Section 300.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Activity Program – a specific planned program of varied group and individual activities geared to the individual resident’s needs and available for a reasonable number of hours each day.

Therapeutic Recreation Specialist – a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist

Section 300.830 Consultation Services

...c) The facility shall have a written agreement for activity program consultation if required under Section 300.1410(c).

Section 300.1410 Activity Program

a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident’s comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents.

b) Activity personnel shall be provided to meet the needs of the residents and the program. Activity staff time each week shall total not less than 45 minutes multiplied by the number of residents in the facility. This time shall be spent in providing activity programming as well as planning and directing the program. The time spent in the performance of other duties not related to the activity program shall not be counted as part of the required activity staff time.

1) In a facility whose residents participate in regularly scheduled therapeutic programs outside the facility, such as school, employment or sheltered workshop, the minimum hours per week of activity staff time may be reduced. The reduction shall be calculated by multiplying the number of residents in the facility who participate in such programs by the percentage of the day that these residents spend in such programs.

2) Activity personnel working under the direction of the activity director shall have a minimum of 10 hours of in-service training per calendar or employment year, directly related to recreation/activities. In-service training may be provided by qualified facility staff and/or consultants, or may be obtained from college or university courses, seminars
and/or workshops, educational offerings through professional organizations, similar educational offerings or any combination thereof.

c) Activity Director and Consultation

1) A trained staff person shall be designated as activity director and shall be responsible for planning and directing the activities program. This person shall be regularly scheduled to be on duty in the facility at least four days per week.

2) If the activity director is not a Certified Therapeutic Recreation Specialist (CTRS), Occupational Therapist Registered and Licensed (OTR/L), or a Licensed Social Worker (LSW) or Licensed Clinical Social Worker (LCSW) who has specialized course work in social group work, the facility shall have a written agreement with a person from one of those disciplines to provide consultation to the activity director and/or activity department at least monthly, to ensure that the activity programming meets the needs of the residents of the facility.

3) Any person designated as activity director hired after December 24, 1987, shall have a high school diploma or equivalent.

4) Except for individuals qualified as a CTRS, OTR/L, LSW or LCSW as listed in subsection (c)(2) of this Section, any person hired as an activity director after November 1, 2000 shall have taken a 36-hour basic orientation course or shall register to take a 36-hour basic orientation course within 90 days after employment and shall complete the course within 180 days after employment. This course shall be recognized by an accredited college or university or a nationally recognized continuing education sponsor following the guidelines of the International Association for Continuing Education and Training and shall include at least the following: resident rights; activity care planning for quality of life, human wellness and self esteem; etiology and symptomatology of persons who are aged, developmentally disabled or mentally ill; therapeutic approaches; philosophy and design of activity programs; activity program resources; program evaluation; practitioner behavior and ethics; resident assessment and supportive documentation; standards and regulations concerning activity programs; management and administration. Individuals who have previously taken a 36-hour basic orientation course, a 42-hour basic activity course or a 90-hour basic education course shall be considered to have met this requirement.

5) The activity director shall have a minimum of ten hours of continuing education per year pertaining to activities programming.

6) Consultation shall be required only quarterly when the activity director meets or exceeds the following criteria:

A) High school diploma or equivalent, five years of full-time or 10,000 hours of part-time experience in activities (three years of that experience as an activity director), and completion of a basic orientation course of at least 36 hours; or

B) A two-year associate’s degree, three years of experience as an activity director, and completion of a basic orientation course of at least 36 hours; or
C) A four-year degree, one year of full-time experience as an activity director, and completion of a basic orientation course of at least 36 hours.

d) Written permission, with any contraindications stated, shall be given by the resident’s physician if the resident participates in the activity program. Standing orders will be acceptable with individual contraindications noted.

e) Activity program staff shall participate in the assessment of each resident, which shall include the following:

1) Background information, including education level, cultural/social issues, and spiritual needs;

2) Current functional status, including communication status, physical functioning, cognitive abilities, and behavioral issues; and

3) Leisure functioning, including attitude toward leisure, awareness of leisure resources, knowledge of activity skills, and social interaction skills and activity interests, both current and past.

f) The activity staff shall participate in the development of an individualized plan of care addressing needs and interests of the residents, including activity/recreational goals and/or interventions.

g) The facility shall provide a specific, planned program of individual (including self initiated) and group activities that are aimed at improving, maintaining, or minimizing decline in the resident’s functional status, and at promoting well-being. The program shall be designed in accordance with the individual resident’s needs, based on past and present lifestyle, cultural/ethnic background, interests, capabilities, and tolerance. Activities shall be daily and shall reflect the schedules, choices, and rights of the residents (e.g., morning, afternoon, evenings and weekends). The residents shall be given opportunities to contribute to planning, preparing, conducting, concluding and evaluating the activity program.

h) The activity program shall be multifaceted and shall reflect each individual resident's needs and be adapted to the resident's capabilities. The activity program philosophy shall encompass programs that provide stimulation or solace; promote physical, cognitive and/or emotional health; enhance, to the extent practicable, each resident’s physical and mental status; and promote each resident’s self-respect by providing, for example, activities that support self expression and choice. Specific types of activities may include:

1) Physical activity (e.g., exercise, fitness, adapted sports);

2) Cognitive stimulation/intellectual/educational activity (e.g., discussion groups, reminiscence, guest speakers, films, trivia, quizzes, table games, puzzles, writing, spelling, newsletter);

3) Spiritual/religious activity (e.g., religious services, spiritual study groups, visits from spiritual support groups);
4) Service activity (e.g., volunteer work for the facility, other individuals and/or the community);

5) Sensory stimulation (e.g., tactile, olfactory, auditory, visual and gustatory);

6) Community involvement (e.g., community groups coming into the facility for intergenerational programs, special entertainment and volunteer visits; excursions outside the facility to museums, sporting events, entertainment, parks);

7) Expressive and creative arts/crafts (adapted to the resident's capabilities), music, movement/dance, horticulture, pet-facilitated therapy, drama, literary programs, art, cooking;

8) Family involvement (e.g., correspondence, family parties, holiday celebrations, family volunteers; and

9) Social activity (e.g., parties and seasonal activities).

i) If residents participate in regularly scheduled therapeutic programs outside the facility (e.g., school, employment, or sheltered workshop), the residents' needs for activities while they are in the facility shall be met.

j) Residents' participation in and response to the activity program shall be documented at least quarterly and included in the clinical record. The facility shall maintain current records of resident participation in the activity program.

(Source: Amended at 24 Ill. Reg. 17330, effective November 1, 2000)

Section 300.1440 Volunteer Program

a) If the facility has a volunteer or auxiliary program, a facility staff person shall direct the program. Community groups such as Boy and Girl Scouts, church groups and civic organizations that may occasionally present programs, activities, or entertainment in the facility shall not be considered volunteers for the purposes of this Section.

(Source: Added at 24 Ill. Reg. 17330, effective November 1, 2000)

Section 300.2420 Equipment and Supplies

... e) Activity program supplies shall be provided to maintain an ongoing program to meet the varied interests and needs of the residents. These shall include, but are not limited to, games, craft supplies, current magazines, books, radio, television, and record player. A piano or organ is recommended as an important adjunct to the activity program equipment.

Section 300.2870 Dining, Living, Activities Rooms

a) The combined area of these rooms shall not be less than 25 square feet per resident bed.

c) Provide a minimum of one comfortably furnished living room on each floor in multiple story buildings having a total window area of at least one-tenth the floor area.
d) Provide activities room based on program requirements. This room may be combined with the living or dining room.

e) Locate these rooms so that they are not an entrance vestibule from the outside.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.3070 Living, Dining, Activities Rooms

a) Provide at least one comfortably furnished living room and dining room for use of residents.

1) The room shall be an outside room and if combined shall have an area of not less than 20 square feet per resident bed.

3) Be located so that the room is not an entrance vestibule from the out-of-doors.

4) The furniture shall be arranged so that it is not an obstruction to traffic in or out of the facility.

b) The activity room may be combined with the living or dining room.

c) In multiple story buildings, living rooms must be provided on each floor unless a variance to this requirement is approved in writing by the Department. Such a variance may be granted based upon the population and condition of the residents.

d) Additional interior rooms may be used for television, craft, or similar activities.

e) Under no circumstances shall any of these rooms be used as a bedroom.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.3710 Day Care in Long-Term Care Facilities

...b) In addition, the following criteria must also be met:

...3) Records:

...D) Permission to be involved in activities outside of the facility (in the community);

(Source: Amended at 16 Ill. Reg. 17089, effective November 3, 1992)

Section 300.7030 Ability-Centered Care [Alzheimer's Special Care Unit]

... c) Unit directors and activity professionals for units established before January 1, 2005 shall participate in ability-centered care training before July 1, 2005. Unit directors and activity professionals for units established after January 1, 2005 shall have had course work in ability-centered care programming.

Section 300.7040 Activities [Alzheimer’s Special Care Unit]

a) The unit’s activity program shall use ability-centered care programming.
b) Families shall have access to activity supplies and materials and shall be welcome and encouraged to participate.

c) Units with a census of more than 40 residents shall have a full-time activity professional who meets the requirements of Section 300.1410(c). Units with a census of 40 or fewer residents shall have an activity professional on duty at least 20 hours per week. This individual shall be responsible for providing activities and training staff in an ability-centered programming approach.

d) Activity programming shall be planned and provided throughout the day and evening, at least 7 days a week for an average of 8 hours per day.

e) Activities shall be adapted, as needed, to provide for maximum participation by individual residents. If a particular resident does not participate in at least an average of 4 activities per day over a one-week period, the unit director shall evaluate the resident’s participation and have the available activities modified and/or consult with the interdisciplinary team.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

Section 300.7050 Staffing

...c) All staff who ever work on the unit (e.g., nurses, CNAs, housekeepers, social services and activities staff, and food service staff) shall receive at least four hours of dementia-specific orientation within the first 7 days of working on the unit. This orientation shall include:

1) Basic information about the nature, progression, and management of Alzheimer's disease and other dementia;

2) Techniques for creating an environment that minimizes challenging behavior from residents with Alzheimer’s disease and other dementia;

3) Methods of identifying and minimizing safety risks to residents with Alzheimer's disease and other dementia; and

4) Techniques for successful communication with individuals with Alzheimer's disease and other dementia.

d) Nurses, CNAs, and social service and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall participate in a minimum of 12 additional hours of orientation within the first 45 days after employment, specifically related to the care of persons with Alzheimer’s disease and other dementia. This orientation shall be defined in facility policies and procedures; shall be in a form of classroom, return demonstration, and mentoring; and shall define to new staff the elements contained in Section 300.7050(e)(1)-(10).

e) Nurses, CNAs, and social services and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall attend at least 12 hours of continuing education every year, specifically related to serving residents with Alzheimer's disease and
other dementia. (Completion of the 12 hours of orientation in accordance with subsection (d) of this

Section may be counted as continuing education for the year in which this orientation is completed.) Topics shall include, but not be limited to:

1) Promoting the philosophy of an ability-centered care framework;
2) Promoting resident dignity, independence, individuality, privacy and choice;
3) Resident rights and principles of self-determination;
4) Medical and social needs of residents with Alzheimer's disease and other dementia;
5) Assessing resident capabilities and developing and implementing services plans;
6) Planning and facilitating activities appropriate for a resident with Alzheimer's disease and other dementia;
7) Communicating with families and others interested in the resident;
8) Care of elderly persons with physical, cognitive, behavioral, and social disabilities;
9) Common psychotropics and their side effects; and
10) Local community resources.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

Section 300.7060 Environment

f) A secure out-of-doors space shall be provided in units established after January 1, 2005 and, whenever possible, in units established before January 1, 2005. If a secure out-of-doors space is not available, the facility shall implement a plan to provide residents with the opportunity for daily, routine outdoor activities, weather permitting.

g) Social space appropriate to the needs of the individual with Alzheimer's disease and other dementia shall be provided. Social space is any space that is independently accessible to the resident, except for the resident's bedroom, the bathroom, or shower/bathrooms or hallways. Social space includes, but is not limited to, dining room, living room, family visitation areas, unit kitchen, and activity areas.

h) In facilities establishing a unit after January 1, 2005, this social space shall equal at least 40 square feet per resident bed.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)