

## The CMS Activity Regulation: An Overview

Part 1. Dementia Training to Promote  
Involvement in Meaningful Activities



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### Objectives

- Discuss the CMS activity regulation (F-tag 679) and methods to promote compliance
- Describe the benefits of individualized activities for residents with dementia

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### The Letter of the Law

F-679 → 483.24 Activities

483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

Source: [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_itcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_itcf.pdf)  
See pages 257 to 261.

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## Definition of Activities

### Activities

- Any endeavor other than routine ADLs
- Enhance well-being and promote physical, cognitive, or emotional health
- Promote self-esteem, pleasure, comfort, education, creativity, success, and independence

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## Other Definitions

### Person-Appropriate

- Each person has a personal identity & history
- Identity involves more than medical illness and functional impairment
- Activities should be relevant to specific needs, interests, culture, and background

### One-to-One Programming

- Assistance for those who cannot/will not plan their own activity pursuits, or need special assistance

### Program of Activities

- Combines large AND small group, one-to-one, and self-directed activities
- System develops, implements, evaluates activities

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## Activities Critical Element Pathway

Activities Critical Element Pathway – is facility meeting residents' activities needs?

### Group Observations

- How does staff inform of schedule?
- How does resident get to in-facility and out-of-facility activities?
- Activity is physically and mentally appropriate?
- Activities are compatible with resident's known interests, needs, abilities, preferences?
- Activity is "person-appropriate"?
- Adaptations made as needed?

### Individual Observations

- Needed assistance, equipment, and supplies provided?
- Sufficient light and space?

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### Activities Critical Element Pathway

#### Interviews

- Resident, representative, or family
- Activity/Recreation staff
- Nurses\*
- Social services staff

\* Questions address nurse roles in assisting residents to participate in group AND individual activities, how activities are provided when activity/recreation staff are not available, and problem-solving related to non-participation in care planned activities

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### How will surveyors evaluate compliance?

The surveyors will use the Activities Critical Element Pathway to investigate concerns related to activities which:

- are based on the resident's comprehensive assessment and care plan
- meet the resident's interests and preferences
- support his or her physical, mental, and psychosocial well-being

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### F-679 → 483.24(c) Activities

Exists for very important reasons!



Source: Kimberly Bergen, RN, BSN, Doctoral student, University of Iowa

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### Many benefits to being active

Individualized activities provide opportunities for

- Sensory stimulation
- Socialization
- Self-expression
- Testing self-reliance
- Physical activity & skill use
- Engagement

Individualized activities may improve

- Cognitive function
- Mood
- Sleep
- Fitness – strength, flexibility, cardiovascular wellness
- Self-esteem & self-identity

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### Many benefits to being active

In dementia care . . .

- Reduce the frequency/intensity of behavioral symptoms
  - Agitation
  - Apathy
  - Wandering
- Improve the quality of peer relationships
- Promote functional independence

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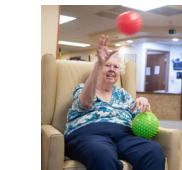
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### What residents want . . .

A variety of activities

- Are age-appropriate and gender-specific
- Require thinking
- Produce something useful
- Relate to previous work/roles
- Allow for socialization with visitors and participating in community events
- Are physically active



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## Residents with dementia

Lack of engaging activities can cause boredom, loneliness, frustration, distress, agitation

Customize activities based on resident's previous lifestyle (occupation, family, hobbies), preferences, comforts

**ALL residents need engagement in meaningful activities!**

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## Residents with dementia

Basic principles

- Simplify tasks
- Use retained long-term memory
- Gauge length of activities by attention span
- Recreate past enjoyable experiences
- Increase/decrease stimulation to match needs
- Employ small groups and 1:1 activities

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## Residents with dementia

Examples

- **Sensory stimulation:** music, aromas, fabrics with texture, special stimulation rooms
- **Social engagement:** conversation, pleasure walks, coffee visits
- **Spiritual support:** daily devotion, prayer
- **Creative, task-oriented:** music, pet therapies, puzzles, letter writing
- **Self-directed:** supported by staff and guided by the person's abilities



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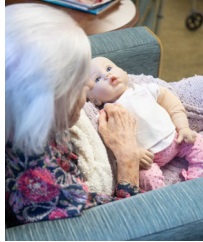
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## Residents with dementia

- Many opportunities!
- **Key issue** → **Knowing the PERSON**
  - Interests, preferences?
  - Personal identity/history?
  - Abilities/disabilities?
  - Strategies to promote self-esteem, independence, well-being, success?



*What is meaningful to THIS person?*

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## Summary

Expectations are related to

- Interdisciplinary cooperation
- Involvement of **all** staff, including nurses and nursing assistants
- Person-appropriate activity engagement based on assessments
- One-to-one and self-directed activities
- 24-7 program, not 1 hour 2-5 days/week

Rules exist for a reason! *Many unmet needs!*

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## Up next...

- Review and complete the Part 1 Work Place Exercise (*following the instructions there*)
- Go on to Part 2!

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## The Activity Rule: What CMS Requires<sup>1</sup>

F679

### §483.24(c) Activities

**§483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.**

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#### INTENT §483.24(c)

- To ensure that facilities implement an ongoing resident centered activities program that incorporates the resident's interests, hobbies and cultural preferences which is integral to maintaining and/or improving a resident's physical, mental, and psychosocial well-being and independence.
- To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellness (security, autonomy, growth, connectedness, identity, joy and meaning).

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#### DEFINITIONS §483.24(c)

**“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.

**NOTE:** ADL-related activities, such as manicures/pedicures, hair styling, and makeovers, may be considered part of the activities program.

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#### GUIDANCE §483.24(c)

Research findings and the observations of positive resident outcomes confirm that activities are an integral component of residents' lives. Residents have indicated that daily life and involvement should be meaningful. Activities are meaningful when they reflect a person's interests and lifestyle, are enjoyable to the person, help the person to feel useful, and provide a sense of belonging. Maintaining contact and interaction with the community is an important aspect of a person's well-being and facilitates feelings of connectedness and self-esteem.

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<sup>1</sup> Information in this document was copied from the CMS website and, to the best of our abilities, is a word-for-word replication. Formatting has been adapted to improve readability. To review the original document, visit [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltc.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf). See pages 257 to 261. Effective November 28, 2017.

Involvement in community includes interactions such as assisting the resident to maintain his/her ability to independently shop, attend the community theater, local concerts, library, and participate in community groups.

### **Activity Approaches for Residents with Dementia**

All residents have a need for engagement in meaningful activities. For residents with dementia, the lack of engaging activities can cause boredom, loneliness and frustration, resulting in distress and agitation. Activities must be individualized and customized based on the resident's previous lifestyle (occupation, family, hobbies), preferences and comforts.

[https://www.caringkindnyc.org/\\_pdf/CaringKind-PalliativeCareGuidelines.pdf](https://www.caringkindnyc.org/_pdf/CaringKind-PalliativeCareGuidelines.pdf)

**NOTE:** References to non-CMS/HHS sources or sites on the Internet included above or later in this document are provided as a service and do not constitute or imply endorsement of these organizations or their programs by CMS or the U.S. Department of Health and Human Services. CMS is not responsible for the content of pages found at these sites. URL addresses were current at the date of this publication.

The facility may have identified a resident's pattern of behavioral symptoms and may offer activity interventions, whenever possible, prior to the behavior occurring. Once a behavior escalates, activities may be less effective or may even cause further stress to the resident (some behaviors may be appropriate reactions to feelings of discomfort, pain, or embarrassment, such as aggressive behaviors exhibited by some residents with dementia during bathing).

Examples of activities-related interventions that a facility may provide to try to minimize distressed behavior may include, but are not limited, to the following:

*For the resident who exhibits unusual amounts of energy or walking without purpose:*

- Providing a space and environmental cues that encourages physical exercise, decreases exit-seeking behavior and reduces extraneous stimulation (such as seating areas spaced along a walking path or garden; a setting in which the resident may manipulate objects; or a room with a calming atmosphere, for example, using music, light, and rocking chairs);
- Providing aroma(s)/aromatherapy that is/are pleasing and calming to the resident; and
- Validating the resident's feelings and words; engaging the resident in conversation about who or what they are seeking; and using one-to-one activities, such as reading to the resident or looking at familiar pictures and photo albums.

*For the resident who engages in behaviors not conducive with a therapeutic home like environment:*

- Providing a calm, non-rushed environment, with structured, familiar activities such as folding, sorting, and matching; using one-to-one activities or small group activities that comfort the resident, such as their preferred music, walking quietly with the staff, a family member, or a friend; eating a favorite snack; looking at familiar pictures;



- Engaging in exercise and movement activities; and
- Exchanging self-stimulatory activity for a more socially-appropriate activity that uses the hands, if in a public space.

*For the resident who exhibits behavior that require a less stimulating environment to discontinue behaviors not welcomed by others sharing their social space:*

- Offering activities in which the resident can succeed, that are broken into simple steps, that involve small groups or are one-to-one activities such as using the computer, that are short and repetitive, and that are stopped if the resident becomes overwhelmed (reducing excessive noise such as from the television);
- Involving in familiar occupation-related activities. (A resident, if they desire, can do paid or volunteer work and the type of work would be included in the resident’s plan of care, such as working outside the facility, sorting supplies, delivering resident mail, passing juice and snacks, refer to §483.10(e)(8) Resident Right to Work);
- Involving in physical activities such as walking, exercise or dancing, games or projects requiring strategy, planning, and concentration, such as model building, and creative programs such as music, art, dance or physically resistive activities, such as kneading clay, hammering, scrubbing, sanding, using a punching bag, using stretch bands, or lifting weights; and
- Slow exercises (e.g., slow tapping, clapping or drumming); rocking or swinging motions (including a rocking chair).

*For the resident who goes through others’ belongings:*

- Using normalizing life activities such as stacking canned food onto shelves, folding laundry; offering sorting activities (e.g., sorting socks, ties or buttons); involving in organizing tasks (e.g., putting activity supplies away); providing rummage areas in plain sight, such as a dresser; and
- Using non-entry cues, such as “Do not disturb” signs or removable sashes, at the doors of other residents’ rooms; providing locks to secure other resident’s belongings (if requested).

*For the resident who has withdrawn from previous activity interests/customary routines and isolates self in room/bed most of the day:*

- Providing activities just before or after meal time and where the meal is being served (out of the room);
- Providing in-room volunteer visits, music or videos of choice;

- Encouraging volunteer-type work that begins in the room and needs to be completed outside of the room, or a small group activity in the resident's room, if the resident agrees; working on failure-free activities, such as simple structured crafts or other activity with a friend; having the resident assist another person;
- Inviting to special events with a trusted peer or family/friend;
- Engaging in activities that give the resident a sense of value (e.g., intergenerational activities that emphasize the resident's oral history knowledge);
- Inviting resident to participate on facility committees;
- Inviting the resident outdoors; and
- Involving in gross motor exercises (e.g., aerobics, light weight training) to increase energy and uplift mood.

*For the resident who excessively seeks attention from staff and/or peers:*

- Including in social programs, small group activities, service projects, with opportunities for leadership.

*For the resident who lacks awareness of personal safety, such as putting foreign objects in her/his mouth or who is self-destructive and tries to harm self by cutting or hitting self, head banging, or causing other injuries to self:*

- Observing closely during activities, taking precautions with materials (e.g., avoiding sharp objects and small items that can be put into the mouth);
- Involving in smaller groups or one-to-one activities that use the hands (e.g., folding towels, putting together PVC tubing);
- Focusing attention on activities that are emotionally soothing, such as listening to music or talking about personal strengths and skills, followed by participation in related activities; and
- Focusing attention on physical activities, such as exercise.

*For the resident who has delusional and hallucinatory behavior that is stressful to her/him:*

- Focusing the resident on activities that decrease stress and increase awareness of actual surroundings, such as familiar activities and physical activities;
- Offering verbal reassurance, especially in terms of keeping the resident safe; and
- Acknowledging that the resident's experience is real to her/him.

The outcome for the resident, the decrease or elimination of the behavior, either validates the activity intervention or suggests the need for a new approach.

The facility may use, but need not duplicate, information from other sources, such as the RAI/MDS assessment, including the CAAs, assessments by other disciplines, observation, and resident and family interviews. Other sources of relevant information include the resident's lifelong interests, spirituality, life roles, goals, strengths, needs and activity pursuit patterns and preferences. This assessment should be completed by or under the supervision of a qualified professional.

**NOTE:** Some residents may be independently capable of pursuing their own activities without intervention from the facility. This information should be noted in the assessment and identified in the plan of care.

Surveyors need to be aware that some facilities may take a non-traditional approach to activities. In nursing homes where culture change philosophy has been adopted, all staff may be trained as nurse aides or “universal workers,” (workers with primary role but multiple duties outside of primary role) and may be responsible to provide activities, which may resemble those of a private home. The provision of activities should not be confined to a department, but rather may involve all staff interacting with residents.

Residents, staff, and families should interact in ways that reflect daily life, instead of in formal activities programs. Residents may be more involved in the ongoing activities in their living area, such as care-planned approaches including chores, preparing foods, meeting with other residents to choose spontaneous activities, and leading an activity. It has been reported that, “some culture changed homes might not have a traditional activities calendar, and instead focus on community life to include activities.” Instead of an “activities director,” some homes have a Community Life Coordinator, a Community Developer, or other title for the individual directing the activities program.

For more information on activities in homes changing to a resident-directed culture, the following websites are available as resources: [www.pioneernetwork.net](http://www.pioneernetwork.net); [www.qualitypartnersri.org](http://www.qualitypartnersri.org); and [www.edenalt.org](http://www.edenalt.org).

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## **INVESTIGATIVE SUMMARY**

Use the Activities Critical Element pathway and the guidance above to investigate concerns related to activities which are based on the resident's comprehensive assessment and care plan, and meet the resident's interests and preferences, and support his or her physical, mental, and psychosocial well-being.

## ACTIVITIES CRITICAL ELEMENT PATHWAY<sup>1</sup>

Use this pathway if there are activity concerns for a resident to determine if the facility is meeting the resident's activity needs.

### **Review the Following in Advance to Guide Observations and Interviews:**

- The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, F – Preferences for Customary Routine and Activities, and G – Functional Status.
- Pertinent diagnoses.
- Care plan (e.g., activity plan in the facility and community, continuation of life roles consistent with preferences and functional capacity, adaptations needed for activity participation, needed transportation assistance, and who is to provide the assistance to attend preferred activities).

### **Observations**

For a resident whose care plan includes group activities:

- How does staff inform the resident of the activity program schedule?
- How does the facility provide timely transportation, if needed, for the resident to attend in-facility activities, and help the resident access transportation for out-of-facility and community activities?
- Are the activities compatible with the resident's individual physical and mental capabilities? If not, describe.
- How are the activities compatible with known interest and preferences?
- How are the activities adapted, as needed (such as large print, holders if resident lacks hand strength, task segmentation)?
- Are the activities person-appropriate? If not, describe.

For a resident who participates in individual activities:

- How has the facility provided any needed assistance, equipment, and supplies?
- Does the room have sufficient light and space for the resident to complete the activity? If not, describe.

### **Interviews**

Resident, Resident Representative, or Family Interview

- How did the facility involve you in care plan development, including defining the approaches and goals?

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<sup>1</sup> The information here is word-for-word from CMS Form 20065 (<https://www.nccap.org/assets/docs/CMS-20065%20Activities%20critical%20pathways.pdf>) but has been formatted to improve readability.

- Do the activities offered here reflect your (or the resident's) preferences and choices? If not, please explain.
- In what activities do you participate? If none, why don't you participate?
- Do you need any assistance, such as set up of activity materials or adaptation? If so, what is needed? How is the facility providing it to facilitate your participation in activities of choice?
- How are you notified of upcoming activities? Are you offered transportation assistance to attend the activities, both inside and outside of the facility?
- How has the facility made efforts to provide your scheduled care, such as bathing and therapy services, so they don't conflict with the activities you want to do?
- What equipment and supplies do you receive to complete activities?
- What assistance do you receive during group activities (e.g., toileting, eating assistance, ambulation assistance)?
- Are planned activity programs occurring on a regular basis? If not, describe. Are scheduled activities often cancelled? If so, do you know why that is?
- Are there activities that you like that the facility does not provide? If so, describe.

#### Activity Staff Interviews

- What is the resident's program of activities and what are the goals?
- What assistance do you provide in the activities that are part of the resident's care plan?
- How regularly does the resident participate?
- How do you make sure the resident is informed and transported to group activities of choice?
- How are special dietary needs and restrictions handled during activities involving food?
- How do you make sure the resident has sufficient supplies, proper lighting, and sufficient space for individual activities?

#### Nurse Interviews

- How do you assist the resident in participating in activities of choice?
- How do you coordinate schedules for ADLs, medications, and therapies, to the extent possible, to maximize the resident's ability to participate?
- How do you make nursing staff available to assist with activities in and out of the facility?
- If the resident is refusing to participate in activities, how do you try to identify and address the reasons?
- What role, if any, does nursing play when activity staff are not available to provide care-planned activities?

### Social Service Interviews

- How do you facilitate resident participation in activities of choice?
- What role do you play in obtaining equipment or supplies needed by the resident in order to participate in activities of choice (obtaining audio books; assisting the resident to obtain new glasses or hearing aids, if needed; providing needed assistance to the resident for the purchase of music, crafts, and other supplies)?
- What role do you play in the resident accessing his/her funds for participation in activities of choice that require funds, such as restaurant dining events? (If redirected to a different staff member, interview that staff member).

### **Record Review**

- Review activity documentation, social history, discharge information from a previous setting, and other disciplines' documentation that may have information regarding the assessment of the resident's activity interests, preferences, and needed adaptations.
- Does the most recent RAI assessment accurately and comprehensively reflect the status of the resident:
  - Longstanding interests/customary routine and how the resident's current physical, mental, and psychosocial health status affects either the resident's choice of activities or ability to participate;
  - Specific information about how the resident prefers to participate in activities of interest (for example, if music is an interest --what kinds of music, does the resident play an instrument; if the resident listens -- does the resident have the music of choice available, does the resident have the functional skills to participate independently, such as putting a CD into a player);
  - Have any recent significant changes in activity pattern occurred prior to or after admission;
  - The resident's current need for special adaptations in order to participate in desired activities (e.g., auditory enhancement, equipment to compensate for physical difficulties, such as use of only one hand);
  - The resident's need, if any, for time-limited participation (e.g., due to short attention span, illness that permits only limited time out of bed);
  - The resident's desired daily routine and availability for activities; and
  - The resident's choices for group, one-to-one, or self-directed activities.
- Is the care plan comprehensive? Does it address identified needs, measurable goals, resident involvement, preferences, and choices? Has the care plan been revised to reflect any changes?
- Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?

- How does the facility encourage and support the development of new interests, hobbies, and skills?
- How does the facility provide activities to help the resident reach the goal?
- For a resident who is constantly mobile, how does the facility accommodate the resident's need to move about in a safe, supervised area?
- For a resident with severely limited attention span or who is medically compromised, how does the facility ensure activities are time-limited or low-energy programs and address pertinent medical, nursing, dietary, or therapy recommendations or restrictions?
- For a resident who is confined to his/her room, what is the plan for room-based activities?
- For a resident who is on a toileting program or special nutrition/hydration program, what is the plan for coordination among activity, dietary, and nursing staff so that needs are met?
- How does the facility monitor the resident's condition and effectiveness of interventions?
- How does staff accommodate activity changes because of the time of year (e.g., gardening in the summer)?
- If the resident refuses, resists, or complains about some chosen activities, what was the reason and what alternative interventions were offered?

**Critical Element Decisions:**

1. Did the facility provide 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 the resident?

**If No, cite F679**

2. For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?

**If No, cite F655**

*NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.*

3. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?

**If No, cite F636**

*NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.*

4. If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?

**If No, cite F637**

*NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.*

5. Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?

**If No, cite F641**

6. Did the facility develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?

**If No, cite F656**

*NA, the comprehensive assessment was not completed.*

7. Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan with input from the resident or resident representative, to the extent possible), if necessary, to meet the resident's needs?

**If No, cite F657**

*NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.*

**Other Tags, Care Areas (CA), and Tasks (Task) to Consider:**

Access and Visitation Rights F563, Choices (CA), Privacy (CA), Accommodation of Needs (Environment Task), Admission Orders F635, Professional Standards F658, Activity Director Qualifications F680, Social Services F745, Sufficient and Competent Staffing (Task), Dining (Task) and Activity Rooms F920, Facility Assessment F838, Staff Qualifications F839, Resident Records F842.



## **Part 1: The CMS Activity Regulation: An Overview Work Place Exercise**

### ***Introduction to Work Place Exercises:***

As part of this training program, we ask that you form a team that includes four people:

- an activity/recreation staff member,
- a nurse,
- a nursing assistant, and
- a social worker.

Each team member is asked to select one resident with dementia that you think might benefit from being evaluated as part of this training program. Apply the work place exercises to that resident (the one you pick), then work as a team to change care practices as requested. We will call this group of four residents “Your Residents” throughout the program. We know that every team member has a different role in providing activities, but working as a team is the most successful way to get things done!

Each work place exercise is designed to help you improve care provided to Your Residents (the four residents you select). And each exercise builds on the information you gained in the earlier part of the training. The goal is to gain skills by being “action-oriented” and doing new things on the job. We hope that practicing with a group – Your Residents – will make it easier to do these same things with ALL residents later on.

Each setting handles resident information differently, so you will need to refer to your own setting’s policies and practices. Many facilities now use Electronic Medical (or Health) Records, which will be referred to as EMR for the purposes of this training. Each employee may have a different level of access to the information needed to complete these exercises. Please know that you may need to work together with your team to gain access to “Your Resident’s” information throughout the EMR. It is also possible that your setting has this information available in a binder or summary about each resident, or has a different way of communicating the information on the care plan or residents’ interests and preferences. Please refer to your own setting and your team to determine the most effective and efficient way to access the information needed to complete the work place exercises.

### ***Part 1 Work Place Exercise Directions:***

As the video lecture noted, the survey team will look for specific information related to the Activity rule, following a set of steps outlined by the Centers for Medicare & Medicaid Services (CMS). This “Activities Critical Element Pathway” was provided as a handout during the program.

In this work place exercise, we ask that you

1. Look around your facility, and try to think like a “surveyor.”
2. Answer the questions that follow on the next pages.

3. Talk with your team about how you answered the questions. In your discussion, ask:
  - What do each of you know about Your Residents' activity programs?
  - Are Your Residents' activities currently "person-appropriate"?
  - Are Your Residents currently helped to engage in activities of their choice?
  - Make a list of things that might be a problem if the survey team visited today. Would Your Residents' care "pass" a survey?

*Good luck! And remember, this is what the survey team will be looking for!*

**Instructions:** Try to think like a "surveyor" as you answer the questions below. Look around your facility. Think about the activities that are offered to "Your Resident" – the person you have selected.

**I. What does the facility record tell you about Your Resident's activity needs and preferences? What is currently noted in the care plan?**

- What is documented in the RAI (Resident Assessment Instrument) about activities?
- Is there information about preferred activities and interests in the
  - Social history?
  - Activity notes?
  - Other documentation?
- Have long-standing interests been identified?
- Have customary routines been identified?
- Have preferred activities been identified?
- Have physical problems that may affect activity participation been identified?
- Have mental problems that may affect activity participation been identified?
- Have psychosocial problems that may affect activity participation been identified?
- Is specific information about HOW Your Resident prefers to participate in activities addressed? (E.g., singing vs. playing music, specific types of music preferred, group vs. individual, time of day.)
- Have activity patterns changed following admission?
- Are adaptations needed for Your Resident to participate in programs? (E.g., due to health-related problems, such as visual or hearing impairments, physical problems, cognitive impairment, other problems.) If yes, list:

- Is Your Resident’s desired daily routine identified, including preferred time of activities?
- Is Your Resident’s preference for group, one-to-one, and self-directed/individual activities identified?

*Now, think specifically about information that is in the care plan.*

- Does a portion of the care plan relate specifically to activities?
- Is the care plan based on a comprehensive assessment related to activities?
- Are activity-related goals, interests, and preferences documented?
- Do the programs offered reflect Your Resident’s goals, interests, and preferences?
- Does the care plan document that –
  - Your Resident participated in selecting and planning activities?
  - Activities reflect lifelong roles?
  - Activities are consistent with preferences?
  - Activities are consistent with functional abilities?
  - New interests, hobbies, or skills are encouraged?
  - Community-based activities are included (if appropriate)?
  - Needed adaptations are made so Your Resident can successfully participate in activity programs?
- Does the care plan document how the facility will provide activities to help Your Resident meet his/her personal activity goals?
- Does the care plan note who is responsible for implementing identified activities?

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**II. Now, think about Your Resident’s activity plan and how it is implemented. Pretend you are the surveyor, watching how things are done in your facility. What would the surveyor see?**

- Do staff consistently implement activities that are in the care plan?
- Do staff provide needed ADL assistance and/or adaptive equipment?
- Are needed personal assistive devices like glasses or hearing aids in place?
- If so, are glasses clean, and are assistive devices functional?

***Thinking about group activities in your facility . . .***

- Do staff tell Your Resident about activity programs being offered?
- Do staff help Your Resident get to programs?
- Are activities compatible with Your Resident’s *known interests, needs, abilities, and preferences*?
- Watch Your Resident in group activities. Is Your Resident
  - a) making attempts to leave?
  - b) expressing displeasure with the activity?
  - c) sleeping through the activity program?
- If any of the above, did staff respond to this behavior?
- Has the group activity been adapted to meet Your Resident’s needs?
- Is the group activity “person-appropriate”?
- Are activities conducted in rooms that have sufficient light and ventilation?
- Is there enough space for residents to participate in the activity (without crowding)?
- Are needed supplies and equipment readily available?
- Is Your Resident’s scheduled care (e.g., therapy, bathing, etc.) scheduled around activities in which Your Resident wants to participate?
- Is the room free of distracting noise, such as environmental noises from mechanical equipment and staff interruptions?

***Thinking about individual activities (one-to-one or self-directed) in your facility . . .***

- What activities are available to Your Resident?
- Do staff provide needed assistance to do the activity?
- Do staff provide needed equipment and supplies?
- Does the room have sufficient light to complete the activity?
- Does the room have sufficient space for Your Resident to complete the activity?
- Does Your Resident get to go outdoors (if desired)?
- Are activities Your Resident enjoys offered regularly?  
If not, why not?

- Do you know of activities that Your Resident enjoys, but that are not currently offered?  
If so, what are those things?
  - What do family members say about activity preferences? Involvement?
  - Are family members available, and/or willing to help plan or implement activities?
- 

**III. The last step is to answer the questions that relate to YOUR specific role on the team. As before, pretend the surveyor is asking you questions related to Your Resident. What would you say? How would you answer?**

***Activity Staff Questions***

- ✓ What is Your Resident's program of activities and related goals?
- ✓ What assistance/adaptations do you provide in group activities according to Your Resident's care plan?
- ✓ How regularly does Your Resident participate?
- ✓ If Your Resident does not participate, what is the reason(s)?
- ✓ How do you assure Your Resident is informed of, and transported to, group activities of choice?
- ✓ How are special dietary needs and restrictions handled during activities involving food?
- ✓ What assistance do you provide if Your Resident participates in any individual (non-group) activities?
- ✓ How do you assure Your Resident has sufficient supplies, lighting, and space for individual activities?

***Nursing Questions (Certified Nursing Assistant (CNA) and Nursing Staff)***

- ✓ Do you help Your Resident get ready for activities?  
For example: getting out of bed, dressed, and ready to participate in chosen group activities?
- ✓ How do you coordinate schedules for ADLs, medications, and therapies to maximize Your Resident's ability to participate?
- ✓ Do you provide Your Resident with transportation if needed to go to activities?
- ✓ What kind of assistance do you provide Your Resident while he/she is participating in group activities?

- ✓ If Your Resident is refusing to participate, what is your role to help identify the reasons?
- ✓ Do you help Your Resident participate in individual activities? For example, do you:
  - Set up supplies or equipment?
  - Position Your Resident to do the activity?
  - Make sure there is enough light?
  - Make sure there is enough space?
- ✓ How are activities provided when activities/recreation staff are not available?
- ✓ How do you make nursing staff available to assist with activities?

***Social Services Staff Questions***

- ✓ How do you facilitate Your Resident's participation in activities of their choice?
- ✓ Do you obtain equipment and/or supplies that Your Resident needs in order to participate in desired activities?  
For example: obtaining audio books, helping Your Resident replace inadequate glasses or a hearing aid?
- ✓ Do you help Your Resident access his/her funds in order to participate in desired activities that require money, such as attending concerts, plays, or restaurant dining events?