

Activities and Activity Director

Guidance Training
(F248) §483.15(f)(1), and
(F249) §483.15(f)(2)



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



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



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.

ACTIVITIES

Interpretive Guidelines



Interpretive Guidelines Components

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

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.

Interpretive Guidelines

Definitions

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

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

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

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?



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



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

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

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.

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



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

Activities

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.

Investigative Protocol Procedure

Investigation involves:

- Observations
- Interviews
- Record review

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

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?*

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.

Investigative Protocol

Procedure: *Interviews*

Which staff should be interviewed?

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

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?

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.

Activities

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

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

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?



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?

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.

Activities Director

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



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

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?



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



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.



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



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

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

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

Deficiency Categorization

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