Dorothy barely speaks, but her daughter has told her nursing facility staff that she enjoys flowers and gardens.

Cathy may have a host of health problems, but she loves to talk about her grandchildren, and she likes to watch soap operas and talk about the stories with her friend, Helen.

Doug, a war veteran, lost his legs years ago and is perfectly happy just reading his newspaper and occasionally likes to play cards.

Ryan is only here for a few weeks while he gets therapy from a car accident. He just desperately wants to check his e-mail messages when he is done with his sessions and catch up with his family and friends via phone before he goes to bed.

Regardless of the different medical, mental, and even emotional states of these examples of nursing facility residents, they all share a common trait: They want to do something with their time.

So every single day, under federal rules, a nursing facility activity director—and his or her staff, if any—must come up with activities that suit all of them. The directors are in charge of keeping residents in their facilities happy and engaged as a means to improve their overall quality of life.

These residents do not even begin to describe the variety of personalities and resident characteristics activity directors must consider when planning a facility’s activity programming. Gender, religion, ethnicity, hobbies, previous life experiences, medical conditions, emotional states, and now, more than ever, personal preferences are just some of the things directors consider when making activity plans. They have to figure out what people enjoy, and this can vary from facility to facility—or sometimes even floor to floor.

“A lot of people think activities is just play and have fun,” says Debbie Bouknight, an activity director in South Carolina and a board member of the National Association of Activity Professionals (NAAP). “They don’t know everything that goes into it.”

While sometimes it feels like other facility staff consider their job as merely planning sing-alongs or an endless run of Bingo games, to those who actually run activity departments—and surveyors—it is so much more than that.

“I still don’t think we get the respect I think we deserve,” says Diane Mockbee, NAAP president. “A lot of people just look at us as glorified babysitters, but everything we do has a reason behind it.”

Serious Play

“There’s an old slogan that used to be, ‘Going Beyond Bingo, Birthday Parties, and Bible Study,’” Bouknight says, adding that those in the profession used the mantra
to remind others—and sometimes themselves—that their job is just that.

Bouknight and other activity professionals stress that their role in a facility is more than pushing the crafts cart into the all-purpose room. They know how to create activities that cater to what residents can do, instead of focusing on what they may not be able to do anymore. They are trained to know what works best for a resident that might be facing certain challenges. Activity directors go to great lengths to find out what their residents want, and they have to use their often limited activities budget and staff to make it happen.

Mockbee says that if activity directors stopped doing their jobs and a facility had “not one activity going on for one day,” any administrator or director of nursing would suddenly understand the importance of the activity director’s job and overall role in the facility.

Surveyors already do.

What The Law Says
A quality activities program not only benefits the residents, but the facility as well. Surveyors have specific guidelines on what to evaluate when looking at activities, and violations can be given if things are not up to standard.

Every Medicare- and Medicaid-certified nursing facility must, by federal regulation, have an assigned activities director. Regulations requiring facilities to have 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” have been in place for many years, but in June 2006, the Centers for Medicare & Medicaid Services (CMS) issued revised federal guidelines for surveyors, which created a “big buzz” among activity directors, says Kim Grandal, founder and executive director of Re-Creative Resources, an activities consulting company.

Changes to the F Tag 248 on Activities and F Tag 249 on the Qualifications of an Activity Professional really spelled out what surveyors should look for in an activities program.

The facility’s activity should be “person appropriate” and also include “one-to-one” programming for residents who need more specialized help, according to the F Tag 248 guidance. F Tag 249 specifies that a qualified person with proper training needs to be running the department.

“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,” the guidance says.

Information from a CMS study on resident quality of life, included with the survey guidance, found that residents say having a choice of activities and activities that amount to something would contribute to their independence and positive self image. The residents say that a lack of appropriate activities contributes to having no sense of purpose.

“Residents rarely mentioned participating in activities as just a way to ‘keep busy’ or just to socialize...the relevance of the activities to the residents’ lives must be considered,” according to the CMS study.

Staff Will Be Questioned
Surveyors have pages upon pages of guidelines to help them determine if the facility has an activities program designed “to accommodate the individual resident’s interest and help enhance her/his physical, mental, and psychosocial well-being, according to her/his comprehensive resident assessment.”

The F Tag 248 guidance includes interview questions specifically focused on activities to ask the residents, activities staff, certified nurse assistants (CNAs), nurses, and social service staff. For the activity staff, surveyors ask about the activities’ program goals, how they inform residents of planned activities, how dietary needs get handled for programs involving food, and how they adapt activities to a resident’s care plan.

For CNAs, surveyors evaluate their role in assisting residents who want to participate in activities, such as making sure those who need help getting out of bed or getting dressed receive it in time to participate in events. Surveyors also will look at “how activities are provided for the resident at times when activities staff are not available to provide care during planned activities,” according to the F Tag 248 guidance.

The addition of this guideline was huge for activity professionals. “It flat-out yelled that this is an interdisciplinary service,” Grandal says. “In black and white it says this is the responsibility of everybody.”

While the new rule was helpful, Grandal, who has 15 years of experience with activities in long term care, says she does not think the guidance accomplishes what it was supposed to do. “Administrators still aren’t buying it,” she says.

But the message that activities make a difference is slowly getting through. In Arizona, for example, Mockbee says, surveyors have given deficiencies because of the F Tag guidance. “It’s been a wake-up call to administrators, who have been dinged really bad,” she says.

“I hear about all the states, and more and more activity departments are getting deficiencies,” Mockbee says. Some administrators “will put anyone in a position whether qualified or not. That’s where the buildings are getting hit, when their staff are not trained,” she says, adding that if activity staff do
When Debbie Bera, activity director of Portage County Health Care Center in Stevens Point, Wis., first considered setting up a sensory room, she targeted the specific outcomes she wanted to see in her residents, such as increased attempts at vocalization and physical movement and improved attention span and memory recall. Activities in a sensory room put pressure on the resident to perform, which can lead to anxiety, agitation, and frustration. Instead, they are designed to create an experience in which residents have control, she says.

One of Bera's biggest obstacles was getting permission to use the room itself, but she told her administrator that she would raise the funds needed to outfit the room if they gave her the space. The F T ag 248 spells out that everyone in the facility must have a program to fit their needs, Bera says, and it does not just mean the healthier residents. Bera used this federal guidance to her advantage when making the case to her administrator about the need for a sensory room.

She was given access to a living area room and put her plans in motion. The biggest ticket item was a $1,600 “rain wall” where residents can watch bubbles float through a lighted wall of water that changes color. Bera also has spaghetti lights that hang from the ceiling, creating a waterfall effect.

Residents Like The Room
Bera says the residents warmed up to the room right away.

One resident, “Sophia,” really started to look around at everything during her first visit to the room, proving to Bera she was aware of her surroundings.

This resident, who has vocal challenges, told Bera, “I just love this room, it is just beautiful.” Bera says it was the only time she remembers Sophie ever speaking in a complete sentence.

Another resident, “Bob,” did not usually speak either. After a session in the sensory room, he actually put his hands down on the wheels of his wheelchair as someone tried to take him out of the room.

“She said, ‘I like it in here, I want to stay in here,’” Bera says.

Another resident, who used to be a plumber, always carried a piece of PVC pipe with him. Bera says he was always playing with it, taking it apart and putting it back together. “You could not get that thing out of his hand,” she says.

During his first visit to the sensory room, he was just amazed with the lighted strands of the waterfall and started threading them through the pipe—for 45 minutes—with a huge smile on his face.

“That’s what you call active engagement,” Bera says.

“Our results have shown improvements,” a resident and create their portion of a care plan that will specify whether the resident needs reminders about activities, needs an escort to help them get there, and what they like to do.

The department also fills out Section N of the minimum data set that becomes part of an interdisciplinary conference at the facility. Members from the different departments within the facility—along with residents and their families if they wish—can attend this conference where staff members figure out how best to help each resident, Scott says.

“This information is updated every three months under normal circumstances but can be updated more frequently if an illness develops.

The focus on the resident's individual likes and dislikes is at the heart of the ongoing culture change movement permuting nursing facilities nationwide, but activity professionals like to point out that this is what they have been doing all along.

“Activity professionals started culture change years ago when there wasn’t a term for it,” says Debbie Bera, activity director of Portage County Health Care Center in Stevens Point, Wis.

“Culture change is a new word, but we in activities already have been doing what culture change has done—and for a long time,” says Mary Ann Fabale, an activity consultant in Florida. “We are usually the first person in the facility to ask questions, to talk to the resident, not just do a medical assessment and leave,” she says.

“Activity themes are no longer a ‘one size fits all’ because you have to have programs and activities for all residents,” says Sandra Stimson, executive director of the Council of Certified Dementia Practitioners.

Stimson says that for many years activity directors developed and implemented one activity calendar for the residents, but now they design multiple calendars to fit the varying needs of their facility’s population, including different calendars for low-functioning residents, those with dementia, higher-functioning residents, those that are room-bound, and those who are at the facility for rehabilitation or subacute care.

Stimson says that, even with the FT ag changes and the culture change movement, “there are always going to be group programs,” particularly if the residents enjoy them.

Document Resident Choices
Surveys will look not only at the types of activities but also the number of activities offered. Quantity can be as important as quality, particularly if residents look bored or uninterested during activities. For residents who simply do not want to do certain things—such as figure out their right, but Bouknight says it needs to be documented in the resident’s chart. “Some residents participate in every activity you have, some do nothing structured, and some just like to play cards,” Bouknight says.

Mockbee keeps notes on all the residents, compiled quarterly to keep tabs on who is doing what. She says this can help on the clinical side, too, because staff can note if a resident starts to decline. If someone who loved a certain activity all of a sudden becomes withdrawn or irritable, something might be wrong.

Sensory Room Offers Options

Large group activities for higher-functioning residents, such as the still popular Bingo, work great but what about residents with advanced Alzheimer’s disease or dementia or those who simply do not want to participate? For residents with severe dementia, some activity directors are looking to sensory rooms.

not even know how to write a care plan, something is wrong.

Creating Care Plans
The activities department plays a role in helping the facility staff create an overall plan for how to best care for the residents.

Patricia Scott, director of activities at Runnells Specialized Hospital of Union County in New Jersey watch images project onto a wall as part of the facility’s sensory therapy program.

Scott says, activity staff will learn about a person’s past interests, what they like to do now, how they learn new information, and other facts to help them plan activities for the individual as well as figure out where he or she might fit in group activities already taking place. Through this assessment, the activity department figures out goals of the resident and create their portion of a Sensory Room Offers Options
**GAME COUNTERS MEMORY LOSS**

As studies continue to help find ways to aid seniors with memory loss, a therapy based on the Montessori Method of teaching is helping seniors hold on to the memories they have, as well as giving activity directors almost a solid hour of interaction.

Memory Magic uses the basic elements of Bingo, where participants mark things off on a card related to what the caller announces, but takes it to a new level.

Ronni Stearns, one of Memory Magic’s creators, explains that the idea is to focus on things residents with Alzheimer’s disease or dementia can remember versus what they can not.

Stearns and other researchers team up with the Myers Research Institute (MRI) in the Menorah Park Center for Senior Living in Beachwood, Ohio, to build on its research. MRI had developed a memory-based activity through a $1.2 million grant from the National Institute on Aging, but it needed further research.

Stearns, from Creative Action based in Akron, Ohio, received additional funding to develop the product. It has been on the market since 2006.

“We didn’t realize it was more than a game at the time,” says Stearns, who now calls Memory Magic a “comprehensive therapeutic intervention.”

Stearns says the idea is to give the residents “something that they can do” and complete successfully.

“We are focusing on their remaining strengths as well as their overall quality of life,” Stearns says. “For people with dementia, the joy is in the moment.”

**How It Works**

Participants have a plastic-coated paper game card that slides into a specific game board with moveable plastic shades over nine windows. A facility staff member trained to run the game calls out a clue and waits for participants to respond. The game uses simple phrases such as “Wine, Women and...____.” prompting a resident to finish the phrase. Once a resident would say “Song,” residents would look for the word “Song” on their cards and move the shade up to mark it. A resident “wins” when all the shades cover the phrases, but the caller usually continues playing until everyone’s card is full, Stearns says.

An added feature is discussion that takes place following each phrase. Stearns says that for a food-themed game, the caller might ask the participants about their favorite experience in a restaurant or favorite foods, in between calling out the phrases. This encourages conversation and helps the residents to reminisce about their lives.

The process hones in on the fact that most residents with Alzheimer’s disease or dementia have an easier time remembering things learned early on in life, Stearns says.

“It’s a win-win situation,” she says. Memory Magic creators say it is better than Bingo because there are no pieces to lose, and some residents find remembering how Bingo works hard to do.

The sensory room is an actual room in a facility or even just a portion of a larger room that contains items to stimulate the five senses, including things to feel, see, hear, smell, and sometimes even taste, but most often they include lights, textures, and sounds. The sensory room “works wonderfully” for people with dementia, Bera says. “Sensory programs place the emphasis on active engagement at the individual’s level of ability.”

While having a sensory room is not a federal requirement, facilities are beginning to see the need for them, particularly those with large numbers of residents who might not participate in regular activities because of mental or physical problems.

“In a nursing home, you have residents at all levels of functioning,” Scott says. “We need to reach everyone. We need to meet everyone’s needs.”

In a corner of the facility’s multipurpose room designated for sensory use, Scott uses popular products from Snoezelen, which specializes in multi-sensory environment therapy, for sensory therapy at least six times a week. The facility’s volunteers raised money to buy the initial equipment 10 years ago. The first piece was a carpet wall—a textured wall containing mini lights. When music is played, the lights flicker to match the music vibrations.

The facility has since added other equipment. Projectors splash colorful images along the wall for residents to look at while holding different lighted objects and possibly listening to music at the same time. Scott says the idea is to get the resident to see, feel, and hear things. Staff members also give residents hand massages while they are watching the images or listening to the music. Aromatherapy fans that generate different scents can be used as well.

“You are looking for some type of response from the resident,” Scott says, “even if it is just opening their eyes.”

For residents who like to wander, getting them to sit in the sensory area and become engaged is in itself an achievement, Scott says.

Scott’s residents watch bubbles float up and down in lighted glass tubes full of water and also play with spaghetti lights—thin fiber-optic strands that change color. Residents hold the spaghetti lights and can manipulate them as they wish.

For programming within a sensory room, Scott says a recreational or music therapist will sit with 10 to 12 residents at a time and then interact with each one. Scott says it works especially well with Alzheimer’s patients, particularly music.

“They can’t tell you the day or time
Musical activities usually can engage everybody. Drumming circles where residents can participate by playing large drums or other percussive instruments are popular, as is inviting a musician to come in and play for the residents.

“You do whatever meets the residents’ needs, and that can vary in every facility,” Bouknight says.

Some facilities have resident counsellors that vote on activities or plan what will occur as a group. Bouknight encourages resident-led programs, which can be anything from a rosary club that gathers to pray to a Yahtzee group.

“I encourage residents to do it and then stay out of it,” Bouknight says. “This frees [activity staff] up to work with dementia residents or others who might need more help.”

Bouknight’s residents vote on a theme for the month, and she plans everything from trivia contests to meals around that theme. Every year, Scott and the entire staff work together to coordinate a senior prom. Themes have varied from a “Night in the Orient” complete with Japanese dancers to a country and western theme that brought in a line dance group. This is particularly popular around the December holidays when homes are decorated. Scott says staff purposely plan the kinds of activities residents used to enjoy with their families.

Trips to the library are also popular, especially when residents can talk with other people there.

“They don’t feel like they are forgotten,” Scott says.

Tech Advances Boost Activities

Technology also has helped activity directors give residents what they want. Even something as simple as Internet access, in some cases on a computer adapted for resident use, can make a big difference, activity professionals say.

“I don’t think we’re using computers enough,” Grandal says. You can do a lot more with equipment adapted to the residents’ needs, she says.

Colorado-based It’s Never 2 Late is a company that specializes in making computers easier to use for seniors, particularly those in long term care facilities. From hardware such as touchscreen computer monitors or specially designed keyboards, to a trackball mouse, there are a lot of options.

Mocklee says younger patients who come in for rehab want to check their e-mail and even keep up with their bills online, so having a computer available is important.

Bouknight says some residents want to look up information on an illness they might have, while others have visitors—most oftentimes teenage grandchildren—who like to show them things on the Web. Many residents now have personal computers in their rooms, but for those who don’t, e-mail delivery services are an option, so residents can still receive messages—the modern-day letter—from friends and family.

“Technology makes our activities so much better,” Bouknight says.

It is even helping the activity professionals themselves. Through a few clicks of a mouse, Bouknight says, she can find background information on really any theme or subject, including photographs and other images.

Using a PowerPoint presentation for an educational seminar for residents is an improvement from what was available in the past. A simple session on “It Happened in May,” highlighting major events that took place in a certain month, can be made more interesting and educational for residents using the computer.

Activity professionals are also turning to each other more for help and ideas. Internet message boards and blogs have popped up, where professionals exchange ideas and information, such as programs that worked, and sometimes what did not.

“The biggest splash on the activities front recently has been the addition of the Nintendo Wii. Long term care facilities are not the usual place to find the latest must-have video game system, but many residents are enjoying it.”

The video game system uses a hand-held control that requires players to use real movements to play games on the television screen. Instead of just pressing a sequence of buttons on a traditional video game controller, the player must use the control to roll a bowling ball, swing a tennis racket, or—a facilitity favorite—pop balloons. The Wii Carnival game allows players to throw darts at balloons and play other popular activities.
county-fair-type games without leaving the facility.

Bouknight says some residents cannot participate but like to watch others play the Wii, while some can get really competitive with the game. Wii’s bowling, tennis, and carnival games are quite popular. In some facilities, residents have formed bowling teams, while some enjoy watching staff play the game.

Mockbee says using the Wii gives residents a real sense of self-esteem and enjoyment. She has even helped a resident who is blind use it through verbal instruction.

Mockbee says to expand the use of the Wii even further, she made hers portable, allowing her to use it for one-to-one programming in residents’ rooms.

Becky Dinello, activities director at WillowBrooke Court at Plantation Estate in Matthews, N.C., has had her Wii since January, and while the residents enjoy it, the simple, reliable activities still work just fine.

“Bingo is something we couldn’t take away,” Dinello says, whose residents play three times a week. They play for Bingo Bucks that can be used to buy personal items Dinello collects from discount stores.

Dinello takes her residents on “mystery rides” to various locations to sightsee from their facility bus, or they just drive around, giving them a chance to be out of the facility.

“We are always asking our residents what they want to do,” Dinello says.

To remember lives lost on Sept. 11, 2001, Dinello gets Plantation Estates residents, families, and staff to donate cookies and other baked items. Taking their huge platters of treats, the residents go on a “mystery ride” and end up at the police and fire department station to make a special delivery in person.

Dinello says that while some residents may not necessarily realize the significance of Sept. 11, they “love to be a part of it.” It helps the facility develop relationships with local law enforcement as well.

Dinello also holds regular exercise sessions and a weekly Friday afternoon party, which usually involves interesting topics and food related to holidays or “wacky” celebrations. Grandal says support groups are a good way to get residents to interact with each other. “The more specialized groups you have, the better you can be,” she says.

Federal rules say Medicare or Medicaid nursing facilities must provide the opportunity for residents to attend religious services of their preference. This also usually falls into the activity director’s lap. Many facilities welcome groups from local churches to provide religious services, often inviting family members to attend.

Wii proves to be a popular activity for many residents.

Still A Ways To Go

The biggest complaints from activity professionals have to do with staff and money. They want support from the administrator or at least the nursing staff in helping to get their jobs done. They also would like to see more realistic budgets. “A lot of things can’t be done without the support of the facility,” Grandal says.

Bouknight says she is lucky to have a supportive administrator who understands that she needs the right amount of staff to get things done, but some administrators make activities “the lowest priority,” for example, by having one person in charge of doing all the activities for 88 residents or more. “There are not enough activity staff to meet the facility’s needs in some communities,” she says.

Grandal says teamwork among different staff members within a facility is important.

“It’s the No. 1 struggle,” Grandal says. “If you don’t have help from your nursing staff, you can’t be successful. They need to get more involved in helping so we can do our job, too.”

Not pulling people out of an activity for a therapy session, or at least timing activities and treatment in a way to give residents a choice on what they want to do, is a start. “I think activity departments are trying,” Grandal says.

“Activity directors are doing more and more.”

The F Tag changes may have helped push activities higher on the facility’s priority list, but it’s a pretty long list to begin with. “We still have a ways to go,” Bouknight says.

When Mockbee teaches students just entering the profession, she reminds them that their own professionalism, especially knowing what they are talking about when it comes to satisfying a resident’s needs, is the key to gaining respect.

As the baby boomers start to come into facilities, they may not want to play Bingo or do arts and crafts projects, so even more responsibility will fall to the activity director to think outside the box and give residents what they want.

“Activities are being looked at more closely than they were before,” Mockbee says.