### Residents of a long-term care facility/community

Residents have: The right to have the facility 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. 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. —"activities" refer to any endeavor, other than routine ADLs (Activities of Daily Living), 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. —"person appropriate" refers to the idea that each resident has a personal identity and history that involves more than just their medical illnesses or functional impairments. Activities should be relevant to the specific needs, interests, culture, background, etc. of the individual for whom they are developed. —"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.

It is important for the facility to conduct an individualized assessment of each resident to provide additional opportunities to help enhance a resident's self-esteem and dignity.

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Research findings and the observations of positive resident outcomes confirm that activities are an invaluable part 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.

#### Assessment

The information gathered through the assessment process should be used to develop the activities component of the comprehensive care plan. The ongoing program of activities should match the skills, abilities, needs and preferences of each resident with the demands of the activity and the characteristics of the physical, social and cultural environments.

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—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.

Activities can occur at any time, are not limited to formal activities being provided only by activities staff and can include activities provided by other facility staff, volunteers, visitors, residents and family members. All relevant departments should collaborate to develop and implement an individualized activities program for each resident.

Some medications, such as diuretics, or conditions, such as pain, incontinence, etc., may affect the resident's participation in activities. Therefore, additional steps may be needed to facilitate the resident's participation in activities, such as the facility may need to consider accommodations in schedules, supplies and timing in order to optimize a resident's ability to participate in an activity of choice.

| Examples of accommodations may include, but are not limited to:   |
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| —altering a therapy or a bath/shower schedule to make it possible for a resident to attend a desired activity that occurs at the same time as the therapy session or bath.  |
| —assisting residents, as needed, to get to and participate in desired activities (e.g., dressing, toileting, transportation).   |
| —providing supplies (e.g., books/magazines, music, craft projects, cards, sorting materials) fo activities and assistance when needed for residents' use (e.g., during weekends, nights, holidays, evenings or when the activities staff are unavailable).  |
| —providing a late breakfast to allow a resident to continue a lifelong pattern of attending religious services before eating.   |
| —for residents with visual impairments: higher levels of lighting without glare; magnifying glasses, light-filtering lenses and telescopic glasses; use of "clock method" to describe where items are located; description of sizes, shapes and colors; large print items including playing cards, newsprint and books; and audio books.  |
| —for residents with hearing impairments: small group activities, placement of resident near speaker/activity leader, use of amplifiers or headphones, decreased background noise, writter instructions, use of gestures or sign language to enhance verbal communication and adapted TV (closed captioning, magnified screen, earphones). |
| —for the resident who has physical limitations: the use of adaptive equipment, proper seating and positioning and placement of supplies and materials (based on clinical assessment and referral as appropriate) to enhance.  |
| Note: The length, duration and content of specific one-to-one activities are determined by the  |

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| specific needs of the individual resident, such as several short interventions (rather than a few longer activities) if someone has extremely low tolerance or if there are behavioral issues.   |
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| Examples of one-to-one activities may include any of the following:  |
| —sensory stimulation or cognitive therapy (e.g., touch/visual/auditory stimulation, reminiscence or validation therapy), such as special stimulus rooms or equipment, alerting/upbeat music and using alerting aromas or providing fabrics or other materials of varying textures. |
| —social engagement (e.g., directed conversation, initiating a resident to resident conversation, pleasure walk or coffee visit).   |
| —spiritual support, nurturing (e.g., daily devotion, Bible reading or prayer with or for resident per religious requests/desires).   |
| —creative, task-oriented activities (e.g., music or pet activities/therapy, letter writing, word puzzles).   |
| —support of self-directed activity (e.g., delivering of library books, craft material to rooms, setting up talking book service).  |
| —for the resident with a language barrier: translation tools, translators or publications and/or audio/video materials in the resident's language.   |
| —for residents who are terminally ill: life review; quality time with chosen relatives, friends, staff and/or other residents; spiritual support; touch; massage; music; and/or reading to the resident.   |
| Note: Some residents may prefer to spend their time alone. Their refusal of activities does not  |

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| necessarily constitute noncompliance.   |
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| —for the resident with pain: spiritual support, relaxation programs, music, massage, aromatherapy, pet therapy/pet visits and/or touch.   |
| —for the resident who prefers to stay in her/his own room or is unable to leave her/his room: in-room visits by staff/other residents/volunteers with similar interests/hobbies; touch and sensory activities, such as massage or aromatherapy; access to art/craft materials, cards, games, reading materials; access to technology of interest (computer, DVD, hand-held video games, preferred radio programs/stations, audio books); and/or visits from spiritual counselors. |
| —for the resident with varying sleep patterns, activities are available during awake time. Some facilities use a variety of options when activities staff are not available for a particular resident: nursing staff reads a newspaper with resident, dietary staff makes finger foods available, CNA works puzzle with the resident, maintenance staff take the resident on night rounds and/or early morning delivery of coffee/juice to residents.                             |
| —for the resident who has recently moved-in: welcoming activities and/or orientation activities.  |
| —for the short-stay resident: "a la carte activities" are available, such as books, magazines, cards, word puzzles, newspapers, CDs, movies and hand-held games; interesting/contemporary group activities are offered, such as dominoes, bridge, Pinochle, poker, video games, movies and travelogues; and/or individual activities designed to match the goals of therapy, such as jigsaw puzzles to enhance fine motor skills.   |
| Erin LeBlanc is the long-term care ombudsman serving Logan, Phillips and Sedgwick counties. She may be reached at 970-630-7714 mobile or 970-854-2949 office.   |

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