



Centers for Medicare & Medicaid Services (CMS)

Guidance Training Instructor Guide

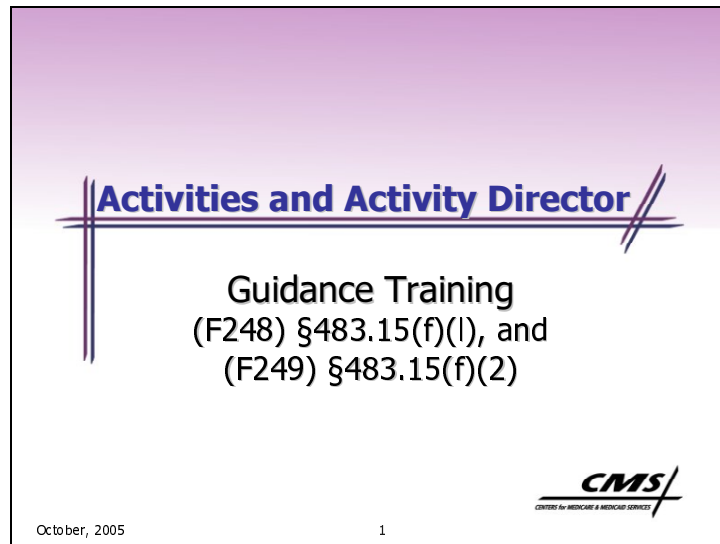
Activities & Activities Director

(F248) §483.15(f)(I), and

(F249) §483.15(f)(2)

February, 2006

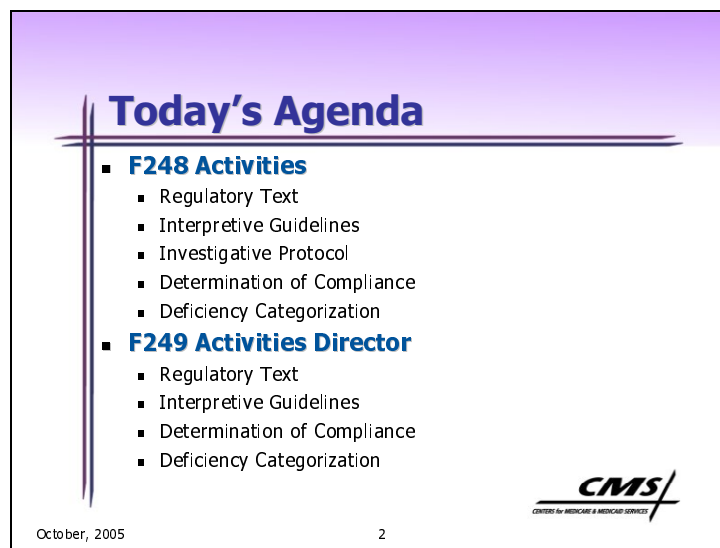
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Activities and Activity Director Guidance Training

Notes:


- Introduce yourself and the other presenters
- Welcome the participants
- Provide logistical information such as location of restrooms, vending machines, etc., if appropriate.

A presentation slide titled "Today's Agenda" with a purple gradient header. The slide lists two main categories: "F248 Activities" and "F249 Activities Director". Each category has a bulleted list of four items: Regulatory Text, Interpretive Guidelines, Investigative Protocol, Determination of Compliance, and Deficiency Categorization. The CMS logo is in the bottom right corner, and the date "October, 2005" and page number "2" are in the bottom left.

Today's Agenda

- **F248 Activities**
 - Regulatory Text
 - Interpretive Guidelines
 - Investigative Protocol
 - Determination of Compliance
 - Deficiency Categorization
- **F249 Activities Director**
 - Regulatory Text
 - Interpretive Guidelines
 - Determination of Compliance
 - Deficiency Categorization

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Today's Agenda

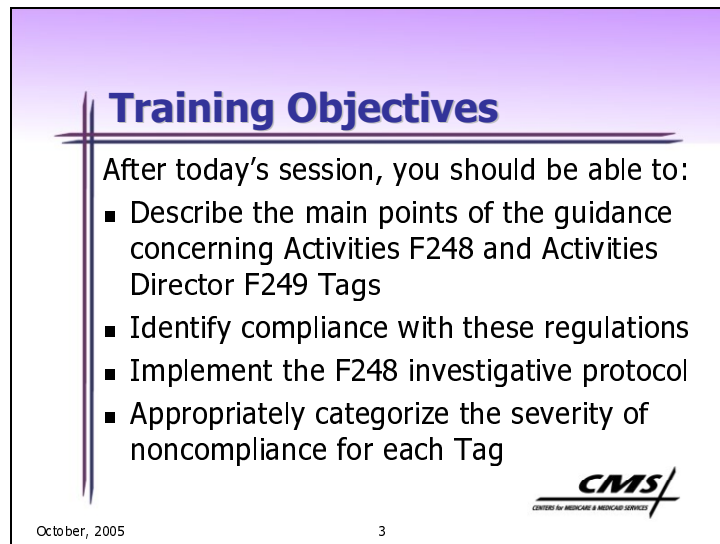
Notes: Demonstrate that these components can be found in the packet.

Message: First, let us begin by discussing what you have received in your packet.

Today's agenda consists of the following topic areas that make up the components of the guidance you received.

We will discuss each component in detail and talk about how to employ them during the survey process.

Note that F249 does not contain its own investigative protocol.

A presentation slide with a purple header and a white body. The title 'Training Objectives' is in bold blue text. Below it, a list of four objectives is shown with square bullet points. The CMS logo is in the bottom right corner. The date 'October, 2005' and the number '3' are in the bottom left and center respectively.

Training Objectives

After today's session, you should be able to:

- Describe the main points of the guidance concerning Activities F248 and Activities Director F249 Tags
- Identify compliance with these regulations
- Implement the F248 investigative protocol
- Appropriately categorize the severity of noncompliance for each Tag

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Training Objectives

Notes: Read the slide

- Message**
- F248 Activities is a key outcome tag within Quality of Life, and F249 is a process tag concerning the presence of an activities director who is qualified.
 - F248 compliance is determined by evaluating sample residents who are selected for this review.
 - Resident outcomes are a key feature of determining if the activities program is adequate for each resident, since the regulation specifies that activities be individualized for each resident.
 - Compliance for F249 is not based on the resident sample. It is an absolute tag, which means it is cited if there is not a qualified activities director, without regard for outcomes.
 - Information on each tag will be presented separately. First we'll cover F248.

Regulatory Language


Activities F248

(f) Activities

(1) 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.

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Regulatory Language

Message

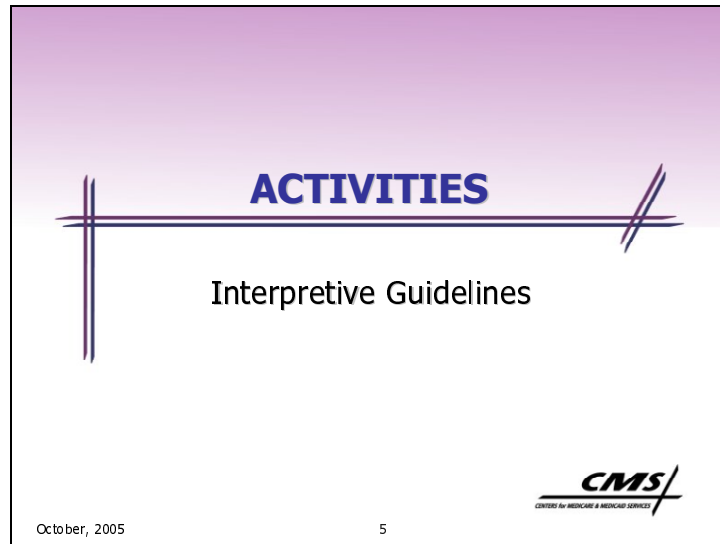
- This regulatory language includes the specific phrase “the facility” which indicates that the provision of activities is not just the duty of a specific Activities department, but, rather, is the duty of the facility.
- It is not possible for a few people in an Activities department to be able to provide individualized activities for the entire population of the facility, therefore, the writers of the regulation chose to make it the responsibility of the facility as a whole to fulfill this important mandate of the OBRA '87 law.

Notice:

- In print versions prior to having the SOM on the Internet, the line was mistakenly drawn between 248 and 249, so that some of the regulatory text applicable to the activity director Tag was mistakenly included in F248. F248 only applies to (f)(1), as seen in this slide.
- The subsequent slides titled “Activities” apply only to F248.

Discussion:

- What activities of your current life would you want to be sure were continued if you were in a nursing home? (This is not limited to recreational opportunities).
- *Discuss results*



Interpretive Guidelines

Message: The interpretive guidelines in Appendix PP provide CMS' authoritative interpretation of what the regulatory language means.

Interpretive Guidelines
Components

- Intent
- Definitions
- Overview
- Assessment
- Care Planning
- Interventions

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Interpretive Guidelines: Components

Message: The interpretive guidelines for F248 are presented in the order described in this slide.

Interpretive Guidelines: Intent

- The facility identifies each resident's interests and needs; and
- The facility involves the resident in an ongoing program of activities that is designed to appeal to his or her interests and to enhance the resident's highest practicable level of physical, mental, and psychosocial well-being.

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Interpretive Guidelines: Intent

Notes: Read the intent language in this slide.


- Message:**
- This regulation is one of a set of “each resident” outcome based regulations. This type of regulatory language mandates a facility responsibility to consider each resident.
 - This particular regulation mandates that the facility consider each resident’s varying interests, so that the mere development of a program is not sufficient for compliance. A facility cannot just place residents into any available activities. Instead, the facility must individualize activities according to each resident’s interests, in order to enhance well-being.
 - For various reasons including physical condition and cognitive losses, residents may be unable to pursue prior interests unless the facility makes efforts to provide adaptations or assistance. And, in order to enhance well-being, the facility should realize that residents can also develop new interests. For example, many older individuals have not worked with a computer, but more facilities are helping residents learn to use computers, making equipment available, and teaching residents about the internet and e-mailing.

Interpretive Guidelines

Definitions

- Activities
- One-to-one programming
- Person appropriate
- Program of activities

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Interpretive Guidelines: Definitions

Notes: The actual definitions are in bold, followed by commentary about each

- Definitions:**
- **“Activities” refer to any endeavor, other than routine ADLs, in which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.**
 - Although routine ADLs are excluded from activities, many facilities provide special enhancements to certain aspects of bathing and grooming, including spa services, and beauty shop services that can be considered a part of activity programs.
 - **“One-to-One Programming” refers to programming 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.**
 - Some residents who need this type of intervention may be unable to participate in group activities.
 - **“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.**

- This term has been endorsed by the Alzheimer's Association as a replacement for "age-appropriate," since it is desirable to consider individual preferences instead of having blanket policies prohibiting such things as a resident carrying a doll.

Discussion: What does "person appropriate" mean to you? How would a facility make its activities person-appropriate?

Definitions Continued:

- **"Program of activities" includes a combination of large and small group, one-to-one, and self-directed activities; and a system that supports the development, implementation, and evaluation of the activities provided to the residents in the facility.**


- These are typical aspects of the activities program. However, this does not mean that every facility needs to offer every type of activity; rather, the facility should base its range of programming types on the interests of residents.

Interpretive Guidelines

Overview

- The activities program for a resident is based on the resident's comprehensive assessment
- Residents' Views on Activities
 - Relevant and valuable to their quality of life and considered a part of their dignity
 - Activities need to amount to something and be meaningful to the residents' lives
 - Residents with dementia are happier and less agitated in homes with many planned activities for them

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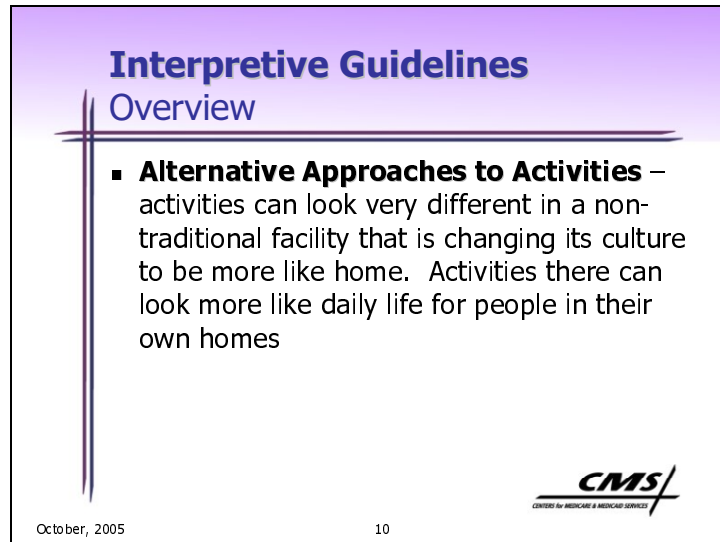
Interpretive Guidelines: Overview

- Message:**
- The 1986 landmark study conducted by the Institute of Medicine that contributed to the development of OBRA '87 stated that activities choice is an important factor contributing to a resident's quality of life.
 - The overview contains a section, "**Resident's Views on Activities**" which provides information from a large scale CMS research effort that interviewed 160 residents and also conducted observations of non-interviewable residents. These residents listed activities as an important component of dignity, specifically mentioning choice of activities and having activities that amount to something, such as those that produce or teach something; activities using skills from residents' former work; religious activities; and activities that contribute to the nursing home.
 - Residents in the study wanted activities to be "not childish," to use their minds, that include something for men, that relate to past work, that get out of the facility, that allow for socializing with people from outside the facility; and include active activities (such as exercise class).
- Discussion:** What activities have you seen facilities offer for their male residents? What else could they offer?

Interpretive Guidelines

Overview

- **Alternative Approaches to Activities** – activities can look very different in a non-traditional facility that is changing its culture to be more like home. Activities there can look more like daily life for people in their own homes



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Interpretive Guidelines: Overview

Message

- Some facilities have developed neighborhoods or households, in which a small group of residents (often 10-20) interact with permanently-assigned staff. Together they engage in a variety of activities that are part of living in a home setting such as helping with household chores and spontaneously engaging in their own personal preferences for spending their day, such as sitting on the porch or patio, having neighbors over for a barbeque, taking a walk or wheelchair stroll outside, reading the paper over a cup of coffee, tending to garden plants, having an ice cream sundae, surfing the internet or answering email. The group of residents and staff also may have decided to go for a ride to a mall or some community place or event selected by the residents. Typically households within culture changing nursing homes plan and conduct their own activities, allowing the option for spontaneous changes if the residents desire. The key is resident choice. Even with residents who have dementia, it is possible for permanently assigned staff to work with families to discern what each person likes to do.
- The guidance provides some websites where you can learn more about what facilities are doing to change their cultures to have activities more like home.

Interpretive Guidelines

Assessment


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

Questions asked include:

- What are the resident's life long interests?
- What does the resident prefer?
- Are adaptations needed?

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Interpretive Guidelines: Assessment

- Message:**
- The information from the assessment needs to be specific enough for the facility to develop a care plan to meet the resident's interests, and to be able to understand what specific adaptation and assistance are needed. For example, it is not sufficient to note that a resident likes music, additional detail is needed; for example, what type of music, did the resident play an instrument or sing (and is the resident still able to do this), does the resident like live music that might be offered in the facility, or certain musical TV broadcasts. Does the resident need any assistance or adaptations to pursue musical interests?
 - Activities is a key resident right, and is part of the Quality of Life section of the regulations. Every resident is entitled to an individualized activity program that meets their interests, regardless of whether a RAP triggered. A RAP will not trigger if the facility is placing the resident into activities programs that don't meet the resident's interests. Some residents are independently capable of pursuing their own activities, which should be noted in the assessment.
 - In assessing each resident, the staff should be noting:
 - What does the resident prefer, what adaptations are needed?
 - What are the resident's lifelong interests, spirituality, goals, life roles, etc.?
 - Assessment should be completed by, or under the supervision of, a qualified professional

Interpretive Guidelines

Care Planning

- Information from the individualized assessment is used to develop the activities components of the comprehensive care plan
- Objectives should be measurable and should focus on the resident's desired outcomes
- All relevant departments collaborate –not just activities department

Remember – Activities can occur at any time, not just during formal activities provided by activities staff

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Interpretive Guidelines: Care Planning

Message: • Although it is measurable, it is not sufficient for an activities care plan to have as a goal the attendance of the resident at three activity group programs a week. This type of goal used to be seen in old-fashioned, institutional facilities

Discussion: *Question:* Why is that type of activity goal not sufficient to meet the requirements?

Answer: It would not be sufficient if it is not individualized, does not take account of resident preferences, does not address adaptations, and is not the resident's goal.

Question: How would a facility develop individualized activities goals for residents who cannot express their wishes?

Answer: Communicate with the family, review the resident's personal history (employment, family, previous interests) and identify what might still be relevant.

Scenario: A new resident is admitted, who is 29 years old, male, and who is quadriplegic and demented due to brain injury caused by a motorcycle accident. He has a wife and two young children, 6 and 4 who visit often. He worked as an auto mechanic and enjoyed NASCAR. He loved to fish and often took the kids fishing.

Question: What would be some activities that the facility could try for this resident?

Interpretive Guidelines

Care Planning: *Accommodations*

Facilities need to consider accommodations in schedules, supplies, and timing to optimize participation. For example,

- Alter therapy or bath schedule
- Modify meal schedule
- Assist residents in dressing, toileting, and transportation
- Provide supplies and adaptive equipment/supplies if needed

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Interpretive Guidelines: Care Planning

- Message:**
- The interdisciplinary team should be taking into account various components of the resident's schedule in order to optimize resident choice to the extent possible. That includes giving consideration to waking and sleeping times, medication pass times, therapy, and bathing times along with activity program times, in order to individualize the resident's schedule. This may include modifying the timing of pain medications or diuretic medications to optimize participation in activities of choice.
 - If the resident needs assistance to travel to locations where activities are taking place in the building, the facility needs to provide the necessary transportation both to and from activities for this resident, as well as any special clothing that may be needed (coat, etc.). Remember, the facility is responsible, not just the activities department. The various departments need to work together on care planning to make sure the resident gets to preferred activities timely.
 - The facility should also provide needed supplies, equipment, and adaptations according to the care plan. Residents who wear eyeglasses or hearing aids should have them in place and functioning to optimize their participation, unless they decline to use them. While in activities, some residents will need assistance with eating, or may need to be assisted in the rest room.
 - In facilities that have reconfigured into households or neighborhoods, problems of transportation and ADL assistance are usually not present, since the activities are in the household and staff are always nearby and are familiar with each resident's ADL needs.

Interpretive Guidelines Interventions

Individualized interventions are based on assessment of **each resident's** history, preferences, strengths, and needs

Reality orientation and large group activities that include residents with different levels of strengths and needs are not recommended

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Interpretive Guidelines: Interventions

- Message:**
- Many activity professionals have largely abandoned interventions such as reality orientation and large-group activities that include residents with different levels of strengths and needs. Instead, they have developed individualized interventions based upon the assessment of the resident's history, preferences, strengths, and needs.
 - Many activities can be adapted to accommodate a particular resident's change in functioning. Some residents have already adapted certain activities while they were at home, such as using large-print books and closed-captioning on their TV. The facility should be aware of a range of adaptation they can make to assist residents to participate in activities of their choice. These are discussed in the remainder of the interpretive guidelines.

Interpretive Guidelines

Interventions

When evaluating the provision of activities, it is important to identify whether the resident has issues for which staff should have provided adaptations.

Types of impairments that might require adaptations include visual, hearing, physical and cognitive.

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Interpretive Guidelines: Interventions

- Message:**
- Many activities can be adapted to accommodate a particular resident's change in functioning.
 - The surveyor onsite may see various types of adaptations, depending on the needs of residents. The guidance contains a lengthy list of adaptations a facility might use. Some adaptations employ special equipment; others include special techniques staff can use in interacting with the resident, while others involve adapting the environment where activities are taking place. For some residents, the length of the activity may need to change or the steps of the activity may need to be task-segmented into simple steps.

Discussion: *Question:* What are some of the environmental modifications that may be needed for residents with various physical issues?

Answer: Elimination of glare, reduction of extraneous noise, height of tables set for ease of wheelchair users to be able to get the arms of their wheelchairs under the table to be close to the project at hand.

Question: If a new resident states that they like to keep to themselves in their rooms and likes to read books and the daily newspaper and do crossword puzzles, does the facility have any responsibility for this resident in terms of activities care planning?

Answer: When the facility assesses this resident they should note if there is anything they need to do repeatedly to help the resident obtain the books, newspapers, and crossword puzzles they like. They should not "write off" the resident, but should make sure the resident is informed about activities in the facility and should periodically ask if the resident wishes to attend anything. The facility should determine if this is a life-long pattern and if the resident is content with this choice.

Message

- Residents are not required to attend activities. Sometimes when a resident is new to living in a nursing home, they may not associate initially with other residents; for example, due to personal choice, to anxiety or fear, or because of discomfort with their condition, such as a speech impediment or paralysis due to a stroke. They may change their minds after being in the facility awhile; for example, if the facility has established a relationship with the resident.

Interpretive Guidelines

Interventions: *Addressing Behavioral Symptoms*

- Facilities should take into account resident's pattern of behavioral symptoms
- Activities should be presented prior to when symptoms usually present themselves

Why?

Once a behavior escalates, activities may be less effective or may cause further stress

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Interpretive Guidelines: Interventions

- Message:**
- Some residents who have dementia may have a pattern of aggressive or anxious behavior at a similar time daily. Sometimes, for example, a person may act out an old routine and cannot fulfill the routine – such as a woman who is leaving the building every afternoon, thinking she needs to wait for her children to arrive home from school on the bus, but her children are grown. The facility should try to individualize their approaches to residents with distressed behavior, taking into account these and other factors. Sometimes a simple diversion may suffice, such as engaging the resident in a quiet and pleasant conversation, offering a drink or snack, or asking the resident to help with something. These staff interactions should be part of the resident's care plan and should be specific enough that staff can employ them routinely.

Interpretive Guidelines

Interventions: *Addressing Behavioral Symptoms*

Examples of interventions to address behavioral symptoms include:

- Encouraging physical exercise for a resident who is constantly walking
- Providing organizing tasks for resident who goes through other's belongings
- Offering social programs and opportunities for leadership for resident who is attention seeking

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Interpretive Guidelines: Interventions

Message: The guidance contains a lengthy list of behavioral issues and suggested activity interventions the facility can try. However, since various combinations of physical and environmental factors may also contribute to the occurrence of any behavior, specific interventions must be individualized even when different individuals display similar behavior.

For example, residents who have a need to walk should not be restrained from walking. Instead the facility can provide safe walking spaces and cues for relaxation, or exercise may be encouraged.

Examples: *In addition to the examples presented on the slide:*

- Resident who engages in name calling, kicking, yelling etc – provide calm environment with structured familiar activities.
- Resident who disrupts group activities by talking loudly and being demanding – offer activities with opportunities for success, activities that can be easily stopped if resident becomes overwhelmed; involving familiar occupation-related activities; physical activities
- Resident who has withdrawn from previous activity and stays in room – provide activities around meals outside of the room; provide in-room visits; encourage volunteer work etc.
- Resident who lacks awareness of personal safety or is self-destructive (tries to harm self) – observe closely, avoiding leaving sharp objects, involving in activities that use the hands; activities that are emotional soothing; exercise.


The slide features a purple gradient header with the word **Activities** in a bold, dark blue font. A horizontal line with a double-stroke effect separates the header from the main content area. Below this line, the text **Investigative Protocol** is centered. In the bottom right corner, the CMS logo is displayed, consisting of the letters **CMS** in a bold, italicized font, followed by a stylized slash. Below the logo, the text CENTERS FOR MEDICARE & MEDICAID SERVICES is visible. In the bottom left corner, the date **October, 2005** is shown, and in the bottom center, the number **18** is displayed.

Investigative Protocol

Investigative Protocol Objectives

To determine if:

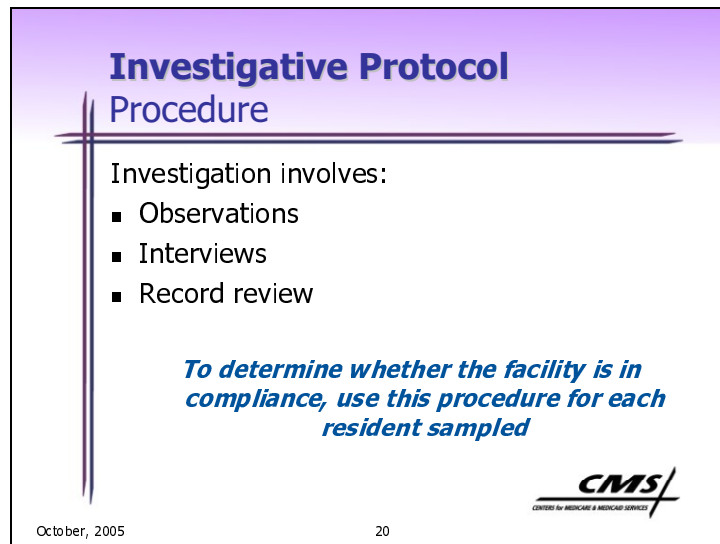
- The facility has provided an ongoing program of activities designed to accommodate the individual resident's interests and help enhance her/his physical, mental, and psychosocial well-being, according to her/his comprehensive resident assessment.



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Investigative Protocol: Objectives

- Message:**
- The facility must have a program of activities, but just having a program is not sufficient for compliance with this regulation. The program should be evaluated by surveyors to determine if the program accommodates the residents who live there.
 - Since all residents are entitled to activities, the facility needs to figure out how to use its resources to individualize their program, and to make sure each resident is provided with needed assistance.
 - Compliance with F248 must be determined in part by evaluating sampled residents who are selected for this review, since it is necessary to know what each of these residents' preferences, abilities, and adaptive needs are, and what care plan the facility has developed. {NOTE: As the next slide states, this is only one of several ways to determine compliance.}



**Investigative Protocol
Procedure**

Investigation involves:

- Observations
- Interviews
- Record review

To determine whether the facility is in compliance, use this procedure for each resident sampled

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Investigative Protocol: Procedure

- Message:**
- Since activities should be individualized, and since they could be occurring in small and large groups, and individually, at any time, it is relevant to look at the assessment and care plan to guide your observations.
 - Determine for the resident you are evaluating what the care plan says should be happening, and whether you see it happening. During your observations, you will also be talking to the resident if the resident is able to converse, or talking to relatives or friends who are present for residents who are unable to express themselves.

Investigative Protocol

Procedure: *Observations*


What to look for...

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?*

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Investigative Protocol: Procedure

Discussion: *Scenario:* You are evaluating activities for a resident with dementia who does not talk. You are observing the resident in a small group activity in which a staff member is reading the Sports section of a newspaper to 8 residents.

Question: What observations can you make that might help you determine if this activity is compatible with the resident's interests?


Answer: Residents who do not talk still can express themselves through their body language. Note if the resident is engaged in the activity.

- Is the resident looking at the speaker and listening to what is being said?
- Does the resident show any signs of engagement, such as smiling when a resident jokes about how badly the local football team is doing?
- Is the resident disengaged, looking down, sleeping, or attempting to leave the room?
- If the resident is doing this, how does the staff member respond?

Investigative Protocol

Procedure: *Interviews*

- Interviews are an important facet of the investigation of compliance for F248.
- Start with the resident (or their representative, if applicable). Their opinion of their activities participation is important for determining if activities are individualized according to the resident's preferences.

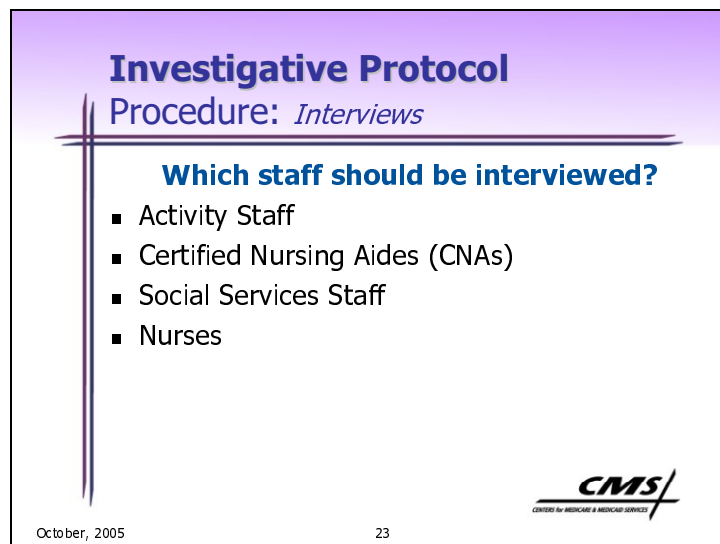


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Investigative Protocol: Procedure

- Message:**
- There is a set of questions to use as applicable for interviews with the resident (or representative).
 - Resident Interview - It is important to find out from the resident (or representative if the resident cannot communicate) what has been their involvement in planning their activities according to their choices, and how well the care plan is being implemented in their view.
 - Determine whether needed assistance and adaptations are being provided, based on the facility's assessment, and whether the facility has attempted to make schedule changes when other scheduled events, such as therapy, conflict with activities participation.
 - Find out the resident's opinion of the activities, whether they are occurring as scheduled, whether the resident is satisfied that these activities meet her/his preferences whether the environment poses any barriers (resident cannot hear in the activities room due to air conditioning noises), etc.



The slide is titled "Investigative Protocol" in a large, bold, blue font, with "Procedure: Interviews" in a smaller, italicized blue font below it. A horizontal line separates the title from the main content. The main content is titled "Which staff should be interviewed?" in a bold blue font. Below this title is a bulleted list of staff roles: Activity Staff, Certified Nursing Aides (CNAs), Social Services Staff, and Nurses. The list is preceded by a vertical line. In the bottom right corner, there is a CMS logo with the text "CENTERS for MEDICARE & MEDICAID SERVICES" below it. In the bottom left corner, the date "October, 2005" is displayed, and in the bottom center, the number "23" is shown.

Investigative Protocol
Procedure: *Interviews*

Which staff should be interviewed?

- Activity Staff
- Certified Nursing Aides (CNAs)
- Social Services Staff
- Nurses

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Investigative Protocol: Procedure

- Message:**
- The purpose of staff interviews is to determine what staff knows about the plan and their role in it and what their impression is of the resident's participation.
 - The questions provided in the protocol are a guide for you to use as applicable to the issues you are investigating.

Activity staff interview – is focused on determining the resident's program of activities including the basis and goals, what assistance is provided, how regularly the resident participates, how they assure that the resident is informed about and transported to activities, how they assure they have sufficient supplies and adaptations as needed.

CNA Interview (Certified Nursing Assistant) – How do CNAs help individual residents participate in activities? What is their role in activities conducted by the activities department? Do they provide any activities when activities staff are not present? How and when do they assist a resident who is confined to their room with set up/positioning, etc?

Social Services Staff Interview – how do they help the resident participate in activities? What is their role – equipment, funds to attend activities such as plays etc.

Nurse interview – Interview an appropriate nursing supervisor or manager to determine how nursing staff helps each resident participate (for example, coordination of schedules for ADLs, medications, therapies), nursing staff support, including what Nursing provides off-hours and for residents who cannot attend group activities.


Discussion: *Question:* Some of these questions repeat information that may have already been obtained from observations and the resident interview. Why do we ask these questions of staff?

Answer: To determine if staff knows what they are supposed to do according to the care plan and if they are doing it, and to determine if staff from different departments are working as a team to make sure the resident can participate in activities of choice.

Investigative Protocol

Procedure: *Record Review - Assessment*

- Has the facility found out about the resident's past life activities choices, preferences, needs for adaptations? What do the records indicate?



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Investigative Protocol: Procedure

- Message:**
- Review information from the record that pertains to the facility's assessment of the resident's activities, including prior and current preferences for activities, any significant changes in activity patterns (if any), needs for adaptations, desired daily routines, etc.
 - The information may include:
 - RAI (Resident Assessment Instrument),
 - activity documents/notes,
 - social history,
 - notes from a prior facility


Determine if the resident's activities-related care plan:

- Includes participation of the resident (if able) or the resident's representative;
- Considers a continuation of life roles, consistent with resident preferences and functional capacity;
- Encourages and supports the development of new interests, hobbies, and skills;
- Identifies interventions that include activities in the community, if appropriate;
- Includes needed adaptations that address resident conditions and issues affecting activities participation; and
- Identifies how the facility will provide activities to help the resident reach the goal(s) and who is responsible for implementing various interventions (e.g., activity staff, CNAs, dietary staff).

Investigative Protocol

Procedure: *Record Review – Care Plan*

- Review the activities component of the comprehensive care plan to determine if the resident participated in its development and if the plan matches the resident's interests and goals, and if it specifies who provides needed services.
- Determine if the facility periodically reviewed the plan with resident input and made needed changes.



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Investigative Protocol: Procedure

- Message:** Determine if the resident's care plan:
- Includes participation of the resident (if able) or the resident's representative;
 - Considers a continuation of life roles, consistent with resident preferences and functional capacity;
 - Encourages and supports the development of new interests, hobbies, and skills;
 - Identifies interventions that include activities in the community, if appropriate;
 - Includes needed adaptations that address resident conditions and issues affecting activities participation; and
 - Identifies how the facility will provide activities to help the resident reach the goal(s) and who is responsible for implementing various interventions (e.g., activity staff, CNAs, dietary staff).

Also determine if the plan was reviewed periodically with the resident's input and revised as needed.

Activities

Determination of Compliance

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Determination of Compliance

Determination of Compliance

The facility is in compliance if they:

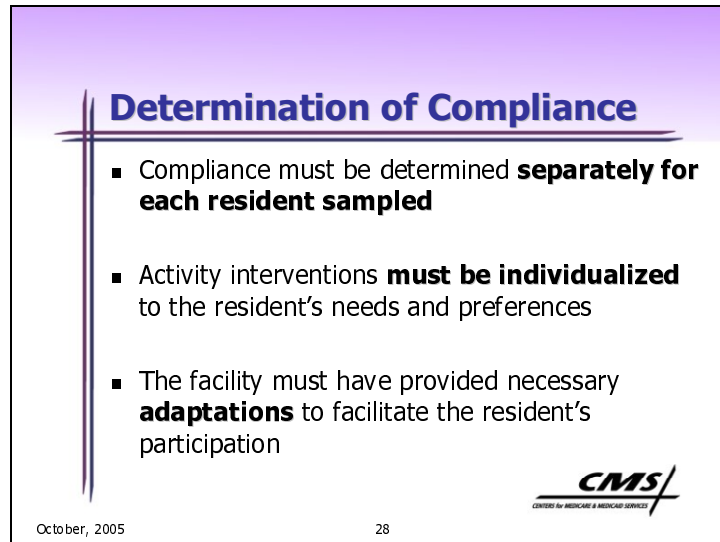
- Recognized and assessed for preferences, choices, specific conditions, causes and/or problems, needs and behaviors
- Defined and implemented activities in accordance with resident needs and goals
- Monitored and evaluated the resident's response
- Revised the approaches as appropriate

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Determination of Compliance

Notes: Read the slide. These are all the things the facility needs to have done to be in compliance with F248 for a resident.



Determination of Compliance

- Compliance must be determined **separately for each resident sampled**
- Activity interventions **must be individualized** to the resident's needs and preferences
- The facility must have provided necessary **adaptations** to facilitate the resident's participation

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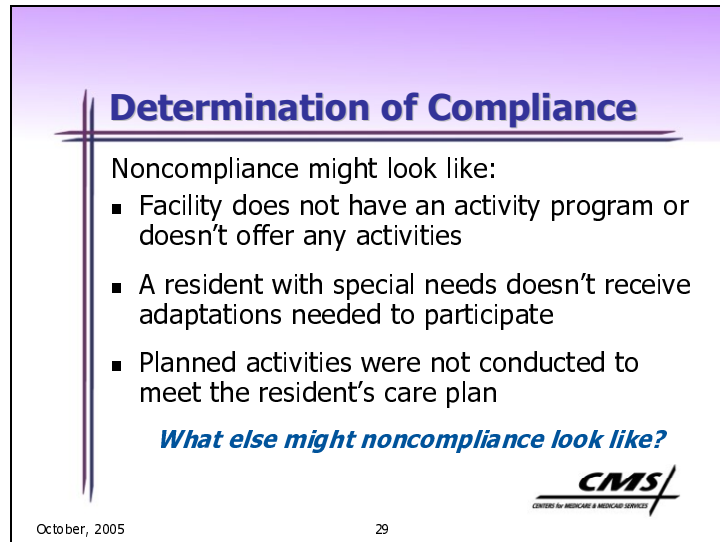
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Determination of Compliance

- Message:**
- F248 is an outcome Tag, which means that the facility must be providing an individualized activities program for the resident in accordance with the regulation.
 - In order to do this, the facility needs to have assessed, care planned, made sure that planned services/interventions are happening, monitored the resident's response and updated the plan as needed.

Discussion: *Question:* What if you found that the resident has stated he likes his activities, but once in awhile they forget to come get him, but this is not often. Your observations and staff interviews corroborate that the resident is attending and is engaged in activities. Is this non-compliant?

Answer: No, we can expect some glitches will happen now and then. If you found that staff knows what to do and are seen to be doing it routinely, this infrequent lapse is not sufficient to consider the facility non-compliant for this resident.



Determination of Compliance

Noncompliance might look like:

- Facility does not have an activity program or doesn't offer any activities
- A resident with special needs doesn't receive adaptations needed to participate
- Planned activities were not conducted to meet the resident's care plan

What else might noncompliance look like?

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Determination of Compliance

Discussion: *Question:* What else might constitute noncompliance?

Answers:

- Off-campus activities are planned only for more independent residents due to lack of staff to assist residents who desire off-campus activities but who need more assistance.
- No activities are available when Activities department staff is not there; for example, on weekends, and residents complain of having nothing to do.
- The facility places residents into large group activities that are not desirable for them, residents in these activities are routinely trying to leave the room or are disengaged and sleeping, yelling, or otherwise expressing discomfort.
- The facility has no additional individualized goals beyond the number of activities to attend per week (e.g., "Resident will attend three activities per week")
- Residents who are confined to their rooms complain of having nothing to do, activities staff say they are too busy to get to everyone, no other departments help with activities for these residents.

Potential Tags for Additional Investigation

- While you are investigating compliance with F248, you may be finding additional issues of concern. The Investigative Protocol lists several other Tags that may need investigation.
- What issues with other Tags might you find when you investigate Activities?

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Potential Tags for Additional Investigation

Notes: Read the slide and have students discuss what issues they might find. Then read some of the additional Tags that are found in the Investigative Protocol (below). For any Tags that students didn't mention, ask for an example of a problem they might find under that Tag.

Message & Examples: F172, **Access and Visitation Rights**
Example: Family members are being denied round-the-clock access to a resident who is dying.

F242, **Self-Determination and Participation** - This Tag is about choices, including choices over schedules. *Example:* the facility refuses to reschedule bathing time and resident is complaining of missing favorite activity programs.

F246, **Accommodation of Needs**. This Tag focuses on the resident's room.
Example: A resident who is confined to his room complains he cannot do his preferred activity of putting together jig saw puzzles as the facility has not provided anything on which to do the puzzles such as a table. *Another example:* A resident complains that he likes to read and cannot see well due to poor lighting near his chair. The facility has not accommodated his request for a lamp.

F250, **Social Services**. This Tag is not limited to the Social Service department. The facility is to provide social services to the resident. In the realm of activities, this Tag would involve obtaining necessary supplies or equipment the resident needs to pursue independent activities.

Example: A resident with low vision needs assistance obtaining the audio books she desires from the library and the facility is not providing this assistance. Or, a resident has been asking for assistance to purchase a DVD player and to rent DVD's on the internet. The facility has not responded.

F272, Comprehensive Assessment, F279, Comprehensive Care Plan and F280, Care Plan Revision

Example: In response to a surveyor's question, the resident stated that she does not go to most activities, as it is too hard for her to participate due to arthritis in her hands. She has nothing to do in her room and is bored. The surveyor verified that the facility failed to assess the limitations the resident has in using her hands for activities, and they did not work the RAP for Activities. They care planned her for activities including crafts, cooking, and bingo, and did not explore adaptations or use of pain medication. They did not include the resident in developing the care plan. Even though the resident is refusing these activities, the facility has not revised the care plan. (In this scenario, all three Tags would be out of compliance.)

F353, Sufficient Staff

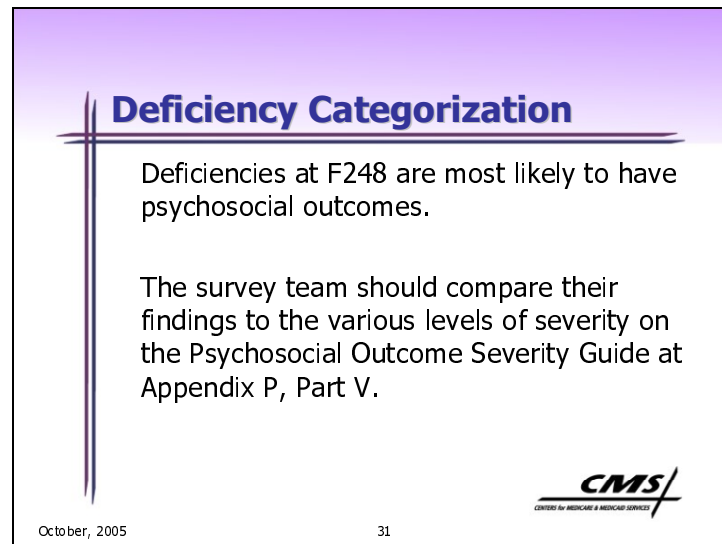
Example: The resident's care plan indicates that nursing staff will be providing certain activities for the resident on weekends when activities staff are not present. The surveyor verifies that these activities are not occurring. The charge nurse states that her staff is too busy and often working short, and they cannot fit in activities with all their other duties.

F464, Dining and Activities Rooms. This Tag is about the rooms that are being used for activities needing to have sufficient space to accommodate the activity and need to be well lighted, ventilated, and furnished.

Example: Surveyors observe that many activities take place in a craft room that is poorly lighted. Residents are seen to be having difficulty seeing well enough to complete the crafts on which they are working. The resident council complained that they have often told the administrator they need better lighting, but nothing has been done about it.

F499, Staff Qualifications. This Tag, in the realm of activities, mandates that the facility must employ sufficient qualified professional staff to assess residents and to develop and implement the activities approaches of their comprehensive care plans.

Example: Although the facility has a qualified activity director, staff who are providing activities are unable to provide necessary adaptive assistance to residents who need it, due to their unfamiliarity with the proper use of this equipment, according to each resident's care plan.



Deficiency Categorization

Deficiencies at F248 are most likely to have psychosocial outcomes.

The survey team should compare their findings to the various levels of severity on the Psychosocial Outcome Severity Guide at Appendix P, Part V.

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Deficiency Categorization

Notes: Read the slide.

Discussion: *Question:* Do you think a deficiency at F248 could ever be cited at Immediate Jeopardy?

Answer: No, CMS cannot conceive of any situation in which a F248 deficient practice could lead a resident to such as severe outcome.

Question: What about Severity Level 1?

Answer: Activities is a key aspect of Quality of Life, and like the Quality of Care Tags, it is expected that deficiencies at F248 would almost always lead to a selection of either Level 2 or Level 3 for the deficiency.

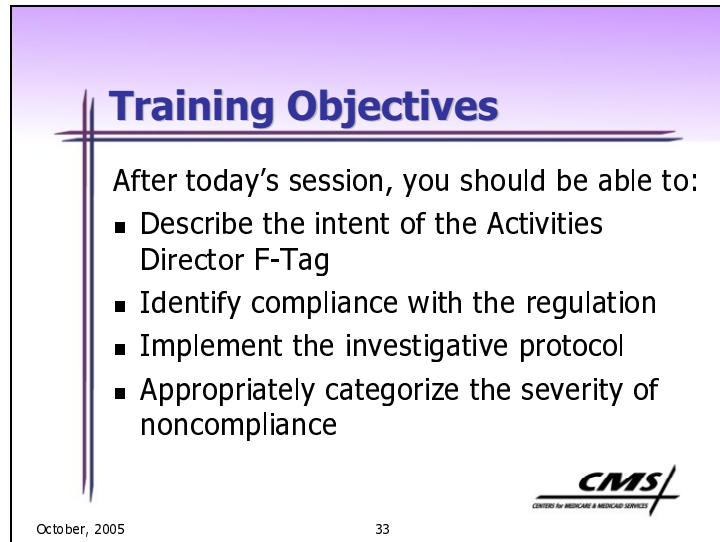
Activities Director

Guidance Training
(F249) §483.15(f)(2)

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Activities Director: Guidance Training

A presentation slide with a purple header and a white body. The title 'Training Objectives' is in bold blue font. Below it, a list of four bullet points describes the session's goals. The CMS logo is in the bottom right, and the date 'October, 2005' and slide number '33' are in the bottom left.

Training Objectives

After today's session, you should be able to:

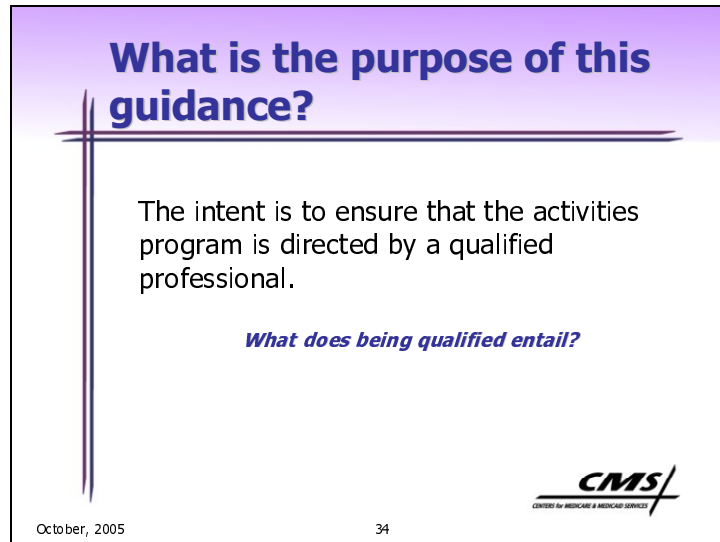
- Describe the intent of the Activities Director F-Tag
- Identify compliance with the regulation
- Implement the investigative protocol
- Appropriately categorize the severity of noncompliance

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Training Objectives

Notes: Read the slide.



What is the purpose of this guidance?

The intent is to ensure that the activities program is directed by a qualified professional.

What does being qualified entail?

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What is the purpose of this guidance?

Notes: Read slide

Discussion: *Question:* What does being qualified entail?


Answer: There are various ways a person can be qualified, according to the regulatory text. Let's look at that text (next slide).

Regulatory Language

Activities Director

The activities program must be directed by a qualified professional who—

- (i) Is a qualified therapeutic recreation specialist or an activities professional who-
 - (A) Is licensed or registered, if applicable, by the State in which practicing; and
 - (B) 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; or



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Regulatory Language: Activities Director

- Message:**
- This is the first part of the regulatory language.
 - It is necessary to know what the rules are in your State concerning licensing or registration. Part B above, which was written in 1989, intends that the person who is the director remains eligible by keeping up with whatever the State requires. In other words, if the State requires them to have a license or be certified, the director must keep their status current. But that is only one way a director can be qualified. The last word on this slide is “or” which means there are additional ways. Here are the others (next slide).

Regulatory Language

Activities Director

- (ii) Has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or
- (iii) Is a qualified occupational therapist or occupational therapy assistant; or
- (iv) Has completed a training course approved by the State.



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Regulatory Language: Activities Director

Message:

- Parts ii, iii, and iv here are all set off by the word “or” which means that any of these or the qualifications on the previous slide is sufficient to meet the regulatory mandate. Part iv allows a person to be considered qualified if they have completed the training approved by the State. If you encounter a director who claims to be qualified through taking a course, you will need to determine if the course is an approved one.

Discussion: *Question:* If you find that the facility’s activity director’s only basis for claiming to be qualified under part ii is that she worked for 5 years as a social worker in a prison, is she qualified?

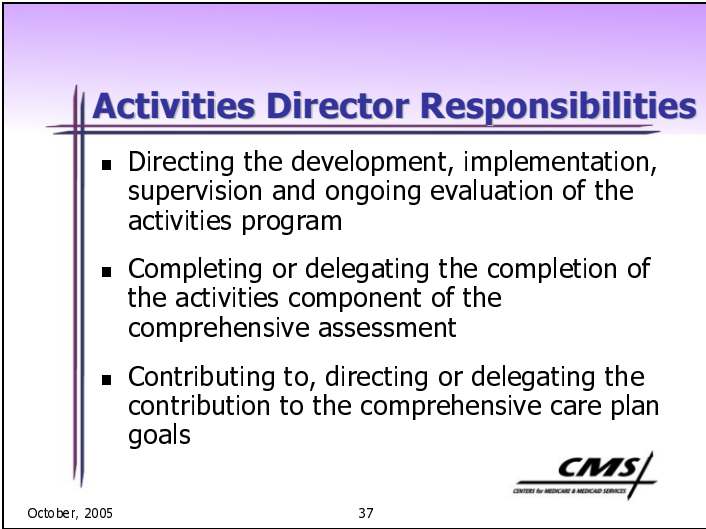
Answer: No

Question: Is that a deficiency at F249?

Answer: Yes

Question: Do you have to have a deficiency at F248 to cite F249?

Answer: No, F249 is an absolute requirement, which means that if the facility fails to meet the regulatory language, it is cited, no matter whether there are outcomes to residents. However, we do not recommend that survey teams routinely spend their time on every survey looking at the credentials of the activity director. Instead, they should concentrate their resources on investigating compliance with F248, and if it is found to be a deficiency, then check F249.



Activities Director Responsibilities

- Directing the development, implementation, supervision and ongoing evaluation of the activities program
- 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 goals

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Activities Director Responsibilities

Message: In addition to being qualified, F249 mandates that the director has certain responsibilities to fulfill. Let's look at each.

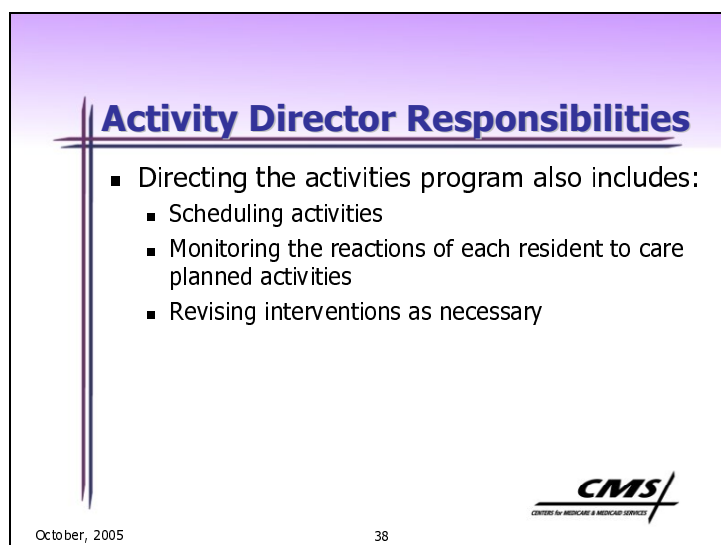
The first bullet on this slide states that the activities director is responsible for the program, its compliance with the regulatory mandates at F248, and for its implementation by staff and volunteers who are conducting aspects of the program; for example, those individuals know what to do, they furnish residents with supplies, equipment, and sufficient space, etc. The director is also responsible for ongoing evaluation of the program.

Discussion: *Question:* What does an ongoing evaluation include?

Answers: Seeing if the program as a whole includes offerings that meet resident preferences and needs; determining if changes are needed such as new seasonal programs for certain times of year (such as outdoor gardening season is ending, and needs to be replaced with something of interest to the residents), assessing if the program includes activities for residents with different interests and needs, for residents who are unable to participate in group offerings, for residents who want activities in the evenings and weekends, etc.

Message: Next, the director is responsible for the activities component of each resident's assessment.

Third, the director needs to contribute to the activities component of the comprehensive care plan what individualized activities the resident will be participating in, and what the resident will need to participate. This does not mean that the activity director is mandated to be the person who is providing all activity interventions. The interdisciplinary team should function as a team to ensure that the resident receives any necessary transportation and adaptation to allow participation. This is the facility's responsibility, to ensure that the resident's care plan is implemented.

A presentation slide with a purple header and a white body. The title 'Activity Director Responsibilities' is in bold blue text. Below it is a bulleted list of responsibilities. The CMS logo is in the bottom right corner, and the date 'October, 2005' and slide number '38' are in the bottom left.

Activity Director Responsibilities

- Directing the activities program also includes:
 - Scheduling activities
 - Monitoring the reactions of each resident to care planned activities
 - Revising interventions as necessary

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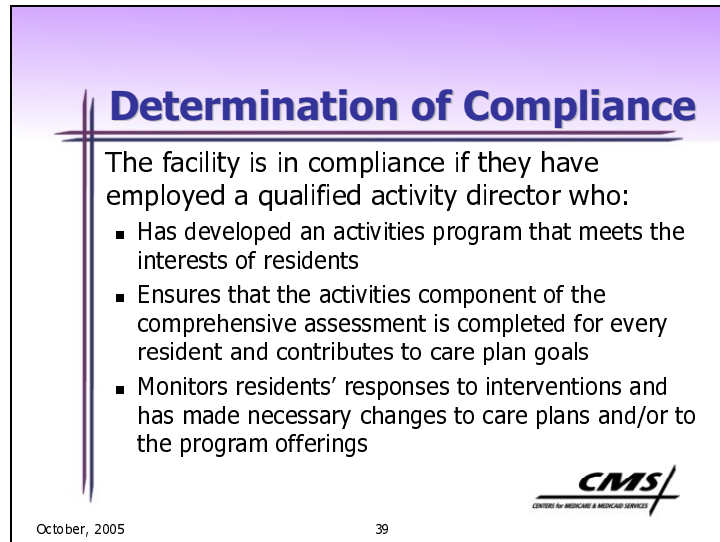
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Activities Director Responsibilities

Message: Directing the activities program also means scheduling activities to meet resident needs; that is, more than producing a monthly calendar. It includes ensuring that the activities interventions for all the residents can occur; for example, activities have assigned space, essential supplies, and someone to lead or facilitate.

Monitoring resident responses may be done in part by staff who are conducting the activity. The director needs to remain informed of resident responses to activities in order to determine if changes are needed in any of the activity offerings.

Discussion: The director is also responsible for taking the information gathered about needed changes and actually making the changes to the activity program offerings.



Determination of Compliance

The facility is in compliance if they have employed a qualified activity director who:

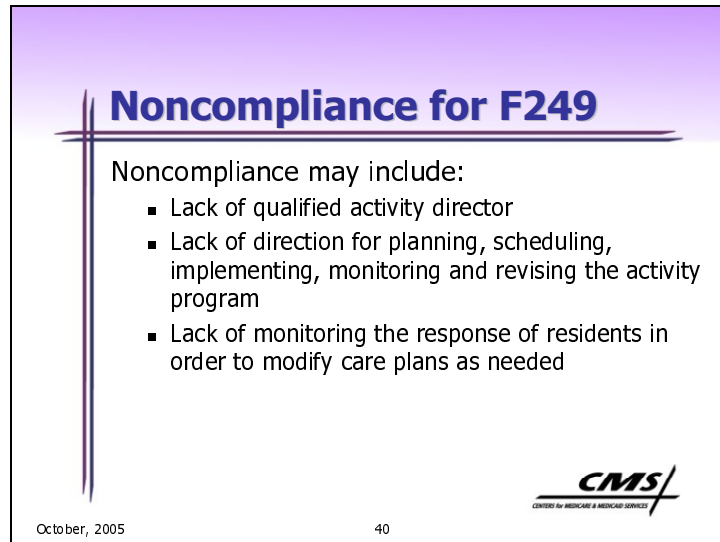
- Has developed an activities program that meets the interests of residents
- Ensures that the activities component of the comprehensive assessment is completed for every resident and contributes to care plan goals
- Monitors residents' responses to interventions and has made necessary changes to care plans and/or to the program offerings

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Determination of Compliance

Notes: Read slide.



Noncompliance for F249

Noncompliance may include:

- Lack of qualified activity director
- Lack of direction for planning, scheduling, implementing, monitoring and revising the activity program
- Lack of monitoring the response of residents in order to modify care plans as needed

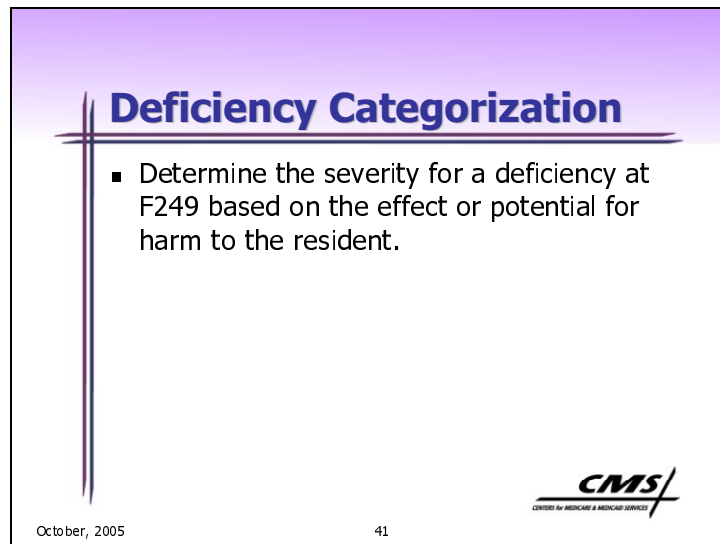
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Noncompliance for F249

Notes: Read slide.



Deficiency Categorization

- Determine the severity for a deficiency at F249 based on the effect or potential for harm to the resident.

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Deficiency Categorization

- Message:** It was stated earlier that F249 is cited if the facility fails to meet the mandates of the regulation, whether or not outcomes have occurred to residents. After a deficiency is cited at F249, the severity and scope that are selected DO need to consider outcomes and potential outcomes to residents.
- Scenario: The survey team cited a deficiency for F248, which included findings that the Resident Council was complaining about a lack of programming on weekends and a lack of any outings, and 7 residents who were confined to their rooms due to illness complained they had no activities at all. The F248 deficiency was cited at an E, signifying negative outcomes to the level of discomfort but not compromise of well-being. The pattern level of scope was selected as only part of the program was non-compliant, and the problematic aspects of the program had not affected all or nearly all residents.

Discussion: *Question:* Taking severity first, what level of severity should be selected for the F249 deficiency?

Answer: Severity should be no greater than that selected for the outcome tag, F248, so levels 3 or 4 are too high. And since we've seen outcomes already in terms of complaints, the severity should not be at level 1, which is for a deficiency with no negative outcome and potential for no more than minor impact. SO THE SEVERITY LEVEL SHOULD BE LEVEL 2.

Question: What level of scope should be selected?

Answer: Only part of the activities program is the subject of complaints for only some of the residents. Therefore, the best level of scope to select is pattern. Which makes the deficiency an E.