A post-op patient who is still in some pain might require a shorter card game to accommodate his condition and attention span, Brown adds.

- **The facility uses activities to prevent and address residents' assessed cognitive impairment and behavioral symptoms.**

You want to ensure that people with dementia can succeed in an activity. Some ideas for pulling that off, according to the CMS guidance, might include programs that focus on long-term memory rather than short-term. Also design activities based on residents' attention span--or recreate past experiences. (To find out how to turn a routine set of supplies into a magical day at the beach for residents of various cognitive and functional levels, see the August 2006 Long-Term Care Survey Alert.)

Tip: People too cognitively impaired to recognize numbers might play a separate Bingo game geared to their interests and abilities, notes **Lois Scheaffer-Kramer**, a recreational therapist in Bloomingdale, IL. For example, you can play nature Bingo "where you have a Bingo card and walk around together to find things like a yellow leaf, a stone, a flower," she says. Or make a household Bingo game where you have a couple of boards that have pictures of a button, a stove, a sink and then make corresponding cards.

To calm and engage residents with behavioral symptoms, Daughters of Israel uses Snoezelen, a multi-sensory therapy that stimulates all the senses (auditory, visual, olfactory and tactile). (To see actual footage of the therapy, see the CMS Webcast at [cms.internet streaming.com](https://www.cms.gov/internet/streaming.com).)

Baldomero Lopez State Veterans' Nursing Home finds that residents with behavioral symptoms calm down when they listen to music on headphones. If the resident can't select his favorite music, the staff asks the family what the resident has enjoyed previously, reports **Rebecca Yackel, NHA**, administrator for the facility in Land-o-Lakes, FL.

- **The facility integrates activities into the resident's daily life and care routines.** The activities can represent simple pleasures. For example, enjoying a cup of coffee in the morning while reading the paper can be a favorite activity for many people, noted the CMS Webcast.

Maine General Rehabilitation and Nursing Center, which offers a "neighborhood approach," gets all staff on the activities bandwagon to provide activities throughout the day. The facility encourages CNAs to sing with residents, play with hairstyles and talk about past experiences as part of their interactions, relayed CMS Webcast presenter **Connie McDonald**, administrator for the Glenridge, ME facility.

- **The facility provides residents with adaptive assistance so they can participate in their activities of choice.** People who have use of only one hand might benefit from holders for magazines, books and playing cards, suggests the revised survey guidance. Baltimore-based **Erickson Retirement Communities** provides several adaptations for people in wheelchairs. For example, the facilities have a garden swing that is "wheelchair accessible" and it has a smooth gliding motion, said **Michele Williams**, program manager for Erickson. The facility also provides a combination pool and Ping-Pong table that people can use standing up or in wheelchairs. A "reading machine" allows residents with low-vision to enlarge print to whatever magnification they need, she added. The person can take a letter or a magazine to the machine and read it.

Editor's note: For an in-depth look at how to use the MDS to plan and evaluate a resident's activities, see the June 2006 MDS Alert.