120. EXISTING BUILDINGS.

...j. Every health care facility shall provide a living room or recreation room for the sole use of the patients/residents. Under no circumstances may these rooms be used as bedrooms by patients/residents or personnel. A hall or entry is not acceptable as a living room or recreation room. (1-1-88)

06. Dining/Recreation Facilities. Facilities shall provide one (1) or more attractively furnished, multipurpose areas for dining/recreation purposes. (1-1-88)

a. A minimum of twenty-five (25) square feet per licensed bed shall be provided. Any facility not in compliance on the effective date of this rule will not be required to comply until the number of licensed beds is increased or until there is a change of ownership of the facility. Provided, however, that a facility not in compliance may not reduce the number of licensed beds and reduce its present dining/recreation space until at least twenty-five (25) square feet per licensed bed is provided. (1-1-88)

b. It shall be for the sole use of the patients/residents, and a hall or entry is not acceptable. (1-1-88)

121. NEW CONSTRUCTION STANDARDS.

...06. Patient/Resident Dining and Recreation Areas. The following minimum requirements apply to dining/recreation areas. (1-1-88)

a. Area Requirement. The total area set aside for these purposes shall be at least thirty (30) square feet per bed with a minimum, total area of at least two hundred twenty-five (225) square feet. For facilities with more than one hundred (100) beds, the minimum area may be reduced to twenty-five (25) square feet per bed. If day care programs are offered, additional space shall be provided as needed to accommodate for day care patients/residents needing naps or for dining and activities. (1-1-88)

151. ACTIVITIES PROGRAM

01. Organized Program.

There shall be an organized and supervised activity program appropriate to the needs and interests of each patient/resident. The program shall be designed to include a variety of processes and services which are designed to stimulate patients/residents to greater self-sufficiency, resumption of normal activities and maintenance of an optimal level of psychosocial functioning. It shall include recreation, therapeutic, leisure and religious activities. (1-1-88)

02. Policies and Procedures. Policies and procedures shall be developed which reflect the purpose of the program and how it is to be accomplished. (1-1-88)
03. Coordinator. The facility shall designate an Activities Program Coordinator who shall:

(1-1-88)

a. Coordinate and supervise the program. (1-1-88)
b. Devote sufficient time to the program to achieve an effective result meeting the individual needs of the patients/residents. (1-1-88)
c. Make or cause to be made an assessment of each individual’s interests and needs. (1-1-88)
d. Develop and implement an individual activity plan for each patient/resident which reflects the interests and needs of the patient/resident. (1-1-88)
e. Provide active and continuing encouragement of patients/residents to participate in individual or group activities. (1-1-88)
f. Work with a variety of people and groups such as volunteers to achieve an effective program. (1-1-88)
g. Plan and schedule activities in advance and inform patients/residents of scheduling plans. (1-1-88)
h. Maintain appropriate records of patients'/residents’ individual participation and progress. (1-1-88)
i. Plan group activities which shall be noted on a calendar of events, posted and large enough for the vision impaired to read. (1-1-88)

04. Records. The individual patient's/resident's medical record shall contain: (1-1-88)

a. An assessment of his needs and interests which is:

i. Signed and dated by the person making the assessment. (1-1-88)

ii. Reviewed periodically but at least annually. (1-1-88)

b. An activity plan designed to meet the interest and needs of the patient/resident and which:

i. Has been approved by the patient's/resident's attending physician as not being in conflict with the patient’s/resident’s overall plan of care. Approval may be accomplished by signing the activity plan or by indicating activity plan approval on the physician’s orders for care of the patient/resident. If the physician verifies approval on his orders he must initially provide the date of the plan which he approved. (1-1-88)

ii. Shall be updated as necessary due to changing interests or physical condition of the patient/resident. The plan shall be updated at least annually. (1-1-88)

c. Progress notes which reflect the patient's/resident's response to the activity program. Progress notes shall be made by the activity coordinator or his designee at least quarterly. (1-1-88)

05. Physical Requirements. (7-1-93) a. Supplies and equipment shall be provided in sufficient quantities to support the activities program and shall include items necessary to meet identified patient/resident needs and interests. (1-1-88)

b. Location of activities shall not be limited to the facility and the grounds of the facility. (1-
06. Patient/Resident Participation. The patient/resident has the right to refuse participation in an activity program. If a patient/resident refuses to participate in his individualized program the coordinator shall document his refusal, the attempts made to encourage the patient/resident and alternate means employed to keep the patient/resident active physically, mentally and socially. (1-1-88)

07. Budget. The facility shall provide adequate funding for the activity program. Patients/residents shall not be required to support the funding. (1-1-88)

204. DAY CARE SERVICES.

...02. Services Provided. (7-1-93)

...c. Participants shall be encouraged to participate in the activities programs of the facility for its patients/residents. (1-1-88)