420-5-10-.01 Definitions.

(1) Definitions - (a list of selected terms often used in connection with these rules):

...(cc) "Resident Activities Consultant" - A person who:

(i) Is registered or meets requirements for registration as a professional level Therapeutic Recreation Specialist by the National Recreation and Park Association; or

(ii) Is a qualified occupational therapist or occupational therapy assistant; or

(iii) Has two years of experience in a social or recreations program within the past five years, one year of which was full time in a resident activities program in a health care setting.

(dd) "Resident Activities Coordinator" - A person who is registered or meets the requirements for a resident activities consultant or a person who serves under the supervision of a qualified resident activities consultant or has the equivalent of two years of full-time experience, under the supervision of a qualified resident activities consultant.

Author: Rick Harris


420-5-10-.08 Quality of Life

...(b) Self-determination and participation. The resident has the right to:

1. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;
…(f) Activities.

1. The facility must 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.

2. The activities program must be directed by a qualified professional who:

   (i) Is a qualified therapeutic recreation specialist or an activities professional who:

   (I) Is registered by the Alabama Department of Public Health; and

   (II) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or

   (III) Has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a resident activities program in a health care setting; or

   (IV) Is a qualified occupational therapist or occupational therapy assistant; or

   (V) Has completed a training course approved by the State.

   (g) The program coordinator, if not qualified, must function under the supervision of a consultant to assure the activity program meets needs of residents until the coordinator is qualified.

1. Activities shall be planned at least one month in advance.

2. An activity calendar(s) shall be prominently displayed.

3. Participation records shall be maintained to reflect that activities have been conducted on a group and individual basis and by whom.

4. Participation records for bed-bound/bed-to-chair residents shall reflect the activities conducted, the response to those activities and who offered activities.

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**ALASKA**

07 AAC 012.285. Activity Program.

A nursing facility must provide an activity program that is available to all residents and encourages each resident to attain and maintain function at the highest practicable level. The program must address the intellectual, social, spiritual, creative, cultural and physical needs, capabilities, and interests of each resident. Also, the program must encourage self-determination and well-being of the residents. If a physician finds a resident as medically able to participate in an activity program, that finding and any conditions of the resident’s participation or contra-indications to that participation must be noted in the resident’s
record at the nursing facility. The activity program coordinator, with an interdisciplinary team, shall develop the resident's individual activity program. The activity program coordinator shall consult as necessary with an occupational or recreational therapist, unless the activity program coordinator meets the requirements of 42 C.F.R. 483.15(f)(2), revised as of October 1, 1991.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122.

Authority: AS 18.20.010 AS 18.20.060

ARIZONA

R9-10-905. Staff and Volunteers

B. An administrator shall appoint:

1. A qualified individual to provide:

   ...b. Recreational activities.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1).
Amended by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).
Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3).

R9-10-915. Environmental and Equipment Standards

5. There is space and equipment to meet the needs of the residents for:

   a. Individual and group activities.

ARKANSAS

329 ACTIVITY DIRECTOR

In a nursing facility, if the staff member designated responsible for the activity program is not a qualified patient activity coordinator, a written agreement shall be established with a person so qualified. The MSW consultant may also serve as consultant to the activity director.

410 DAY ROOM AND DINING ROOM
A well lighted, clean, orderly, and ventilated room or rooms shall be provided for patient activities and for dining areas. A minimum of twenty (20) square feet per bed shall be provided for this purpose. At least half of the required area may be used for dining.

580 SOCIAL WORK SERVICES AND ACTIVITIES PROGRAMMING

581 POLICIES AND PROCEDURES

581.1 Separate policies must be written for social services and activity programs.

581.2 They shall be individualized for the individual long-term care facility.

581.3 They shall reflect the actual programs in operation at that facility.

581.4 They shall provide for the social and emotional needs of the residents and provide activities that encourage restoration and normal activity.

581.5 The policy manual shall include a statement of the range of social services provided. When all needed services are not provided directly, the manual shall state how needed services shall be arranged.

581.6 Procedures shall clearly outline the steps for identification of social and emotional needs and the mechanism for meeting these needs.

584 STAFFING AND CONSULTATION FOR SOCIAL SERVICES/ACTIVITIES

584.2 There shall be one (1) full-time social services designee/activities director for the first one-hundred five (105) patients and one (1) additional worker for every fifty (50) patients thereafter.

585 PROGRAM OPERATIONS

585.1 There shall be adequate staff to provide activity/recreational programs daily, including Saturdays and Sundays. There should be at least two (2) group activities scheduled daily.

585.2 Activities shall be varied in nature and shall be designed to meet the needs, interests, limitations of residents. This is to include all residents: bedfast, ambulatory, and disabled. These activities should provide for the mental, physical, social, and spiritual stimulation of the residents.

585.3 Residents and patients will be informed of events and given opportunities to participate. A calendar of events shall be posted in obvious places throughout the facility. The calendar should reflect the actual activity program.

585.4 The utilization of community volunteers is encouraged, but they must work under the direction of the facility’s activity director.

585.5 The activity director shall be aware of the limitations, strengths, and weaknesses of residents.
Plans for activity involvement both on individual and group basis shall be developed for all residents.

Activity supplies as a minimum:

A. Television
B. Dominoes
C. Checkers
D. Outside furniture (50% of ambulatory patients)
E. Two daily newspapers (one local and one having state-wide circulation) for each thirty-five (35) patients and current copies of four (4) popular magazines.

901 GENERAL ADMINISTRATION [ALZHEIMER'S SPECIAL CARE UNITS]

a. General Program Requirements

1. Regardless of other policies or procedures developed by the facility, the ASCU will have specific policies and procedures regarding:

   E. Activity programming.

b. Disclosure Statement and Notice to the Office of Long Term Care

5. Prior to admission into the Alzheimer's Special Care Unit, the facility shall provide a copy of the disclosure statement and Residents' Rights policy to the applicant or the applicant's responsible party. The mission statement and treatment philosophy shall be documented in the disclosure statement. A copy of the disclosure statement signed by the resident or the resident's responsible party shall be kept in the resident's file. The disclosure statement shall include, but not be limited to, the following information about the facility's ASCU:

   H. Planning and implementation of therapeutic activities and the methods used for monitoring; and,

   N. Types and frequency of therapeutic activities shall be listed in the facility's disclosure statement.

905 STAFFING

b. Staff and Training

5. In addition to any training requirements for any certification or licensure of the employee, training shall consist of, at a minimum:

   B. On-going, in-service training consisting of at least two (2) hours every quarter. The topics to be addressed in the in-service training shall include the following, and each topic shall be addressed at least once per year:

   iv. Positive therapeutic interventions and activities, such as:
a. Exercise;
b. Sensory stimulation; and,
c. Activities of daily living.

906 PHYSICAL ENVIRONMENT, DESIGN AND SAFETY

a. Physical Design

In addition to the physical design standards required for the facility's license, an Alzheimer's Special Care Unit shall include the following:

...2. A multipurpose room or rooms for dining, group and individual activities, and family visits which complies with the LTC licensure requirements for common space;

907 THERAPEUTIC ACTIVITIES

a. Intent and General Requirements

Therapeutic activities can improve a resident's eating or sleeping patterns; lessen wandering, restlessness, or anxiety; improve socialization or cooperation; delay deterioration of skills; and improve behavior management. Therapeutic activities shall be designed to meet the resident's current needs. The ASCU shall:

1. Provide activities appropriate to the needs of individual residents. The activities shall be provided and directed by direct care staff under the coordination of a program director.

2. Ensure that each resident's daily routine is structured or scheduled so that activities are provided seven days a week.

3. Utilize or contract with a professional with specialized training in the care of Alzheimer's to:
   A. Develop required daily activities, as set forth in Section 907(b);
   B. Train direct care staff in those programs; and,
   C. Provide ongoing consultation.

b. Required Daily Activities

The following activities shall be offered daily:

1. Gross motor activities (e.g., exercise, dancing, gardening, cooking, etc.);
2. Self-care activities (e.g., dressing, personal hygiene, or grooming);
3. Social activities (e.g., games, music, socialization); and,
4. Sensory enhancement activities (e.g., reminiscing, scent and tactile stimulation).
SYNOPSIS OF RESIDENTS’ BILL OF RIGHTS ACTIVITIES AS A RESIDENT, YOU HAVE THE RIGHT TO:

♦ Participate in activities of social, religious, and community groups unless medically contraindicated in writing by your physician.

♦ Refuse to participate in activities.

♦ Be provided a schedule of daily activities that allow flexibility in what you will do and when you will do it.

♦ Individual preferences regarding such things as food, clothing, religious activities, friendships, activity programs and entertainment. Such preferences shall be elicited and respected by the nursing home staff.

CALIFORNIA

s 72005. Activity Leader.

Activity leader means a person qualified by training and/or experience to develop and implement an activity program.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276 and 1276.1, Health and Safety Code.

§72379. Activity Program--General.

An activity program means a program which is staffed and equipped to encourage the participation of each patient, to meet the needs and interests of each patient and to encourage self-care and resumption of normal activities.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72381. Activity Program—Requirements.

(a) Patients shall be encouraged to participate in activities planned to meet their individual needs. An activity program shall have a written, planned schedule of social and other purposeful independent or group activities. The program shall be designed to make life more meaningful, to stimulate and support physical and mental capabilities to the fullest extent, to enable the patient to maintain the highest attainable social, physical and emotional functioning but not necessarily to correct or remedy a disability.

(b) The activity program shall consist of individual, small and large group activities which are designed to meet the needs and interests of each patient and which include, but are not limited to:
(1) Social activities.
(2) Indoor and out-of-doors activities, which may include supervised daily walks.
(3) Activities away from the facility.
(4) Religious programs.
(5) Opportunity for patient involvement for planning and implementation of the activity program.
(6) Creative activities.
(7) Educational activities.
(8) Exercise activities.

(c) Activities shall be available on a daily basis.

(d) The activity leader, at a minimum, shall:

(1) Develop, implement and supervise the activity program.
(2) Plan and conduct in-service training of the staff of the facility at least annually.
(3) Coordinate the activity schedule with other patient services.
(4) Maintain a current list of patients from the nursing service who are not physically able to participate in activities.
(5) Post the activity schedule conspicuously, in large visible print, for the information of patients and staff.
(6) Request and maintain equipment and supplies.
(7) Develop and maintain contacts with community agencies and organizations.
(8) Develop and implement activities for patients unable to leave their rooms.
(9) Maintain progress notes specific to the patient’s activity plan which are recorded at least quarterly, and more frequently if needed, in the patient’s health record.
(10) Maintain a current record of the type and frequency of activities provided and the names of patients participating in each activity.

(e) Where appropriate, the activity leader may recruit, train and supervise a volunteer program to assist with and augment the services of the activity program.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72383. Activity Program--Activity Plan.

(a) An activity plan shall:

(1) Be developed and implemented for each patient and shall be integrated with the individual interdisciplinary patient care plan.

(2) Be reviewed quarterly and approved, in writing, by the attending physician as not in conflict with the treatment plan.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72385. Activity Program—Staff.
(a) Activity program personnel with appropriate training and experience shall be available to meet the needs and interests of patients.

(b) An activity program leader shall be designated by and be responsible to the administration. An activity program leader shall meet one of the following requirements:

(1) Have two years of experience in a social or recreational program within the past five years, one year of which was full-time in a patient activities program in a health care setting.

(2) Be an occupational therapist, art therapist, music therapist, dance therapist, recreation therapist or occupational therapy assistant.

(3) Have satisfactorily completed at least 36 hours of training in a course designed specifically for this position and approved by the Department and shall receive regular consultation from an occupational therapist, occupational therapy assistant or recreation therapist who has at least one year of experience in a health care setting.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72387. Activity Program—Equipment and Supplies.

Each facility shall provide equipment and supplies for both independent and group activities and for patients having special needs.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72389. Activity Program—Space.

(a) Each facility shall provide a designated activity area which meets the independent and group activity needs of patients. Such areas shall be:

(1) Accessible to wheelchair and ambulatory patients.

(2) Of sufficient size to accommodate necessary equipment and permit unobstructed movement of wheelchair and ambulatory patients or personnel responsible for instruction and supervision.

(b) Storage space for equipment and supplies shall be provided and shall be maintained in a clean and orderly manner.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72465. Special Treatment Program Service Unit—Staff

...(f) Interdisciplinary Professional Staff: The facility shall provide either through direct employment or by contractual arrangement, an interdisciplinary professional staff to develop and implement special rehabilitation programs and to provide specific expertise to the program staff, and/or provide direct patient services.
(1) The interdisciplinary professional staff shall be composed of at least two of the following disciplines:

(A) Psychologist
(B) Social Worker
(C) Occupational therapist
(D) Recreation therapist
(E) Art therapist
(F) Dance therapist
(G) Music therapist
(H) Any other related discipline approved by the Department

(2) Each member of the interdisciplinary professional staff shall have a minimum of one year of experience or training in a mental health setting.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

COLORADO

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5.5 ACTIVITIES CARE PLANNING. Activities staff shall assess activities needs within one week of admission and shall develop an activities care plan to meet each resident’s needs.

Part 9 - Resident Activities.

9.1 ACTIVITIES PROGRAM. The facility shall offer a program of organized activities that promotes residents’ physical, social, mental, and intellectual well-being, encourages resident independence and pursuit of interests, maintains an optimal level of psycho-social functioning, and retains in residents a sense of continuing usefulness to themselves and the community.

9.1.1 Activities shall be broad enough in scope to stimulate participation of all residents, including residents with mental and emotional impairments, but no resident shall be compelled to participate in any activity. Each month, activities shall include at least one from each of the following categories: social/recreational, intellectual, physical, spiritual, and creative.

9.1.2 The facility shall provide individual and group activities designed to meet each resident’s individual needs.
9.1.3 Activities staff shall participate in resident assessment and care planning as prescribed by 5.2, 5.5, and 5.7, and shall implement activity programs.

9.1.4 The facility shall develop programs to encourage community contact, including use of community volunteers inside the facility and activities for residents outside the facility. The facility shall make reasonable arrangements for transportation for residents to such activities.

9.1.5 The facility shall provide activities daily, including at least one evening per week. Activities in addition to religious services shall be provided on weekends each week.

9.1.6 The facility shall post a monthly activities schedule where it is visible to all residents and families indicating date and time of each activity that is open to all residents.

9.1.7 The facility shall retain activity attendance records, maintained in a location other than the health record.

9.2 STAFFING. The facility shall employ activities staff sufficient in number to meet resident needs and qualified as either;

(1) an activity professional certified by the National Certification Council for Activity Professionals as an Activity Director Certified or Activity Consultant Certified;

(2) an occupational therapist or occupational therapy assistant meeting the requirements for certification by the American Occupational Therapy Association and having at least one year of experience in providing activity programming in a long term care facility;

(3) a therapeutic recreation specialist (registered by the National Therapeutic Recreation Society) having at least one year of experience in providing activity programming in a long term care facility;

(4) a person with a Master's or Bachelor's degree in the social or behavioral sciences who has at least one year of experience in providing activity programming in a long term care facility;

(5) a person who has completed, within a year of employment, a training course for activity professionals in an accredited state facility [if available] and who has at least two years experience in social or recreational program work, at least one year of which was full-time in an activities program in a health care setting; or

(6) a person with monthly consultation from a person meeting the qualifications set forth in subsections (1) through (5). The consultation shall be sufficient in amount to assist the activity staff members to meet resident needs.

9.3 RELIGIOUS SERVICES. The facility shall assist residents who are able and wish to do so to attend religious services of their choice. The facility shall honor resident requests to see their clergy and provide private space for such visits.

9.4 SPACE AND EQUIPMENT. The facility shall make available the supplies, space, and equipment to provide an activities program that meets each resident’s individual needs.
The facility shall provide an activities and recreation area and provide at least: books, current newspapers, games, stationery, radio, and television.

PART 11 – DIETARY SERVICES

11.17 DINING AND RECREATIONAL FACILITIES. Dining and recreation areas shall be readily accessible to all residents, and shall not be in a hallway or lane of traffic in or out of the facility. Such space shall be sufficient to accommodate activities conducted there, consistent with resident comfort and safety. The dining and recreation areas may be separate or combined.

Part 19 - Secure Units

19.3 ADMISSIONS.

19.3.4 Residents of a secure unit shall be allowed to have visitors on the unit. Residents of the facility may participate in organized activities on the unit.

...19.6.2 For residents in the secure unit, the facility shall provide additional social work and activities staff to meet the social, emotional, and recreational needs of the residents and the social and emotional needs of their families in coping with the resident's illness.

19.6 STAFFING.

19.6.2 For residents in the secure unit, the facility shall provide additional social work and activities staff to meet the social, emotional, and recreational needs of the residents and the social and emotional needs of their families in coping with the resident’s illness.

19.7 PROGRAMS. In addition to meeting the special medical and nursing needs of each resident in the secure unit, the facility shall provide social services and activity programs especially designed for the residents of the secure unit to avoid programmatic isolation.

19.7.1 Activities and social services programs shall include the opportunity for regular interaction with non-confused residents of the facility and regular interaction with the community outside the facility.

CONNECTICUT

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19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

(r) Therapeutic Recreation.

(1) Each facility shall have a therapeutic recreation program. The program shall include mentally and physically stimulating activities to meet individual needs and interests, and shall be consistent with the overall plan of care for each patient.
(2) Each facility shall employ therapeutic recreation director(s).

(A) Persons employed as therapeutic recreation director(s) in a chronic and convalescent nursing home and rest home with nursing supervision on or before June 30, 1982 shall have a minimum of a high school diploma or high school equivalency, and shall have completed a minimum of 80 hours of training in therapeutic recreation. As of July 1, 1992, persons who met these criteria but who have not been employed as therapeutic recreation director(s) in a chronic and convalescent nursing home and/or rest home with nursing supervision for two continuous years immediately preceding reemployment in such capacity shall be required to meet the requirements of Section 19-13-D8t (r) (2) (c).

(B) Persons beginning employment as therapeutic recreation director(s) in a chronic and convalescent nursing home and/or rest home with nursing supervision between July 1, 1982 and June 30, 1992 shall have the following minimum qualifications:

(i) An Associates Degree with a major emphasis in therapeutic recreation; or

(ii) Enrollment in a Connecticut certificate program in therapeutic recreation; or

(iii) A Bachelors Degree in a related field and one year of full time employment in therapeutic recreation in a health care facility; or

(iv) A Bachelors Degree in a related field and six credit hours in therapeutic recreation; or

(v) An Associates Degree in a related field and two years of full time employment in therapeutic recreation in a health care facility; or

(vi) An Associates Degree in a related field and nine credit hours in therapeutic recreation.

(vii) As of July 1, 1992, persons who met these criteria but who have not been employed as a therapeutic recreation director in a health care facility for two continuous years immediately preceding reemployment in such capacity shall be required to meet the requirements of Section 19-13-D8t (r) (2) (C).

(C) Persons beginning employment as therapeutic recreation director(s) in a chronic and convalescent nursing home and/or rest home with nursing supervision on or after July 1, 1992 shall have the following minimum qualifications:

(i) An associates degree with a major emphasis in therapeutic recreation; or

(ii) A high school diploma or equivalency and enrollment within six months of employment in a Connecticut certificate program in therapeutic recreation. Each facility shall maintain records of the individual’s successful completion of courses and continued participation in a minimum of one course per semester; or

(iii) A bachelors degree in a related field and one year of full time employment in therapeutic recreation in a health care facility; or

(iv) A bachelors degree in a related field and six credit hours in therapeutic recreation; or

(v) An associates degree in a related field and two years of full time employment in
therapeutic recreation in a health care facility; or

(vi) An associates degree in a related field and nine credit hours in therapeutic recreation.

(D) "Related field" in subparagraphs (B) and (C) of this subdivision shall include but not be limited to the following: sociology, social work, psychology, recreation, art, music, dance or drama therapy, the health sciences, education or other related field as approved by the commissioner or his/her designee.

(3) Therapeutic recreation director(s) shall be employed in each facility sufficient to meet the following ratio of hours per week to the number of licensed beds in the facility: 1 to 15 beds, 10 hours during any three days; 16 to 30 beds, 20 hours during any five days Each additional 30 beds or fraction thereof, 20 additional hours.

(4) Monthly calendars of therapeutic recreation activities and patient participation records for each level of care shall be maintained at each facility for twelve months. These shall be available for review by representatives of the department.

(A) The calendar for the current month for each level of care shall be completed by the first day of the month.

(B) Records of patient participation shall be maintained on a daily basis.

(C) The facility shall submit these records to the department upon the department's request.

(5) An individual therapeutic recreation plan shall be developed for each patient, which shall be incorporated in the overall plan of care for that patient.

...(v) Physical plant.

...(11) Common patient areas. Each facility shall provide the following:

... (C) a recreation area, that shall consist of a minimum of twelve (12) square feet per bed, of which fifty (50) percent of the aggregate area shall be located within one (1) space with an additional one hundred (100) square feet provided for storage of supplies and equipment.
5.4.2.7 The facility shall employ an activities director who shall ensure the provision of activities as described in these regulations.

7.4.4 Resident Common Areas

7.4.4.1 Areas for resident recreational and social activities shall provide at least 30 square feet per bed for the first 100 beds and 27 square feet per bed for beds in excess of 100.

DISTRICT OF COLUMBIA

3211 NURSING PERSONNEL

3211.1 Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:

...(e) Encouragement, assistance, and training in self-care and group activities;

(f) Encouragement and assistance to:

... (3) Participate in meaningful social and recreational activities...

3213 RESTORATIVE NURSING CARE PROGRAM

(d) Encouraging residents to be independent in activities of daily living by teaching and explaining the importance of self-care, ensuring and assisting with transfer and ambulating activities, by allowing sufficient time for task completion by the residents, and by encouraging and honoring resident’s choices;

3230 RESIDENT ACTIVITIES

3230.1 In facilities of sixty (60) or more licensed beds, the activities program shall be directed by a recreational therapist or activities staff certified or recognized by an accredited body.

3230.2 Each resident shall be encouraged, but not required, to participate in the resident activities program.

3230.3 A resident activities program shall include, but not be limited to, the following:

(a) Active, passive, individual and group activities; and

(b) Activities for residents who are unable to leave their rooms, which shall be directed toward maintaining and promoting the well-being of each resident.

3230.4 Each facility shall provide the following:

(a) A diversity of physical, social, intellectual, spiritual, cultural, and recreational activities;
Activities for bedridden residents, including, but not limited to:

1. Large print books, current magazines and periodicals;
2. A record or tape player;
3. A television;
4. A radio;
5. Craft supplies; and
6. Puzzles, games and playing cards;

Locked storage for recreational equipment and supplies;

Opportunity for interested family members and friends of residents to participate in facility activities that are specifically designed to include interested family members and friends;

Opportunity to participate in community activities;

Indoor and outdoor activities; and

The opportunity to implement a pet program and, if adopted, development of policies and procedures for the care and maintenance of the animals.

The responsibilities of the director of the activities program or his or her designee shall include, but not be limited to, the following:

(a) To provide direction and quality guidelines of the program;

(b) To develop and maintain a plan for the program and procedures for implementing the plan;

(c) To plan and budget for the program, including the number and levels of employees to be hired and the equipment and supplies to be purchased;

(d) To coordinate and integrate the program with other resident care services provided in the facility and in the community;

(e) To assist in the development of and participate in staff orientation and annual education programs for all staff in the facility;

(f) To develop a written monthly activities schedule in a large print calendar that includes date, time and location of each scheduled activity;

(g) To post the activities schedule on the first working day of each month at each nursing unit, at a height that can be clearly seen by residents in wheelchairs;

(h) To assure that visually, hearing and cognitively impaired residents know about posted activities;
(i) To assess the therapeutic activity needs and interests of each resident within fourteen (14) days of admission; and

(j) To participate in the development of an interdisciplinary care plan and reassess each resident's responses to activities at least quarterly after reviewing with each resident his or her participation in the activities program.

3234.7 The facility shall provide one (1) or more rooms designated for resident social, recreational, and dining activities which shall be:

(a) Easily accessible from each resident's bedroom;

(b) Well ventilated with designated smoking areas identified;

(c) Adequately furnished; and

(d) Have sufficient space to accommodate all activities.

3249. RESIDENT RECREATION AND SOCIAL AREAS

3249.1 Each nursing unit shall have, on the same floor as the unit, social recreation spaces in the amount of twenty (20) square feet per the average number of residents in the unit.

3249.2 Sound-insulated flexible partitions may be used to divide larger spaces.

3249.3 Each social area may also be used for small group dining, if there exists other social space sufficient to accommodate the average number of residents who may wish to occupy it at any one time.

3249.4 Each social area shall contain at least one (1) window providing natural light.

3249.5 Whenever possible, each social area shall be located along walls that receive at least two (2) hours of direct sunlight a day.

3249.6 Each social area shall be attractively furnished and attractively decorated.

3249.7 Each social area may contain plants and pets of suitable temperament.

3249.8 Furniture shall be arranged to facilitate small group conversation.

3249.9 A refreshment station shall be located near or adjacent to each social area.

3249.10 At least one (1) social area on each nursing unit shall be designated for quiet privacy and may be utilized by each resident and his or her visitor.

3249.11 Each facility shall provide at least one (1) room large enough to accommodate residents and staff for special events.

3249.12 The dining area may be used for social purposes when it can be shown that use of the room can be accommodated without interference with the facility's food services.
3249.13 For each newly constructed facility and those where there has been a change in the configuration of facility space, the social area shall be large enough for more than ten (10) residents.

**FLORIDA**

Florida regulations do not contain specific content for Quality of Life Activities/Activities Director.

**GEORGIA**

290-5-8-.01 Definitions.

Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereafter respectively ascribed to them; except, however, same do not apply to nursing homes owned or operated by the Federal Government:

(i) The term "Patient Activities Program" means a schedule of events which are regularly planned and available for all patients, including social and recreational activities involving active participation by the patient, entertainment of appropriate frequency and character, and opportunities for participation in community activities as possible and appropriate;


290-5-8-.16 Recreation.

(1) An individual shall be designated as being in charge of patient activities. This individual shall have experience and/or training in group activities, or shall have consultation made available from a qualified recreational therapist or group activity leader.

(2) Provisions shall be made for suitable recreational and entertainment activities for patients according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather.

(3) Patients shall be encouraged but not forced to participate in patient activities.
(4) The facility shall make available a variety of supplies and equipment adequate to satisfy the individual interests of residents. Examples are: books, magazines, daily newspapers, games, stationery, radio, television and the like.

(5) An active patient activities program shall be carried out that will meet the needs of all patients.


290-5-8-.18 Physical Plant Standards.

...(18) There shall be a patient dining and recreation area provided in each home. The minimum total area shall be twenty (20) square feet of floor space per bed. One-half the required space shall be for dining.

HAWAII

§11-94-4 Activities program.

(a) A plan for independent and group activities shall be developed for each patient in accordance with the patient's needs, capacities, and interests.

(1) The activities plan shall be incorporated in the patient's overall plan of care, reviewed regularly in conjunction with it, and altered as needed.

(2) Records shall be kept of the extent and level of each patient's participation in the activities program.

(b) Organized recreational activities consistent with the patient's needs, capabilities and interests shall be coordinated with other services and programs provided the patient.

(c) A staff member, qualified by experience or training in directing group activities or recreation, shall be responsible primarily for the activities program.

(d) There shall be sufficient, appropriately qualified activities or recreation staff and necessary supporting staff to carry out the various activities in accordance with stated goals and objectives.

(e) Recreation areas, facilities and equipment shall be designed and constructed or modified so as to be easily accessible to all patients regardless of their disabilities.

(f) Recreation equipment and supplies in sufficient quantity and variety shall be provided to carry out the stated objectives of the activity program.
§11-94-8 Construction requirements.

... (3) There shall be provisions within the facility for one or more areas of patient dining, diversional, and social activities. Total area for recreational and dining activities shall be not less than fifty square feet per bed for seventy-five percent of total bed capacity.

...(C) If a multi-purpose room is used for dining, diversional and social activities, there shall be sufficient space to accommodate all activities and prevent their interference with each other.

IDAHO

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:

   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-
1-88)

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)
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)

INDIANA

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410 IAC 16.2-1.1-57 "Recreation area" defined

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28

Sec. 57. "Recreation area" means:

(1) an area where residents can enjoy fresh air, either inside or outside the facility, for example:

(A) balcony;
(B) porch;
(C) patio;
(D) courtyard; or
(E) solarium; and

(2) an inside area used primarily for activities organized by the facility.

(Indiana State Department of Health; 410 IAC 16.2-1.1-57; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1908, eff Mar 1, 2003; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA) 410 IAC 16.2-3.1-3 Residents’ rights

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1
(u) The resident has the right to the following:

(1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care.

410 IAC 16.2-3.1-19 Environment and physical standards

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 19

...(w) Each facility shall have living areas with sufficient space to accommodate the dining, activity, and lounge needs of the residents and to prevent the interference of one (1) function with another as follows:

(1) In a facility licensed prior to June 1970, the lounge area, which may also be used for dining, shall be a minimum of ten (10) square feet per bed.

(2) In a facility licensed since June 1970, the total dining, activity, and lounge area shall be at least twenty (20) square feet per bed.

(3) For facilities for which construction plans are submitted for approval after 1984, the total area for resident dining, activity, and lounge purposes shall not be less than thirty (30) square feet per bed.

(4) Dining, lounge, and activity areas shall be:

(A) readily accessible to wheelchair and ambulatory residents; and

(B) sufficient in size to:

(i) accommodate necessary equipment; and

(ii) permit unobstructed movement of wheelchairs, residents, and personnel responsible for assisting, instructing, or supervising residents.

...(z) A comfortably furnished resident living and lounge area shall be provided on each resident occupied floor of a multistory building. This lounge may be furnished and maintained to accommodate activity and dining functions.

(aa) The provision of an activity area shall be based on the level of care of the residents housed in the facility. The facility shall provide the following:

(1) Equipment and supplies for independent and group activities and for residents having special needs.

(2) Space to store recreational equipment and supplies for the activities program within or convenient to the area.

(3) Locked storage for potentially dangerous items, such as scissors, knives, razor blades, or
toxic materials.

...(cc) The facility must provide one (1) or more rooms designated for resident dining and activities. These rooms must:

(1) be well-lighted with artificial and natural lighting;

(2) be well-ventilated with nonsmoking areas identified;

(3) be adequately furnished with structurally sound furniture that accommodates residents’ needs, including those in wheelchairs; and

(4) have sufficient space to accommodate all activities.

(Indiana State Department of Health; 410 IAC 16.2-3.1-19; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1543, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Apr 16, 2004, 10:30 a.m.: 27 IR 2715) 410 IAC 16.2-3.1-33 Activities

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 33.

(a) The facility must 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.

(b) The facility shall have a plan of activities appropriate to the needs of the residents of that facility that include, but is not limited to, the following:

(1) Group social activities.

(2) Indoor and outdoor activities, which may include daily walks.

(3) Activities away from the facility.

(4) Spiritual programs and attendance at houses of worship.

(5) Opportunity for resident involvement in planning and implementation of the activities program.

(6) Creative activities, such as the following:

(A) Arts.

(B) Crafts.

(C) Music.

(D) Drama.

(E) Educational programs.
(7) Exercise activities.

(8) One (1) to one (1) attention.

(9) Promotion of facility/community interaction.

(c) An activities program shall be provided on a daily basis, including evenings and weekends. At least thirty (30) minutes of staff time shall be provided per resident per week for activities duties. Participation shall be encouraged, although the final option remains with the resident.

(d) Responsibilities of the activities director shall include, but are not limited to, the following:

1. Preparing a monthly calendar of activities written in large print and posted in a prominent location that is visible to residents and visitors.
2. Assessing resident needs and developing resident activities goals for the written care plan.
3. Reviewing goals and progress notes.
4. Recruiting, training, and supervising volunteers when appropriate.
5. Coordinating the activities program with other services in the facility.
6. Requesting and maintaining equipment and supplies.
7. Participation in developing a budget.

(e) The activities program must be directed by a qualified professional who:

1. is a qualified therapeutic recreation specialist or an activities professional, who is eligible for certification as a therapeutic recreational specialist or an activities professional by a recognized accrediting body on or after October 1, 1990;
2. has two (2) years of experience in a social or recreational program, approved by the department within the last five (5) years, one (1) of which was full time in a resident activities program in a health care setting;
3. is a qualified occupational therapist or occupational therapy assistant; or
4. has satisfactorily completed, or will complete within six (6) months, a ninety (90) hour training course approved by the division and has at least a high school diploma or its equivalent. Current employment as an activities director who completed an approved activities director course prior to the effective date of this rule shall be allowed to maintain a position as an activities director in health care facilities.

(f) After July 1, 1984, any person who has not completed an activities director course approved by the division and is assigned responsibility for the activities program shall receive consultation until the person has completed such a course. Consultation shall be provided by:

1. a recreation therapist;
2. an occupational therapist or occupational therapist assistant; or
(3) a person who has completed a division-approved course and has two (2) years’
experience.

(g) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a) or (b) is a deficiency; and

(2) subsection (c), (d), (e), or (f) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-33; filed Jan 10, 1997, 4:00 p.m.: 20
IR 1553, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed
May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

IOWA

481—58.26(135C) Resident activities program.

58.26(1) Organized activities. Each nursing facility shall provide an organized resident
activity program for the group and for the individual resident which shall include suitable
activities for evenings and weekends. (III)

a. The activity program shall be designed to meet the needs and interests of each resident
and to assist residents in continuing normal activities within limitations set by the
resident’s physician. This shall include helping residents continue in their individual
interests or hobbies. (III)
b. The program shall include individual goals for each resident. (III)
c. The program shall include both group and individual activities. (III)
d. No resident shall be forced to participate in the activity program. (III)
e. The activity program shall include suitable activities for those residents unable to leave
their rooms. (III)
f. The program shall be incorporated into the overall health plan and shall be designed to
meet the goals as written in the plan.

58.26(2) Coordination of activities program.

a. Each nursing facility shall employ a person to direct the activities program. (III)
b. *†Staffing for the activity program shall be provided on the minimum basis of 35 minutes
per licensed bed per week. (II, III)
c. The activity coordinator shall have completed the activity coordinators’ orientation
course offered through the department within six months of employment or have
comparable training and experience as approved by the department. (III)
d. The activity coordinator shall attend workshops or educational programs which relate to activity programming. These shall total a minimum of ten contact hours per year. These programs shall be approved by the department. (III)

e. There shall be a written plan for personnel coverage when the activity coordinator is absent during scheduled working hours. (III)

58.26(3) Duties of activity coordinator. The activity coordinator shall:

a. Have access to all residents’ records excluding financial records; (III)

b. Coordinate all activities, including volunteer or auxiliary activities and religious services; (III)

c. Keep all necessary records including:

   (1) Attendance; (III)

   (2) Individual resident progress notes recorded at regular intervals (at least quarterly). A copy of these notes shall be placed in the resident’s clinical record; (III)

   (3) Monthly calendars, prepared in advance. (III)

d. Coordinate the activity program with all other services in the facility; (III)

e. Participate in the in-service training program in the facility. This shall include attending as well as presenting sessions. (III)

58.26(4) Supplies, equipment, and storage.

a. Each facility shall provide a variety of supplies and equipment of a nature calculated to fit the needs and interests of the residents. (III) These may include: books (standard and large print), magazines, newspapers, radio, television, and bulletin boards. Also appropriate would be box games, game equipment, songbooks, cards, craft supplies, record player, movie projector, piano, outdoor equipment, etc.

b. Storage shall be provided for recreational equipment and supplies. (III)

c. Locked storage should be available for potentially dangerous items such as scissors, knives, and toxic materials. (III)

*Emergency, pursuant to Iowa Code section 17A.5(2)“b”(2).

†Objection filed 2/14/79, see insert IAC 3/7/79 following Ch 57

481—58.35 (135C) Buildings, furnishings, and equipment.

58.35(3) Dining and living rooms.

...c. Dining rooms and living rooms shall be available for use by residents at appropriate times to provide periods of social and diversional individual and group activities. (III)
d. A combination dining room and living room may be permitted if the space requirements of a multipurpose room as provided in 58.35(3)“e” are met. (III)

...f. Living rooms.

(1) Living rooms shall be maintained for the use of residents and their visitors and may be used for recreational activities. (III)

(2) Living rooms shall be suitably provided with parlor furniture, television and radio receivers in good working order, recreational material such as games, puzzles, and cards, and reading material such as current newspapers and magazines. Furnishings and equipment of the room should be such as to allow group activities. (III)

(3) Card tables or game tables shall be made available. The tables should be of a height to allow a person seated in a wheelchair to partake in the games or card playing. (III)

Ch 58, p.2 IAC

(4) Chairs of proper height and appropriate to their use shall be provided for seating residents at game tables and card tables. (III)

481-58.48(135C) Resident activities

Each resident may participate in activities of social, religious, and community groups at the resident’s discretion unless contraindicated for reasons documented by the attending physician or qualified mental retardation professional as appropriate in the resident’s record. (II)

58.48(1) Residents who wish to meet with or participate in activities of social, religious, or other community groups in or outside of the facility shall be informed, encouraged, and assisted to do so. (II)

58.48(2) All residents shall have the freedom to refuse to participate in these activities. (II)

KANSAS

26-39-144. Definitions. The following definitions shall apply to all adult care homes except nursing facilities for mental health and intermediate care facilities for the mentally retarded.

(a) "Activities director" means an individual who meets at least one of the following requirements:

(1) Has a degree in therapeutic recreation;

(2) is licensed in Kansas as an occupational therapist or occupational therapy assistant;
(3) has a bachelor’s degree in a therapeutic activity field in art therapy, horticultural therapy, music therapy, special education, or a related therapeutic activity field;

(4) is certified as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body;

(5) has two years of experience in a social or recreational program within the last five years, one of which was full-time in an activities program in a health care setting; or

(6) has completed a course approved by the Kansas department of health and environment in resident activities coordination and receives consultation from a therapeutic recreation specialist, an occupational therapist, an occupational therapy assistant, or an individual with a bachelor’s degree in art therapy, music therapy, or horticultural therapy.


... (b) Self-determination and participation. The nursing facility shall afford each resident the right to:

(1) Choose activities, schedules, and health care consistent with resident’s interests, assessments and care plans;

(2) interact with members of the community both inside and outside the facility; and

(3) make choices about aspects of the resident’s life that are significant to the resident.

... (d) Participation in other activities. The nursing facility shall afford each resident the right to:

(1) Participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility; and

(2) reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

(e) Activities.

(1) The facility shall provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests of and promote the physical, mental, and psychosocial well-being of each resident.

(2) A qualified activities director shall direct the activities program.

(3) The nursing facility shall employ activities personnel at a minimum weekly average of .09 hours per resident per day.

(h) Activities room. Each facility shall provide an activities room or area for crafts and occupational therapy.

(1) The room shall contain a work counter with a sink equipped for hand washing.

(2) When a room is used for multiple purposes, there shall be sufficient space to accommodate all activities and prevent interference between activities.

(3) Each facility with 60 or fewer beds shall provide a room with a minimum of 200 square feet. Each facility with more than 60 beds shall provide 200 square feet plus two square feet for each additional bed over 60.

(4) The facility shall provide lockable cabinets for storage of supplies.

(5) Each facility constructed before February 15, 1977 shall provide an activities area with a work counter and storage cabinet. A hand-washing facility shall be accessible to residents who use this room or area.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

KENTUCKY

Downloaded January 2011

902 KAR 20:300. Operation and services; nursing facilities.

Section 6. Quality of Life.

...(2) Self-determination and participation. The resident shall have the right to:

(a) Choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care:

(b) Interact with members of the community both inside and outside the facility; and

(c) Make choices about aspects of his or her life in the facility that are significant to the resident.

...(5) Activities.

(a) The facility shall 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.

(b) The activities program shall be directed by a qualified therapeutic recreation specialist who is:
1. Eligible for certification as a therapeutic recreation specialist by a recognized accrediting body; or

2. Has two (2) years of experience in a social or recreational program within the last five (5) years, one (1) of which was full time in a patient activities program in a health care setting; or

3. Is a qualified occupational therapist or occupational therapy assistant; or

4. Has completed a training course approved by the state.

...(8) Participation in other activities. A resident shall have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.

(17 Ky.R. 2319; Am. 2730; 3121; eff. 5-3-91.)

§9701. Definitions

Resident Activities Director— an individual responsible for directing or providing the activity services of a nursing home.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:44 (January 1998).

§9843. Activities Program

A. A nursing home shall provide for an ongoing program of diverse and meaningful activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident.

B. The activities program encourages each resident’s voluntary participation and choice of activities based upon his/her specific needs and interest.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:61 (January 1998).

§9845. Activity Service Personnel
The activities program shall be directed by a resident activities director. The resident activities director shall be responsible to the administrator or his/her designee for administration and organization of the activities program.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:61 (January 1998).

§9913. Dining and Resident Activities

A. The nursing home shall provide one or more areas designated for resident dining and activities.

...C. There shall be sufficient space and equipment to comfortably accommodate the residents who participate in group and individual activities. These areas shall be well lighted and ventilated and be adequately furnished to accommodate all activities.

D. Areas used for corridor traffic or for storage of equipment shall not be considered as areas for dining or activities.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:64 (January 1998).

MAINE

CHAPTER 1-DEFINITIONS

“Activities Coordinator” means a person with one of the following qualifications:

a. Completion of a training course approved by the Department of Education; or
b. A Registered Occupational Therapist or an Occupational Therapy Assistant; or
c. A degree in Therapeutic Recreation.

Chapter 15 – Activities

15.A. The facility must provide for an ongoing program of activities designed to meet the interests and the physical, mental and psychosocial well-being of each resident in accordance with the comprehensive assessment.

15.A.1. Activities Coordinator

The Activities Coordinator shall be qualified by training or experience as evidenced by:
a. Having completed, or is currently enrolled in a training course approved by the Department of Education; or  
b. Having completed an approved course prior to July 1, 1994; or  
c. Is a registered occupational therapist or an occupational therapy assistant; or  
d. Is a qualified therapeutic recreation specialist.

15.A.2. Staffing Hours  
a. The Activities Coordinator's hours per week and those of the Assistant Activities Coordinator, if applicable, are in accordance with bed capacity as follows:  
   0-30 beds = 20 hours per week  
   31-60 beds = 30 hours per week  
   61-90 beds = 40 hours per week  
   91-120 Beds = 60 hours per week  
   121-150 Beds = 70 hours per week  
   151-180 Beds = 80 hours per week  

b. Activities staff hours are included in the total direct care staff hours. The facility is responsible for establishing its own staffing patterns within the approved hours and assigning the staff according to the needs of the residents.

15.A.3. Responsibilities  
The Activities Coordinator shall be responsible for the following:  
a. Participating in the comprehensive assessments and development of the care plan by the multidisciplinary team.  
b. Participating in the multidisciplinary team, review and revision of the plan of care at least quarterly.  
c. Writing progress notes at least quarterly for those residents with problems identified on the plan of Care in which the Activities Coordinator is involved.  
d. Keeping individual records as prescribed by the plan of care.  
e. Planning, coordinating and encouraging individual and group activities during both day and evening hours, based on the comprehensive assessment of each resident’s needs and interests.  
f. Maintaining a monthly calendar of planned activities which is posted in a prominent place and is easily readable by all residents.  
g. Encouraging residents who are unable or who choose not to leave their rooms to participate in individual and group activities.

15.A.4. Activities Staff  
The Activities Coordinator should actively recruit volunteers from the community. The Activities Coordinator may be assisted by supportive resource personnel such as the activities assistant, administrative and nursing staff, and volunteers from the community.

15.A.5. Activities Equipment and Supplies  
Each facility shall provide equipment and supplies as recommended by the Activities Coordinator to fulfill the planned program.

15.A.6. Activities Areas
The living or recreation and dining room areas may be used for activities. Outside areas accessible to the residents shall be provided and utilized for suitable activities.

15.A.7. Community Activities

Transportation shall be provided or arranged by the facility for the residents' participation in facility planned community based activities.

23.C.5 Therapeutic Activities

Therapeutic activities can improve a resident’s eating and sleeping patterns; lessen wandering, restlessness and anxiety; improve socialization and cooperation; delay deterioration of skills; and improve behavior management. To this end, all facilities with Alzheimer's/Dementia Care Units shall provide for activities appropriate to the needs of the individual residents. The following types of individual or group activities shall be offered at least weekly:

a. Gross motor activities (e.g., exercise, dancing, gardening, cooking, etc.);
b. Self-care activities (e.g., dressing, personal hygiene/grooming, etc.);
c. Social activities (e.g., games, music, reminiscing, etc.);
d. Crafts (e.g., decorations, pictures, etc.);
e. Sensory enhancement activities (e.g, auditory, visual, olfactory and tactile stimulation, etc.);
f. Outdoor activities, weather permitting (e.g., walking outdoors, field trips, etc.);
g. Spiritual activities;
h. Normative activities (e.g., domestic tasks, household chores, etc.); and
i. Therapeutic activities (e.g., music)
needs and interests of each patient, to encourage self-care, resumption of normal activities, and maintenance of an optional level of psychosocial functioning.

B. Staffing. A staff member qualified by experience or training shall be appointed to be responsible for the activities program. If the designee is not a qualified patient activities coordinator as defined in Regulation .01Y, the Department may approve the designee based on the person’s education, performance, and experience.

C. If the Department determines that an effective program is not maintained consultation may be required as specified by the Department.

D. Restrictions on Participation Documented on Chart. The physician shall note on the patient’s chart any restrictions applicable to the patient’s participation in the activities program.

E. Objective. The activities shall be designed to promote the general health, physical, social, and mental well-being of the patients.

F. Space, Supplies. Adequate space and a variety of supplies and equipment shall be provided by the facility to satisfy the appropriate individual activity needs of patients,

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**MASSACHUSETTS**

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105 CMR 150.000: LICENSING OF LONG-TERM CARE FACILITIES

150.001: Definitions

Activities and Recreation Program shall mean regularly scheduled recreational, spiritual, educational, entertainment, craft and work-oriented activities.

150.012: Activities and Recreation

(A) All facilities shall provide an organized program of activities and recreation suited to the needs and interests of patients or residents to encourage restoration to self-care, resumption and maintenance of normal activities and a congenial therapeutic environment.

(1) The activities program shall provide a broad assortment of regularly scheduled, purposeful activities, including recreational, spiritual, education, social, craft, and work oriented activities.

(2) The activities program shall utilize all possible community, social, recreational, public and voluntary resources to promote facility-community relationships.

(3) In a SNCFC therapeutic recreation/rehabilitation programming shall be incorporated within the restorative therapy services.

(4) In an AIDSSNF therapeutic recreation shall be incorporated into restorative services.
(B) All facilities shall provide an activity director who is responsible for developing and implementing the activity program.

(1) The activity director shall possess a high school diploma or its equivalent; have the interest and ability to work with the ill, aged and disabled; and have at least one year's experience or training in directing group activity.

(2) In total, all facilities shall provide at least 20 hours of activity per week, per unit.

(C) Functions of the Activity Director.

(1) The activity director plans, schedules and posts in advance a monthly activity program including group activities, special activities on holidays, religious days, birthdays, and other special occasions; supervises and conducts activities; arranges for religious services; supervises the work of volunteers; and participates in patient reviews, staff meetings and inservice educational programs.

(2) The activity director and other staff shall encourage, but not force, patients and residents to participate in each day's activities and, where appropriate, in program planning; shall seek ways to motivate and interest patients or residents in activities; and shall provide suitable activities for patients or residents unable to leave their rooms.

(3) The activity director shall prepare activity records which shall include: a monthly activity schedule posted in a conspicuous place in each unit and an activity participation record indicating patient or resident participation in and reaction to activities.

(D) Patients or residents who are able shall be encouraged to pursue activities outside of the facility with written approval of the attending physician or physician-physician assistant team or physician-nurse practitioner team.

(E) Visiting hours shall be flexible and shall be conspicuously posted.

(1) Provisions shall be made for privacy during telephone conversations, during visits with clergymen, relatives or other such visitors.

(2) Facilities shall have a list of the clergymen of the major faiths readily available, and requests to see clergymen shall be honored at all times.

(F) Facilities shall make arrangements with the Division of the Blind of the Massachusetts Department of Education for the provision of recreational therapy for patients or residents who are blind or have impaired vision.

(G) Facilities shall provide, maintain and store, without charge to the patients or residents, the following basic supplies and equipment: books, current magazines and newspapers, games, crafts, and radio and television (in appropriate areas). Patients or residents who use their personal radio, television or other such equipment shall not be billed for electricity.

(H) Recreation rooms, living rooms, sitting rooms, dining areas and patients' or residents' rooms shall ordinarily be sufficient for activities and recreational programs. Additional activity unit or space are not required.
(I) Special Activities and Services.

(1) Facilities may provide or contract for certain special personal services for patients or residents such as hairdresser or barber services. These services shall not substitute for routine personal care services that the facility is required to provide regularly for all patients or residents. (105 CMR 150.007(G)(5)). These special personal services shall be requested in writing by the patient, resident or his family and shall be available only to patients or residents within the facility.

(2) Facilities may provide a snack shop or small gift shop (with total retail value of the salable items not to exceed $150) as an adjunct to recreational, diversional and therapeutic services for patients or residents. No facility shall open such a shop without submitting an application, construction plans and a letter of intent to the Department, and without receiving written approval from the Department on final plans of construction and operation. A facility that submits an application to operate a snack shop or gift shop shall understand that the Department may order such a shop closed without a hearing if it considers that the shop is not rendering recreational, diversional or therapeutic services, or that the shop is operating in violation of the provisions of 105 CMR 150.012(I)(2) through 150.012(I)(6). Snack shops and gift shops shall be conveniently located and accessible to patients’ and residents’ living and recreational areas and shall be open only to patients and residents and their immediate visitors. Such shops shall be open to facility staff only if this does not interfere with or inconvenience the use by patients or residents.

(a) Snack shops shall not be open to patients or residents during the servicing of regular meals required for all patients or residents.

(b) Snack shops shall serve only: hot and cold beverages, desserts, cookies, crackers and other pre-packaged snacks.

(c) Snack shops shall conform to all regulations relating to sanitation, refrigeration and food quality, and other rules and regulations contained herein relative to general dietary and kitchen services. (105 CMR 150.009 and 150.016).

(d) Food purchase, storage, preparation and service, and the staff for the snack shop shall be completely separate from the facility’s general dietary service.

(e) Gift shops may contain greeting cards, newspapers, magazines, articles made by patients or residents, a modest assortment of gift items and toiletries. Gift shops shall be staffed by volunteers (including patients or residents if they so desire) and operated under the direction of the activity director.

(f) If articles made by the residents or patients are sold in the gift shop, the money shall be given or credited to the patients or residents.

(3) Bazaars, fairs and other recreational fund-raising activities shall be solely for the benefit of the patients or residents and shall not be of financial benefit to the facility.

(4) All special services described in 105 CMR 150.012(I) shall be provided as a service to patients or residents, and there shall be no profit or financial benefit to the facility. Accounts for all such services shall be kept entirely separate from other financial records.
and accounts (including separate purchase of food and supplies), and these accounts shall be available on the premises for inspection and evaluation by the Department. Facilities shall submit, at their own expense, to the Department as annual audit by a Certified Public Accountant of the financial records and accounts of such special services.

(5) The regular staff of the facility shall not be used to provide any of the above special services.

(6) No special services shall be available to the general public.

150.015: Patient Comfort, Safety, Accommodations and Equipment

(A) All facilities shall provide for the comfort, safety and mental and physical well-being of patients or residents.

(3) All facilities shall be prohibited from applying any Aversive Interventions to a patient or resident.

151.510: General and Special Activity Areas

(A) General Activity Room.

(1) A general activities room shall be provided for the use of all patients. The area of this room shall be at least eight square feet per bed for 100% of the total beds authorized.

(2) A storage closet shall be provided adjacent to the general activities room for equipment utilized in recreational, diversional and religious activities.

151.540: Restorative Service Units

(C) Workshop Room.

(1) If a workshop room for occupational therapy and patient activities is provided, it shall have a minimum floor area of 300 square feet with a minimum dimension of not less than ten feet.

(2) Within such room there shall be provided a closet for the storage of supplies and equipment and a service sink with hot and cold running water and a plaster trap.
(2) There shall be a qualified staff member and such additional staff as necessary to plan, conduct, and evaluate individual and group activities. Individual and group activities shall be available 7 days a week.

(3) There shall be adequate recreational and therapeutic areas, equipment, and supplies to conduct ongoing recreational and therapeutic activities.

(4) Adequate storage space shall be provided for equipment close to the space utilized for such activities.

(5) A patient shall be provided diversional activities suited to the patient’s needs, capabilities, and interests as an adjunct to treatment to encourage the patient, insofar as possible, to resume self-care and normal activities.

History: 1981 AACS; 1983 AACS.

4658.0900 ACTIVITY AND RECREATION PROGRAM.

Subpart 1. General requirements. A nursing home must provide an organized activity and recreation program. The program must be based on each individual resident’s interests, strengths, and needs, and must be designed to meet the physical, mental, and psychological well-being of each resident, as determined by the comprehensive resident assessment and comprehensive plan of care required in parts 4658.0400 and 4658.0405. Residents must be provided opportunities to participate in the planning and development of the activity and recreation program.

Subp. 2. Frequency of program activities. The activity and recreation program must be regularly scheduled every day, except that a nursing home may establish a policy designating holidays or other days that are exempt from scheduled activities. A schedule of the activities and recreation programming must be posted in a location readily accessible to residents at least one week in advance.

Subp. 3. Activity and recreation program director. The activity and recreation program director must be a person who is trained or experienced to direct the activity and recreation staff and program at that nursing home.

Subp. 4. Staff assistance with activities. Sufficient staff must be assigned to assist with the implementation of the activity and recreation program, as determined by the needs of the residents and the nursing home.

Subp. 5. Space, equipment, and materials. The activity and recreation program must be provided with space both within the nursing home and out-of-doors. Appropriate and
adequate equipment and materials must be provided to meet the needs of the activity and recreation program.

Subp. 6. Prohibition on charges. A nursing home may not charge a resident for any portion of the activity and recreation program required in subpart 1. A nursing home may charge a resident for social events and entertainment offered outside the scope of the regularly scheduled activity and recreation program, if the event is requested by the resident and the nursing home informs the resident that there will be a charge.

STAT AUTH: MS s 144A.04; 144A.08

HIST: 21 SR 196

Current as of 01/19/05

MISSISSIPPI

Part VI Social Services and Resident Activities

SECTION B -- Resident Activities

602.1 Activity Coordinator. An individual shall be designated as being in charge of resident activities. This individual shall have experience and/or training in group activities, or shall have consultation made available from a qualified recreational therapist or group activity leader.

602.2 Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather.

602.3 Supplies and Equipment. The facility shall make available a variety of supplies and equipment adequate to satisfy the individual interests of residents.

602.4 Living and/or Recreational Room(s).

a. Each facility shall provide adequate living room(s), day room(s) and/or recreational room(s) for residents and visitors. Each home should provide at least two areas for this purpose—one for small groups such as private visit with relatives and friends and one for larger group activities. A minimum of eighteen (18) square feet per bed shall be provided.

b. Dining area. A dining area shall be provided in facilities adequate to set at least three-fourths of the maximum capacity of the facility. The dining area may also be used for social, recreational, and/or religious services when not in use as a dining facility. A minimum of
fifteen (15) square feet per person for three-fourths (3/4) of the capacity of the facility shall be provided.

602.5 Special Activities Area. Each facility should provide space for hobbies and activities that cannot be included in a day room, living room, or recreational room.

Outside Area. Adequate outside space should be provided for the use of residents in favorable weather.

103 THERAPEUTIC ACTIVITIES [ALZHEIMER’S/DEMENTIA SPECIAL CARE UNIT]

103.01 Therapeutic Activities. Therapeutic activities shall be provided to the residents of the A/D Unit seven (7) days per week. The therapeutic activities shall be scheduled by a Certified Therapeutic Recreation Specialist, a Qualified Therapeutic Recreation Specialist, or an Activity Consultant Certified, which must provide a minimum of eight (8) hours monthly in-house consultation to an activities designee.

1. Activities shall be delivered at various hours.

2. Opportunities shall be provided for daily involvement with nature, and sunshine (i.e., as in outdoor activities) as weather permits.

3. Residents will not be observed with negative outcome for long periods without meaningful activities.

4. Activities will:
   a. tap into better long-term memory than short;
   b. provide multiple short activities to work within short attention spans;
   c. provide experience with animals, nature, and children; and
   d. provide opportunities for physical, social, and emotional outlets.

5. Productive activities that create a feeling of usefulness shall be provided.

6. Leisure activities shall be provided.

7. Self-care activities shall be provided.

8. Planned and spontaneous activities shall be provided in the following areas:
   a. structured large and small groups;
   b. spontaneous intervention;
   c. domestic tasks/chores;
   d. life skills;
   e. work;
   f. relationships/social;
   g. leisure;
   h. seasonal;
   i. holidays;
   j. personal care;
k. meal time; and
l. intellectual, spiritual, creative, and physically active pursuits.

9. Activities will be based on cultural and lifestyle differences.

10. Activities shall be appropriate and meaningful for each resident, and shall respect a person’s age, beliefs, culture, values, and life experience.

106 PHYSICAL LAYOUT [ALZHEIMER'S/DEMENTIA SPECIAL CARE UNIT]

106.01 Physical Design. In addition to the physical plant standards required for the licensed facility, an A/D Unit shall include the following:

1. A separate multipurpose room for dining, group, and individual activities, and family visits which is a minimum of forty (40) square feet per resident, but in no case shall be smaller than three hundred-twenty (320) square feet.

MISSOURI

19 CSR 30-82.070 Alzheimer's Demonstration Projects

...(9) All facilities selected to participate in the demonstration projects shall demonstrate the ability to comply with the following minimum requirements set forth in section 198.086, RSMo Supp. 1999:

...(B) Facilities shall design and implement self-care, productive and leisure activity programs for individuals with Alzheimer’s or other related dementias. These programs shall continually strive to promote the highest practicable physical and mental abilities and functioning of each resident.

...(E) Facilities shall design and implement a resident environment which promotes the maintenance of the residents' social abilities through daily and frequent opportunities for socialization and appropriate activities. The residential environment shall be designed and utilized in such a way as to reflect the individual preferences of residents and to provide as much independence and opportunities for choices throughout a day as possible;

19 CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

....(93) The facility shall designate an employee to be responsible for the activity program. The designated person shall be capable of identifying activity needs of residents, designing and implementing programs to maintain or increase, or both, the resident’s capability in activities of daily living. Facilities shall provide activity programs on a regular basis. Each resident shall have a planned activity program which includes individualized activities, group activities and activities outside the facility as appropriate to his/her needs and interests. II/III
(94) The facility shall provide and use adequate space and equipment within the facility for the identified activity needs of residents. II/III

(95) The facility shall establish and maintain a program for informing all residents in advance of available activities, activity location and time. III

MONTANA

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Montana regulations do not contain specific content for Quality of Life Activities/Activities Director.

NEBRASKA

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12-006.04 Staff Requirements:

...12-006.04F Resident Activity Staffing: The facility must employ adequate staff to provide activities of interest to residents.

12-006.04F1 The facility must designate a qualified resident activities director. The activities director must meet one of the following qualifications:

1. A qualified therapeutic recreation specialist with one year of experience in a long term care facility or geriatric setting;

2. A licensed occupational therapist with one year of experience in a long term care facility or geriatric setting;

3. A qualified therapeutic recreation assistant with one year of experience in a long term care facility or geriatric setting;

4. An individual who has a Bachelor of Arts (B.A.) or Bachelor of Science (B.S.) degree in social or behavioral sciences with one year of experience in the provision of recreational services in a long term care facility or geriatric setting;

5. An individual who has successfully completed a course of instruction in recreational services of at least 36 hours established by the provider associations, or a substantially equivalent course established by any other health care association or entity; or,

6. Has two years of full-time experience in a resident activities program in a health care setting.
12-006.04F2 If the designated person does not meet the qualifications of an activities director, the facility must have a written agreement with a qualified consultant for consultation and assistance on a regularly scheduled basis as required to meet the needs of the residents.

12-006.04F3 The activity director or his/her designee must act as a member of the interdisciplinary team and participate in the development of the interdisciplinary care plan. The activity director is responsible for providing daily activities for residents to stimulate and promote the physical, spiritual, social, emotional, and intellectual well-being of each resident.

12-006.09D5b Provision of Activities: The facility must identify and provide for daily activities to stimulate and promote the physical, spiritual, social, emotional, and intellectual well-being of each resident. The activity program must promote the resident’s self-respect, self expression, and choice.
(a) The patient’s ability to carry out his daily activities does not diminish unless such diminution is unavoidable because of the medical condition of the patient;

(b) The patient receives the services and treatment needed to maintain or improve his ability to carry out his daily activities; and

(c) The patient receives the services needed to maintain his grooming and personal and oral hygiene, and to ensure good nutrition, if the patient is unable to carry out his daily activities.

2. As used in this section, “daily activities” includes, without limitation:

(a) Bathing, dressing and grooming oneself;
(b) The ability to be ambulatory;
(c) Using the toilet without assistance;
(d) Feeding oneself; and
(e) Using speech, language and other communication systems.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74499 Participation in activities. (NRS 449.037)

1. A facility for skilled nursing shall not prohibit a patient in the facility from:

(a) Participating in activities and maintaining a schedule that are consistent with his interests, assessments and plan of care;
(b) Making choices relating to his health care that are consistent with his plan of care;
(c) Interacting with persons inside and outside of the facility;
(d) Participating in social, religious and community activities that do not interfere with other patients in the facility; and
(e) Making such other choices relating to his activities within the facility that are of significance to the patient.

2. A patient in a facility for skilled nursing may organize and participate in groups formed to interact with other patients in the facility and with the members of their families. A facility for skilled nursing shall provide a private area within the facility in which the members of such a group may meet.

3. A member of the staff of the facility or a visitor to the facility may attend a meeting of such a group if granted permission to do so by the members of the group.

4. A facility for skilled nursing shall designate a member of its staff to provide assistance for and respond to the requests of such a group.

5. The administrator of a facility for skilled nursing shall ensure that any grievances or recommendations submitted by the members of such a group relating to the operation of the facility are given consideration and acted upon appropriately.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)
NEW HAMPSHIRE

He-P 803.15 Required Services.

... (d) The licensee shall provide the following core services:

... (6) On-site activities and/or access to community activities designed to meet the individual interests of residents to sustain and promote physical, intellectual, social and spiritual well-being of all residents.

NEW JERSEY

SUBCHAPTER 7. MANDATORY RESIDENT ACTIVITIES

8:39-7.1 Mandatory administrative organization for resident activities

(a) The director of resident activities shall supervise all resident activity staff and coordinate all resident activity programs.

(b) The director of resident activities shall hold at least one of the following four qualifications:

1. A baccalaureate degree from an accredited college or university with a major area of concentration in recreation, creative arts therapy, therapeutic recreation, art, art education, psychology, sociology, or occupational therapy; or

2. A high school diploma and three years of experience in resident activities in a health care facility and satisfactory completion of an activities education program approved by the Department, after a review of the specific curriculum, consisting of 90 hours of training, and incorporating the following elements:

   i. Overview of the activity profession;
   ii. Human development: the late adult years;
   iii. Standards of practice: practitioner behavior;
   iv. Activity care planning for quality of life; and
   v. Methods of service delivery in the activity profession; or

3. Served as director of resident activities on June 20, 1988, and has continuously served as activities director since that time; or

4. Holds current certification from the National Certification Council for Activity Professionals (National Certification Council for Activity Professionals, P.O. Box 62589, Virginia Beach, Virginia 23466-2589) or the National Council for Therapeutic Recreation
Certification (National Council for Therapeutic Recreation, Inc., P.O. Box 479, Thiells, NY 10984-0479).

(c) Activities directors who are employed in that capacity as of August 20, 2001, and who have completed an activities education course which was previously approved by the Department, will not be required to complete the course described at (b)2 above.

8:39-7.2 Mandatory staffing amounts and availability for activities

An average of 45 minutes of resident activities staff time per resident per week shall be devoted to resident activities, which requires at least one full-time equivalent staff member for every 53 residents.

8:39-7.3 Mandatory resident activity services

(a) Resident activities staff shall arrange a diversity of programs to maintain residents' sense of usefulness and self-respect. Included shall be activities in each of the following categories:

1. Social (for example, parties, club meetings, picnics, and other special events);
2. Physical (for example, exercise, sports, dancing, and swimming);
3. Creative (for example, crafts, poetry, drama, music therapy, art therapy, and gardening);
4. Educational and cultural (for example, discussion groups, guest speaker programs, concerts and other forms of live entertainment, and international meals);
5. Spiritual, such as religious services;
6. Awareness, including cognitive and sensory individual and group stimulation for confused and disoriented residents; and
7. Community-integrating (for example, visits by community volunteers, visits by nursery school classes, exchange visits with other health care facilities, participation in senior citizen organization meetings or support group sessions, and participation in adopt-a-grandparent programs).

(b) If the facility requires an exception from any of the categories of activities listed at (a)1 through 7 above, reasons for the exception, such as impracticability or lack of appropriateness or interest on the part of residents, shall be documented and written documentation of the reasons for the exception shall be provided to the Department upon request.

(c) Resident activity programs shall take place in individual, small group, and large group settings.

(d) Resident activities shall be scheduled for seven days each week, and during at least two evenings per week. Religious services shall be considered resident activities for purposes of complying with this requirement.

(e) Residents may participate in the activities program regardless of their financial status, with the exception of special events for which there is a charge for all residents.

(f) At least weekly, a listing of all scheduled activities shall be posted in a conspicuous place in the facility.
(g) Resident activities programs shall be developed and modified on the basis of input from residents, as well as staff, family, and others.

8:39-7.4 Mandatory space and environment for resident activities

Each facility shall have an activities room that is equipped with arts and crafts supplies, games, and reading materials.

SUBCHAPTER 8. ADVISORY RESIDENT ACTIVITIES

8:39-8.1 Advisory policies and procedures for resident activities

There is a formal, continuous mechanism for activity planning, implementation and evaluation.

8:39-8.2 Advisory staff qualifications for resident activities

The director of resident activities possesses a baccalaureate degree from an accredited college or university with a major area of concentration in therapeutic recreation or creative arts therapy or holds current certification from the National Certification Council for Activity Professionals (National Certification Council for Activity Professionals, P.O. Box 62589, Virginia Beach, Virginia 23466-2589) or National Council for Therapeutic Recreation Certification (National Council for Therapeutic Recreation, Inc., P.O. Box 479, Thiells, NY 10984-0479).

8:39-8.3 Advisory staffing amounts and availability for resident activities

(a) At least 55 minutes of resident activities staff time per resident per week is devoted to resident activities. (This is an average. It is equal to one full-time equivalent staff member for every 44 residents.)

(b) The facility maintains an active volunteer program that includes scheduled visits to the facility on at least a weekly basis.

8:39-8.4 Advisory resident services for resident activities

(a) Resident activity programs are conducted during at least four evenings per week.

(b) Field trips are accessible for all residents who choose to participate, unless their participation would not be clinically feasible.

(c) Regularly scheduled outdoor recreation is provided.

(d) There is a pet therapy program for interested residents, with safeguards to prevent interference in the lives of other residents, and the program complies with policies and procedures developed by the facility (See Appendix A for example).

(e) The facility has an organized program for visits to residents by school or pre-school children throughout the year.

SUBCHAPTER 27. MANDATORY QUALITY OF CARE
8:39-27.3 Mandatory general resident services

... (b) Residents shall be afforded an opportunity to go outdoors on a regular basis.

SUBCHAPTER 46. ALZHEIMER'S/DEMENTIA PROGRAMS ADVISORY STANDARDS

8:39-46.3 Advisory environmental modification [Alzheimer's/dementia programs]

... (c) The facility provides indoor and outdoor arrangements that allow residents freedom to ambulate in a controlled setting.

8:39-46.4 Advisory activity programming [Alzheimer's/dementia programs]

The Alzheimer's/dementia program provides a daily schedule of special activities, seven days a week and at least two evenings per week, designed to maintain residents' dignity and personal identity, enhance socialization and success, and to accommodate the various cognitive and functional abilities of each resident.

NEW MEXICO

7.9.2.62 ACTIVITIES:

A. PROGRAM:

(1) Every facility shall provide an activities program which meets the requirements of this section. The program may consist of any combination of activities provided by the facility and those provided by other community resources.

(2) The activities program shall be planned for group and individual activities, and shall be designed to meet the needs and interests of each resident and to be consistent with each resident's plan of care.

B. STAFF:

(1) Definition: "Qualified activities coordinator" means, in a skilled nursing facility, a person who:

(a) Has a bachelor's degree in recreation therapy and is eligible for registration as a therapeutic recreation specialist with the National Therapeutic Recreation Society; or

(b) Is an occupational therapist or occupational therapy assistant who meets the requirements for certification by the American Occupational Therapy Association; or

(c) Has two (2) years of experience in a social or recreational program within the last five years, one year of which was full-time in a patient activities program in a health care setting; or
(d) Has completed a state approved program.

(e) In an intermediate care facility, a staff member who is qualified by experience or training in directing group activity.

(2) Supervision: The activity program shall be supervised by:

(a) A qualified activities coordinator; or

(b) An employee who receives at least monthly consultation from a qualified activities coordinator. [5-2-89; 7.9.2.62 NMAC – Rn, 7 NMAC 9.2.62, 8-31-00]

7.9.2.76 DINING, RECREATION AND ACTIVITY AREAS:

A. MULTI-PURPOSE SPACE: The facility shall provide one or more furnished multi-purpose areas of adequate size for dining, diversional, and social activities of residents.

B. LOUNGE: At least one dayroom or lounge, shall be provided for use of the residents.

C. SIZE OF DINING ROOMS: Dining rooms shall be of sufficient size to seat all residents at no more than two (2) shifts. Dining tables and chairs shall be provided. TV trays or portable card tables shall not be used as dining tables.

D. SPACE: If a multi-purpose room is used for dining and diversional and social activities of residents, there shall be sufficient space to accommodate all activities and minimize their interference with each other.

E. TOTAL AREA: The combined floor space of dining, recreation, and activity areas shall not be less than twenty-five (25) square feet per bed. Solaria and lobby sitting areas, exclusive of traffic areas, shall be categorized as living room space.

[7-1-60, 5-2-89; 7.9.2.76 NMAC – Rn, 7 NMAC 9.2.76, 8-31-00]

7.9.2.84 ADMINISTRATION AND ACTIVITY AREAS:

A. ADMINISTRATION AND RESIDENT ACTIVITY AREAS: Administration and resident activities areas shall be provided. The sizes of the various areas will depend upon the requirements of the facility. Some functions allotted separate spaces or rooms under Section 7.9.2.84B may be combined, provided that the resulting plan will not compromise acceptable standards of safety, medical and nursing practices, and the social needs of residents.

...C. Resident activities areas shall include:

(1) Occupational therapy.

(2) Physical therapy.

(3) Activity area; and

(4) Beauty and barber shop.
Section 415.26 - Organization and administration

...(i) Admission Policies and Practices.

(1) The nursing home shall:

...(vii) provide to each resident or designated representative at the time of admission, a written copy of the following information and services which shall be considered as basic information and services to be made available to all residents:

...(l) activities program, including but not limited to a planned schedule of recreational, motivational, social and other activities, together with the necessary materials and supplies to make the resident’s life more meaningful.

**Title:** Section 415.29 - Physical environment

(e) Dining and resident activities. The facility shall provide one or more rooms designated for resident dining and activities. These rooms shall:

(1) be well lighted;
(2) be well ventilated, with smoking areas identified;
(3) be adequately furnished; and
(4) have sufficient space to accommodate all activities

**Title:** Section 415.5 - Quality of life

...(b) Self-determination and participation. The resident shall have the right to:

(1) choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care.

(f) Activities.

(1) The facility shall provide for an ongoing program of activities designed to meet, in accordance with the comprehensive resident assessment, the interests and the physical, mental and psychosocial well-being of each resident. The activities program shall:

(i) encourage the resident’s voluntary choice of activities and participation; and

(ii) promote and maintain the resident’s sense of usefulness to self and others, make his or her life more meaningful, stimulate and support the desire to use his or her physical and mental capabilities to the fullest extent and enable the resident to maintain a sense of usefulness and self-respect.

(2) The activities program shall be directed by a qualified professional who:

(i) is a qualified therapeutic recreation specialist who is eligible for certification as a therapeutic recreation specialist by a recognized accrediting body on or after August 1, 1989; or
(ii) has 2 years of experience in an age-appropriate social or recreational program within the last 5 years, 1 of which was full-time in a patient or resident activities program in a health care setting; or
(iii) is a qualified occupational therapist or occupational therapy assistant.

(3) The activities program director shall be responsible to the administrator or his or her designee for administration and organization of the activities program and shall:
(i) assist in the selection and evaluation of activities program staff and volunteers;
(ii) assign duties and supervise all activities staff and assigned volunteers;
(iii) ascertain, initially from the resident’s attending physician, and on an ongoing basis from other appropriate professional staff, which residents are not permitted for specific documented medical reasons, to participate in certain activities;
(iv) develop and prepare with the resident and designated representative, as appropriate, a written plan for individual, group and independent activities in accordance with his or her needs, interests and capabilities, and in recognition of his or her mental and physical needs and interests, as well as education and experiences.
(v) incorporate the activities into the resident's interdisciplinary care plan;
(vi) periodically, and at least quarterly, review with the resident, designated representative and staff, as appropriate his or her activities program participation and revise the plan as necessary; (vii) coordinate and incorporate the activities program with the resident's schedule of other services through discussions with the interdisciplinary care team;
(viii) develop a monthly activities schedule based upon individual and group needs, interests and capabilities considering the special needs of residents including but not limited to dementias, physical handicaps, visual, hearing and speech deficiencies and wheelchair or bed restrictions;
(ix) post the current monthly activities schedule where it is accessible to residents and staff and can be easily read and provide a copy to residents upon request; and
(x) include in the resident’s clinical record a quarterly assessment of the resident's degree of participation in, response to and benefit from the activities program.

(4) The facility shall:
(i) employ such additional qualified personnel responsible to the activities director, as are needed;
(ii) provide a planned program to include individual, group and independent programs for all residents at various times of the day and evening seven days of the week;
(iii) provide safe and adequate space and an adequate number and variety of equipment and supplies for the conduct of the on-going program; and
(iv) develop, facilitate access and implement programs to encourage residents to establish and maintain community contacts.
"Recreational therapist" means a person certified by the State of North Carolina Therapeutic Recreational Certification Board.

SECTION .2800 - ACTIVITIES, RECREATION AND SOCIAL SERVICES

10A NCAC 13D .2801 ACTIVITY SERVICES

(a) The facility shall provide a program of activities that is on-going and in accordance with the comprehensive assessment, and that promotes the interests, as well as physical, mental and psychosocial well-being, of each patient.

(b) The administrator shall designate an activities director who shall be responsible for activity and recreational services for all patients and who shall have appropriate management authority. The director shall:

1. be a recreation therapist or be eligible for certification as a therapeutic recreation specialist by a recognized accrediting body; or
2. have two years of experience in a social or recreation program within the last five years, one of which was full-time in a patient activities program in a health care setting; or
3. be an occupational therapist or occupational therapy assistant; or
4. be certified by the National Certification Council for Activity Professionals; or
5. have completed an activities training course approved by the State.

History Note: Authority G.S. 131E-104; 143B-165(10); 42 C.F.R. 483.15(f);
RRC objection due to lack of statutory authority Eff. July 13, 1995;

10A NCAC 13D .3201 REQUIRED SPACES

(b) The total space set aside for dining, recreation and other common use shall not be less than 25 square feet per bed for a nursing facility and 30 square feet per bed for the adult care home portion of a combination facility. Physical therapy, occupational therapy and rehabilitation space shall not be included in this total:

1. In nursing facilities, included in the total square footage required by Rule .3201(b) of this Section, a separate dining area or areas at a minimum of 10 square feet per bed shall be provided and a separate activity area or areas at a minimum of 10 square feet per bed shall be provided. The remainder of the total required space for dining and activities may be in a separate area or combined with either of the required dining or activity areas.

5. Handicap accessible outdoor areas for individual and group activities shall be provided.

(j) Office space shall be provided for persons holding the following positions: administrator, director of nursing, social services director, activities director and physical therapist. There shall also be a business office.
Activity services. The facility shall provide an ongoing program of activity services to meet the needs and interests of each resident which promotes or maintains each resident’s physical, mental, and psychosocial well-being.

1. The facility shall employ a qualified activity coordinator who is responsible for the direction and supervision of the resident activity services. A qualified activity coordinator is:

   a. An individual certified as a therapeutic recreation specialist by a recognized accrediting body;
   
   b. An individual who is eligible for certification as a therapeutic recreation specialist by a recognized accrediting body for the first year the individual is eligible;
   
   c. An individual who is activity director certified by a recognized accrediting body;
   
   d. An individual who is activity consultant certified by a recognized accrediting body;
   
   e. A qualified occupational therapist as defined in North Dakota Century Code chapter 43-40;
   
   f. A certified occupational therapy assistant;
   
   g. An individual who has the equivalent of two years of full-time experience in a social or recreational program within the last five years, one of which was in a resident activity program in a health care setting; or
   
   h. An individual who has completed an activity training program approved by the department as meeting the requirements in section 33-07-03.2-22; and

   (1) Has one year of full-time experience in the past five years in an activity program in a health care setting; or

   (2) Receives monthly onsite consultation for a minimum of one year after the completion of the program from an individual meeting the qualifications described in subdivision a, d, e, f, or g.

2. The facility shall have sufficient activity staff to provide an ongoing program of meaningful, stimulating, therapeutic, and leisure time activities to meet the needs and suited to the interests of each resident.
3. The facility shall have policies and procedures for the delivery of activity services.

4. Each resident's activity plan must be developed in accordance with instructions of the licensed health care practitioner.

5. The activity plan must be coordinated with the resident's overall plan of care and altered as needed.

6. Activity notes, including observations of resident's participation in activity programs, must be recorded and retained in the resident's record.

7. Resident's request to see clergy must be honored and space must be provided for privacy during these visits.

8. The facility must have adequate equipment and material to support independent and group activities.

History: Effective July 1, 1996.

General Authority: NDCC 23-01-03, 28-32-02

Law Implemented: NDCC 23-16-01, 28-32-02

33-07-03.2-21. Approved activity training program. Only programs that the department determines to meet the criteria in this section and approves in writing will be considered to be an approved activity training program.

1. A department-approved activity training program must have a curriculum which contains, at a minimum, one hundred eighty hours, ninety of which are theory and ninety of which are practical training hours.

2. The primary instructor of a program shall have:
   a. A bachelor's degree or be activity consultant certified;
   b. Have current activity experience as a director or as a practicing consultant; and
   c. Have experience in teaching adults.

3. Supplemental instructors shall have a minimum of one year of experience in their field.

4. The theory portion of the program shall include, at a minimum, the topics identified in the basic education course for activity professionals developed by the national association of activity professionals and the national certification council for activity professionals.

5. Training on nursing and nursing-related services, including transferring, positioning, toileting, and feeding, may not be included in the curriculum of an activity training program.

6. At the completion of the program, the instructor must verify in writing to the department the successful completion of the program for each participant.
7. A listing of state-approved activity training programs and the date of approval will be maintained by the department.

8. An approved activity training program may include only those topics which were submitted to and approved by the department for inclusion.

Changes which are made to the program must be approved by the department prior to implementation or the program will no longer be considered to be approved.

History: Effective July 1, 1996.

General Authority: NDCC 23-01-03, 28-32-02

Law Implemented: NDCC 23-16-01, 28-32-02

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3701-17-07 Qualifications and health of personnel.

...(G) The individual required by paragraph (A) of rule 3701-17-09 of the Administrative Code to direct the activities program shall meet one of the following qualifications:

(1) Has two years of experience in a social or recreational program within five years preceding the date of hire, one year of which was full-time in a resident activities program in a health care setting;

(2) Is licensed as an occupational therapist under Chapter 4755. of the Revised Code;

(3) Is licensed as an occupational therapy assistant under Chapter 4755. of the Revised Code;

(4) Is certified by a nationally recognized accrediting body as a therapeutic recreation specialist or activities professional; or

(5) Has successfully completed training covering activities programming from a technical or vocational school, college, university, or other educational institution, and has one year of experience in recreational or activities services. Commencing one hundred and eighty days after the effective date of this rule, the minimum amount of training needed to meet this requirement shall be ninety hours.

3701-17-09 Activities; social services; chaplain services; visiting hours; telephone service; pets; mail.

(A) Each nursing home shall employ a full-time or full-time equivalent individual who meets the qualifications specified in paragraph (G) of rule 3701-17-07 of the Administrative Code
to direct the activities program, and sufficient assistants to meet residents' activity needs. All nursing homes shall provide an ongoing activity program which shall be designed to meet the physical, mental, emotional, psycho-social well-being and personal interests of each resident. The program shall reflect an activities schedule that involves daytime, weekend, evening, and community involvement programs to meet the identified needs of each resident based on their comprehensive assessment and care plan required by rules 3701-17-10 and 3701-17-14 of the Administrative Code, respectively. Based on the residents' changes in abilities, physical and mental status, timely adjustments in programming shall be made to meet the residents' needs at all times.

3701-17-21 Dining and recreation rooms; utility rooms; toilet rooms.

(A) Every building occupied as a nursing home on December 22, 1964 shall have not less than one room or suitable area which shall be used for no other purposes than dining and recreation by the residents. Such room or area shall be so located and of such size as to meet the needs of the residents and shall not be used for adult day care participants unless the home meets the square footage requirements of paragraph (B) of this rule.

(B) Every building erected or converted to use as a nursing home after December 22, 1964, and before the effective date of paragraph (C) of this rule, shall have a room or suitable area which shall be used for no other purposes than dining and recreation. The dining and recreation room or area shall have a minimum total area of:

1. Twenty-five square feet per resident for seventy-five per cent of the total number of residents; and

2. If the nursing home provides an adult day care program on the same site as the home and shares the dining and recreation room or area with the day care participants, twenty-five square feet per participant for seventy-five per cent of the total number of participants.

(C) Every building erected or converted to use as a nursing home after the two hundred and seventieth day subsequent to the effective date of this rule shall have a room or suitable area which shall be used for dining purposes and a separate room or suitable area which shall be used for recreational purposes. Each room or area shall have a minimum total area of:

1. Twenty-five square feet per resident for the total number of residents; and

2. If the nursing home provides an adult day care program on the same site as the home and shares the dining or recreation room or area with the day care participants, twenty-five square feet per participant for the total number of participants.

A nursing home may use the dining room or area for recreational purposes when the room or area is not being used for dining.
310:675-5-7. Occupational therapy facilities

The following elements shall be provided in skilled nursing facilities:

(1) Activities area shall include sink or lavatory and facilities for collection of waste products prior to disposal.

310:675-7-9.1. Written administrative policies and procedures

(m) The facility shall adopt policies and procedures for the administration of social services, activities, dietary, housekeeping, maintenance and personnel.

310:675-9-10.1. Activity services

(a) Activities program. The facility shall provide an ongoing activities service designed to meet the resident’s interests and physical, mental, and psycho-social needs based on a comprehensive assessment and care plan.

(b) Activities director. There shall be a designated staff member, qualified by experience or training, responsible for the direction and supervision of the activities service. The activities director shall develop appropriate activities for each resident with identified needs. Activities staff hours shall be sufficient to meet the resident’s needs.

(c) Clinical record. The activities rendered shall be recorded in the clinical record. Progress notes shall be written at least monthly or when a significant change in the resident’s condition occurs.

(d) Program requirements.

(1) All activities shall be resident related.

(2) The program shall be designed to encourage rehabilitation and restoration to self care and normal activity.

(3) There shall be at least two organized group activities, daily, Monday through Friday and at least one organized group activity on Saturday and Sunday provided or coordinated by staff.

(4) The activities program shall recognize the resident’s right to choose to participate in social, community and religious activities, as long as that choice does not interfere with other facility residents.

(5) Varied and specific programs shall be developed for all residents, including those that are room bound, comatose or who demonstrate symptoms of dementia, mental illness or developmental disabilities.
(6) Socialization and self-help skills shall be addressed in the care plan based on resident's needs.

(7) Provisions shall be made to address each resident's spiritual needs.

(8) The program shall provide remotivation, reality orientation or sensory stimulation programs to orient and stimulate residents.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-13-8. Activities personnel

(a) The facility shall have sufficient, trained activities program staff, on duty, to meet the residents needs. There shall be at least twenty hours per week of designated activity staff.

(b) The activities director shall be qualified by training, or experience, under one of the following:

(1) An associate degree or a baccalaureate from an accredited university or college in art, music, physical education, recreational therapy, education, or similar program.
(2) A licensed occupational therapist or an occupational therapy assistant.
(3) Successful completion of a Department approved training course.
(4) One year experience in a recreational activity or long term care environment, and is enrolled within 180 days of employment, in a Department approved course for activities directors.

(c) Department approval of activities director course. Any person or entity seeking to conduct an approved activities director-qualifying course pursuant to 310:675-13-8(b)(3) (pertaining to successful completion of a department approved course) shall make application to the Department.

(1) Application Content. Applications shall include the following information:

(A) Name and address of the individual or entity applying to sponsor the course;
(B) Contact person and his or her address, telephone number and fax number;
(C) Course outlines, which list the summarized topics covered in the course and the time allotted for each topic and, upon request, a copy of any course materials;
(D) Information as to how the proposed course meets the course content standard provided in Section 310:675-13-8(c)(9);
(E) A sample certificate of completion;
(F) Procedures for monitoring attendance; and
(G) Procedures for evaluating successful course completion.

(2) Application Review. The Department shall complete review of the application within thirty (30) calendar days. If the Department finds the application has not addressed all requirements in 310:675-13-8(c)(1) (relating to application content) written notice shall be provided detailing the requirements not met and providing opportunity for amendment to the application.
(3) Program affiliation. Training shall be provided through a program sponsored or approved by a nationally affiliated association of providers subject to this chapter, regionally accredited institution of higher learning, Oklahoma career technology center, or nationally recognized professional accrediting body for activity professionals.

(4) Loss of approval. The Department may, upon notice and right to hearing, withhold or withdraw approval of any course for violation of or non-compliance with any provision of this section.

(5) Advertisement. No person or entity sponsoring or conducting a course shall advertise that it is endorsed, recommended, or accredited by the Department. Nor shall any person or entity sponsoring or conducting a course advertise or advise program participants that completion of the program grants a certification. Such person or entity may indicate that the Department has approved the course to qualify for employment as an activities director.

(6) Failure to prepare. The Department may, upon notice and right to hearing, decline to renew, or revoke the approval of, any previously approved course upon a showing or demonstration that the course, instructor or entity has substantially failed to adequately prepare its attendees or participants as activity directors.

(7) Instructor requirements. Instructors shall have a degree or substantial recent experience in the subject matter being taught, or other educational, teaching, or professional qualifications determined by the course provider.

(8) Course content. The course shall address the following content:

(A) The guidance and regulations for activities as detailed in the Centers for Medicare and Medicaid Services, State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities and the Code of Federal Regulations at CFR § 483.15(f);
(B) Oklahoma regulation for activity services as specified at OAC 310:675-9-10.1;
(C) Resident rights as detailed in state and federal statute and regulation;
(D) State and federal statute and regulation for resident protection from abuse, neglect and misappropriation;
(E) Working with volunteers and the community to enhance activity options;
(F) Specialized programming for Alzheimer’s and related dementias;
(G) Role play or actual experience in leading group and one-on-one activities programming;
(H) Issues in aging; and,
(I) Infection Control.

(J) Where course content is delivered through Internet or other self-directed media, course content shall include not less than twelve (12) hours of role play or actual experience in leading group and one-on-one activities programming.

(9) Duration. The approved course will consist of not less than twenty-four (24) hours of instruction. A course taught in combination with social services director training may share eight (8) hours of programming.

(10) Certificate. Participants shall be issued a certificate of attendance indicating the name of the sponsoring entity; participant name; course name; course dates; printed name and signature of official representing the sponsoring entity.
(11) Course approval expires. Course approval shall be for a period of three (3) years from the date of approval issuance. In the interest of updated curriculum, reflecting the latest best practice, a new application, and curriculum review are required triennially. Currently approved training programs shall apply under this section within twelve (12) months of the effective date of this rule.

(12) Continuing education. This section creates no obligation for continuing education beyond requirements specified otherwise in this Chapter. The Department will not approve continuing education or update courses for activity directors.

(13) Records retention. The course sponsor shall maintain course records for at least five (5) years. The Department may order an examination of the records for good cause shown.

(14) Fee. A non-refundable application fee of one hundred dollars ($100) shall be included with each application for course approval.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 26 Ok Reg 2059, eff 6-25-09]

OREGON

411-085-0005 Definitions

(Effective 08/01/2004)

As used in OAR Chapter 411, Divisions 70 and 85 through 89, unless the rule requires otherwise, the following definitions apply:

...(3) "Activities Program" means services offered to each resident that encourage the resident to participate in physical and mental exercise and that are designed to maintain or improve physical and mental well-being and social skills.

411-087-0300 Residents’ Dining, Activities and Living Areas (Effective 1/1/92)

(1) AREA REQUIREMENT. The total area available for dining, activities, visitor waiting and living shall be not less than 30 square feet per bed with a minimum size of 225 square feet. Additional space shall be provided for outpatients if they participate in a day care program.

(2) STORAGE. Storage space shall be provided for activity equipment and supplies.

(3) LIVING AREAS. Each facility shall have a solarium, living room, or sun porch for the use of residents on each floor. Such rooms must be provided with mechanical ventilation or with windows that open.

(4) LIGHTING. Lighting intensity of all dining, activities and living areas shall comply with Table 87-4.
(5) EXCEPTIONS. Facilities continuously licensed since January 1, 1992, shall not be required to meet the area requirements for dining, activities, visitor area/lounge and living space (30 square feet per bed) unless otherwise provided by OAR 411-087-0010.

Stat. Auth.: ORS 410

Stats. Implemented: ORS 441.055 & 441.615

411-086-0230 Activity Services

(1) ACTIVITY PROGRAM: The facility shall have an activity program available to all residents which encourages each resident to maintain normal activity and to return to self-care. The program shall address the intellectual, social, spiritual, creative, and physical need(s), capabilities, and interests of each resident, and shall encourage resident self-direction.

(a) The program shall encourage involvement and allow each resident to attain and maintain function at his/her highest practical level, and shall include both group and individual activities.

(b) Residents and staff will be informed of scheduled activities.

(c) The program shall include activities meaningful to the residents at least six days per week, including:

(A) Gross motor activities (e.g., exercise, dancing, gardening, crafts);

(B) Individual self-care activities designed to enhance personal responsibility and choice (e.g., dressing, personal hygiene);

(C) Social activities (e.g., games, outside activities, field trips); and

(D) Sensory enhancement activities (e.g., pictures, music, olfactory and tactile stimulation, reminiscing, pet therapy).

(d) The facility shall provide equipment, supplies and space to meet individual and group activity needs.

(2) ACTIVITY DIRECTOR. The facility shall employ an Activity Director. He/she shall have a written job description which identifies the duties and responsibilities of the position, including the requirements set forth by this rule.

(a) Qualifications. The Director shall meet one of the following:

(A) Have two years experience in a social or recreational program within the past five years, one of which was full-time in a patient activities program in a health care setting; or

(B) Be eligible for certification as a therapeutic recreation specialist by a recognized accrediting body; or

(C) Be a qualified occupational therapist or occupational therapy assistant; or
(D) Have completed a 36-hour activities workshop. The workshop must be conducted by an individual with a master's or bachelor's degree in recreation therapy or a closely related field, or by a registered occupational therapist. Such individual must have at least one year of experience in long term care services. The course must cover the subject matters identified in Exhibit 86-1, which is attached to and made a part of these rules.

(b) Responsibilities. The Director shall:

(A) Ensure the provision of an activities program as required by this rule and adherence to facility policy (OAR 411-085-0210).

(B) Plan and participate in activities inservice required by OAR 411-086-0310.

(3) STAFFING. The facility shall have adequate staffing to carry out the activity program.

(4) ACTIVITIES PLAN. Each resident shall have an activities plan for independent and group activities which is incorporated into the comprehensive care plan. The plan shall include, but not be limited to, past and current interests and activities, skills, medical limitations, and cognitive and emotional functioning.

(a) Activity services shall be available to the resident in accordance with the preliminary resident care plan not later than 24 hours after admission.

(b) The activities plan shall be reviewed and updated as frequently as the resident's condition or needs change, but no less often than quarterly.

(c) The clinical record shall contain written instructions or orders from the resident's attending physician stating the level of activity allowed and any activity restrictions.

(5) DOCUMENTATION.

(a) The involvement of each resident shall be documented in the resident's clinical record, including the type of activity and the degree of participation.

(b) Progress notes relevant to the activities plan shall be documented in the resident’s clinical record as frequently as the resident’s condition changes, but no less often than quarterly.

Stats. Implemented: ORS 441.055 & 441.615

§ 201.3. Definitions.
The following words and terms, when used in this subpart, have the following meanings, unless the context clearly indicates otherwise:

Resident activities coordinator—A person who meets one of the following requirements:

(i) Is a qualified therapeutic recreation specialist.

(ii) Has 2 years of experience in a social or recreational program, within the last 5 years, 1 year of which was full-time in a patient activities program in a health care setting.

§ 205.67 Electric requirements for existing and new construction.

... (c) Electric lights satisfactory for residents’ activities shall be available.

RHODE ISLAND

Downloaded January 2011

Section 26.0 Special Care Units - Alzheimer and Other Dementia Special Care Units or Programs:

...f) Therapeutic Activities - The frequency and types of resident activities. Therapeutic activities shall be designed specifically for those with dementia.

Section 33.0 Resident Activities

33.1 Each facility shall provide for an ongoing activities program, appropriate to the needs and interests of each resident, to encourage self-care, resumption of normal activities and maintenance of an optimal level of psychosocial functioning.

33.2 The activities program must be directed by a qualified professional as defined in reference

33.3 The ongoing activities program shall make provisions to:

a) promote opportunities for engaging in normal pursuits including religious activities of the resident’s choice;

b) promote the physical, social and mental well-being of each resident;

c) promote independent as well as group activities; and

d) harmonize with each resident’s needs and medical treatment plan, subject to approval by the resident’s attending physician.

33.4 Adequate space, supplies and equipment shall be available to meet resident care needs in accordance with the activities program and as stipulated in section 46.0 herein.

33.5 Each resident must have an activities plan, and all pertinent observations and information must be recorded in the medical record.

Section 44.0 Dining & Resident Activities Rooms
44.1 The facility shall provide one or more clean, orderly, appropriately furnished and easily accessible room(s) of adequate size designed for resident dining and resident activities.

a) These areas shall be appropriately lighted and ventilated with non-smoking areas identified.
b) If a multipurpose room is used, there must be sufficient space to accommodate dining and resident activities and prevent interference with each other.
c) The total area set aside for these purposes shall be not less than 30 square feet per bed for the first 100 beds and 27 square feet per bed for all beds in excess of 100.
d) Storage shall be provided for recreational equipment and supplies.

SOUTH CAROLINA
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1003. Recreation

A. The facility shall offer a regular and ongoing program of varied, meaningful activities designed to suit the interests and physical and cognitive capabilities of the residents who choose to participate. The facility shall provide recreational activities that provide stimulation (intellectual, physical); promote or enhance physical, mental, and/or emotional health; are age-appropriate; and are based on input from the residents and/or responsible party, as well as information obtained in the initial assessment. These activities shall include appropriate group activities and also activities for individuals with particular interests and needs.

B. Variety in planning may include some outdoor activities in suitable weather. Plans for activity involvement both on an individual and a group basis shall be developed for all residents. The planned activities may include community intergenerational programs, if applicable.

C. A staff member shall be designated as director of the resident activities program who shall be responsible for the development of the recreational program, to include responsibility for obtaining and maintaining recreational supplies. This staff member shall have sufficient time to provide and coordinate the activities program so that it fully meets the needs of the residents. Staff members responsible for providing and coordinating recreational activities for the residents shall have expertise or training and/or experience in individual and group activities. The director of resident activities shall hold at least one (1) of the following four (4) qualifications:

1. A baccalaureate degree from an accredited college or university with a major area of concentration in recreation, creative arts therapy, therapeutic recreation, art, art education, psychology, sociology, or occupational therapy; or

2. A high school diploma and three (3) years of experience in resident activities in a health care facility; or
3. Served as the facility director of resident activities on the effective date of promulgation of this regulation, and has continuously served as activities director since that time; or

4. Holds current certification from the National Certification Council for Activity Professionals, or the National Council for Therapeutic Recreation Certification.

D. The recreational supplies shall be adequate and shall be sufficient to accomplish the activities planned. Space, needed supplies, and equipment, e.g., books, magazines, newspapers, games, arts and crafts, computers, radio and television, shall be provided for all pertinent activities.

E. At least one (1) current month's resident activity schedule shall be conspicuously posted in order for residents to be made aware of activities offered. This schedule shall include activities, dates, times, and locations. Residents may choose activities and schedules consistent with their interests and physical, mental, and psychosocial health. If a resident is unable to choose for him or herself, staff members shall encourage participation and assist when necessary.

F. Residents shall retain autonomous control over a wide range of activities and shall not be compelled to participate in any activity. Activities provided shall be in accordance with the ICP.

G. There shall be adequate staff to provide activity and recreational programs each day to achieve a meaningful experience for the residents. Opportunities for spontaneous activities shall be available to residents at any time. Community resources and volunteers may be utilized under the direction of the activities director to the fullest possible extent.

H. Religious services shall be considered resident activities. Every resident shall have the freedom to attend the church service of his or her choice.

I. Bedridden residents and those otherwise unable or unwilling to participate in group activities shall be provided activity to stimulate and promote their physical, spiritual, social, emotional, and intellectual health in accordance with the ICP.

J. Visiting by relatives and friends shall be encouraged, with minimum restrictions. Visiting hours shall be posted in accordance with facility policies and procedures. Reasonable exceptions to these hours shall be granted.

**SOUTH DAKOTA**

Downloaded January 2011

**44:04:01:01. Definitions.**

Terms defined in SDCL 34-12-1.1 have the same meaning in this article. In addition, terms used in this article mean:
... (2) "Activities coordinator," a person who is a therapeutic recreation specialist or activity professional eligible for certification from the National Certification Council of Activity Professionals, who has two years of experience in a social or recreational program within the last five years, one year of which was full-time in a patient activities program in a health care setting, or who is a qualified occupational therapist or occupational therapy assistant under SDCL chapter 36-31 or who has completed a training program.

... (66) "Therapeutic activity," any purposeful activity outside of activities of daily living that fosters social, emotional, physical, cognitive, and mental well-being.

44:04:12:02. Activities program. A planned activities program must be provided with therapeutic activities designed to meet the needs and interests of individual patients or residents. An activities coordinator must be in charge of the activities program in nursing facilities and hospitals which admit swing-bed patients. Supplies and equipment must be provided for activities to satisfy the individual interests of patients or residents.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 29 SDR 81, effective December 11, 2002.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

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TENNESSEE

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1200-8-6-.07 SPECIAL SERVICES: ALZHEIMER’S UNITS.

...(3) The residents must have direct access to a secured, therapeutic outdoor area. This outdoor area shall be designed and maintained to facilitate emergency evacuation.

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TEXAS

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RULE §19.310 Site and Grounds

... (b) Outdoor activity, recreational, and sitting spaces must be provided for residents as space permits.

RULE §19.332 Location and Site
(f) Outdoor activity, recreational, and sitting spaces must be provided and appropriately designed, landscaped, and equipped. Some shaded and/or covered outside areas are needed. These areas must be designed to accommodate residents in wheelchairs.

RULE §19.701 Quality of Life

... (2) Self-determination and participation. The resident has the right to:

(A) choose activities, schedules, and health care consistent with the resident’s interests, assessments, and plans of care; interact with members of the community both inside and outside of the facility; and make choices about aspects of the resident’s life in the facility that are significant to the resident.

RULE §19.702 Activities

(a) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interest and the physical, mental, and psychosocial well-being of each resident.

(b) The activities program must be directed by a qualified professional who:

(1) is a qualified therapeutic recreation specialist or an activities professional who is:

(A) licensed or registered, if applicable, by the state in which practicing; and

(B) eligible for certification as a therapeutic recreation specialist, therapeutic recreation assistant, or an activities professional by a recognized accrediting body, such as the National Council for Therapeutic Recreation Certification, on October 1, 1990; or

(2) has two years of experience in a social or recreational program within the last five years, one of which was full-time in a patient activities program in a health care setting; or

(3) is a qualified occupational therapist or occupational therapy assistant; or

(4) has completed an activity director training course approved by any state. The Texas Department of Human Services (DHS) does not review or approve any courses. DHS accepts training courses approved by a recognized credentialing body, such as the National Certification Council for Activity Professionals, the National Therapeutic Recreation Society, or the Consortium for Therapeutic Recreation/Activities Certification, Inc.

(c) Activity directors must complete eight hours of approved continuing education or equivalent continuing education units each year. Approval bodies include organizations or associations recognized as such by certified therapeutic recreation specialists or certified activity professionals or registered occupational therapists.

(d) The facility must ensure that activities assessment and care planning are completed and reviewed or updated as provided in §19.801 and §19.802 of this title (relating to Resident Assessment and Comprehensive Care Plans). If indicated by the Resident Assessment Instrument (RAI) and/or the resident's need, an in-depth activities assessment is required.
(e) Toys and recreational equipment for pediatric residents must be appropriate for the size, age, and developmental level of the residents.

Source Note: The provisions of this §19.702 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective April 1, 2001, 26 TexReg 2407

2208 Standards for Certified Alzheimer’s Facilities

(a) General requirements.

... (4) Activity and recreational programs will be provided and utilized to the maximum extent possible for all residents in order to promote physical well being and help with behavior management. The program must be tailored to the individual resident’s needs, being appropriate for his specific impairment and stage of disease.

... (6) Access to outdoor areas must be provided and such areas must have suitable walls or fencing that do not allow climbing or present a hazard.

UTAH

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(1) The facility shall provide for an ongoing program of individual and group activities and therapeutic interventions designed to meet the interests, and attain or maintain the highest practicable physical, mental, and psycho-social well-being of each resident in accordance with the comprehensive assessment.

(a) Recreation therapy shall be provided in accordance with Title 58, Chapter 40, Recreational Therapy Practice Act.

(b) The recreation therapy staff must:

(i) develop monthly activity calendars for residents activities; and

(ii) post the calendar in a prominent location to be available to residents, staff, and visitors.

(2) Each facility must provide sufficient space and a variety of supplies and resource equipment to meet the recreational needs and interests of the residents.

(3) Storage must be provided for recreational equipment and supplies. Locked storage must be provided for potentially dangerous items such as scissors, knives, and toxic materials.

R432-200-24. Recreation Services. [Small Health Care Facility]

(1) There shall be an organized resident activity program for the group and for each resident in the facility.
(2) See R432-150-20.

VERMONT

2.7 Special Care Units

...(c) In addition to the requirements set forth in 2.7(a) and (b), dementia units are required to have:

(1) Secured outdoor space and walkways that allow residents to ambulate, but prevent undetected egress.

4. QUALITY OF LIFE

...4.3 Self-Determination and Participation

The resident has the right to:

(a) choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care.

...4.7 Activities

(a) The facility must 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.

(b) The activities program must be directed by a qualified professional who:

(1) is a qualified therapeutic recreation specialist or an activities professional who

(i) is licensed or registered and

(ii) is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or

(2) has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a resident activities program in a health care setting; or

(3) is a qualified occupational therapist or occupational therapy assistant; or

(4) has completed a training course approved by the licensing agency; or

(5) has demonstrated the ability to 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 and serves with the regularly scheduled consultation of an individual who meets the qualifications outlined above.
8.7 Dining and Resident Activities

The facility must provide one or more rooms designated for resident dining and activities. These rooms must:

(a) be well lighted;
(b) be well ventilated, with non-smoking areas identified;
(c) be adequately furnished; and
(d) have sufficient space to accommodate all activities.

12VAC5-371-280. Resident activities.

A. The nursing facility shall provide activities, on a regularly scheduled basis, specifically suited to the needs and interests of each resident based on the resident's comprehensive plan of care.

B. There shall be at least one staff member responsible for coordinating resident activities. The individual shall meet at least one of the following qualifications:

1. Be a qualified therapeutic recreation specialist or an activities professional;
2. Be eligible for certification as a therapeutic recreation specialist or activities professional by a recognized accrediting body;
3. Have one year full-time experience, within the last five years, in a patient activities program in a health care setting;
4. Be a qualified occupational therapist or occupational therapy assistant; or
5. Have completed 40 hours training in group activities and recognizing and assessing the activity needs of residents.

C. The activities coordinator shall assess each resident and participate in the development and implementation of the comprehensive plan of care.

D. The activities program shall make the fullest possible use of community social and recreational opportunities, including the involvement of volunteers and community groups.

E. Documentation of activities shall be included in the resident's clinical record.

12VAC5-371-540. Resident recreation.

A. A total of 10 square feet per bed with a minimum of not less than 225 square feet shall be provided.

B. In multi-story buildings, a minimum of 225 square feet shall be provided on each floor.

C. Storage space shall be provided for equipment and supplies.
D. Nursing facilities with outpatient day care programs shall provide additional recreational space. Day care space will not infringe upon inpatient services.

E. Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated shall not be located directly over resident bed areas, unless special provisions are made to minimize such noise.

Statutory Authority

§§ 32.1-12 and 32.1-127 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 13, Issue 17, eff. July 1, 1997.

WASHINGTON

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388-97-0900 Self determination and participation.

The resident has the right to:
(1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plan of care.

388-97-0940 Activities.

The nursing home must:

(1) 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;

(2) Provide activities meaningful to the residents at various times throughout every day and evening based on each resident’s need and preference; and

(3) Ensure that the activities program is directed by a qualified professional who:

(a) Is a qualified therapeutic recreation specialist or an activities professional who is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or

(b) Has two years of experience in a social or recreational program within the last five years, one of which was full-time in a patient activities program in a health care setting; or

(c) Is a qualified occupational therapist or occupational therapy assistant.

388-97-2840 Outdoor areas on a dementia care unit.
The nursing home must provide the dementia care unit with:

(1) Secured outdoor space and walkways.

388-97-3740 Outdoor recreation space and walkways in new construction.

A nursing home must provide a safe, protected outdoor area for resident use. The nursing home must ensure the outdoor area has:

(1) Shaded and sheltered areas to meet residents’ needs;

(2) Accessible walking surfaces which are firm, stable, and free from cracks and abrupt changes with a maximum of one inch between sidewalk and adjoining landscape areas;

(3) Sufficient space and outdoor furniture provided with flexibility in arrangement of the furniture to accommodate residents who use wheelchairs and mobility aids;

(4) Shrubs, natural foliage, and trees; and

(5) If used as a resident courtyard, the outdoor area must not be used for public or service deliveries.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-973740, filed 9/24/08, effective 11/1/08.]

388-97-2760 Dining, dayrooms, and resident activity areas.

(1) The nursing home must provide one or more rooms designated for resident dining and activities that are:

(a) Well lighted;
(b) Well ventilated;
(c) Adequately furnished; and
(d) Large enough to accommodate all activities.

(2) In a new building or addition, the nursing home must design space for dining rooms, dayrooms, and activity areas for resident convenience and comfort and to provide a homelike environment. These areas must be located on the same floor as the residents who will use the areas. The nursing home must:

(a) Ensure these rooms or areas are exterior rooms with windows that have a maximum sill height of thirty-six inches;

(b) Provide space for dining, day use, and activities with a minimum combined total of thirty square feet for each licensed bed;

Design any multipurpose rooms to prevent program interference with each other;

Locate a day room on each resident care unit;

(e) Provide storage spaces for all activity and recreational equipment and supplies, adjoining or adjacent to the facilities provided; and
(f) Locate a common use toilet facility, with handwashing sink and accessories, providing direct access from the hallway and within a maximum of forty feet from these spaces.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-972760, filed 9/24/08, effective 11/1/08.]

388-97-3660 Offices in new construction.

The nursing home must provide:

(1) Office space convenient to the work area for the administrator, the director of nursing services, medical records staff, social services staff, activities director, and other personnel as appropriate.

WEST VIRGINIA

64-13-5. Quality of Life.

5.6. Self-Determination and Participation. The resident has the right to:

5.6.a. Choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care;

5.10. Activities.

5.10.a. The nursing home shall 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 ongoing program of activities shall provide for evening and weekend activities.

5.10.b. The activities program shall be directed by a person who:

5.10.b.1. Is a qualified therapeutic recreation specialist or activities professional who has two (2) years of experience in a social or recreational program within the last five (5) years, one (1) of which was full-time in a resident activities program in a health care setting; or

5.10.b.2. Is a qualified occupational therapist or occupational therapy assistant or

5.10.b.3. Has demonstrated the ability to 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; and has completed a training course approved by the State.

5.10.c. If the intended activities director does not meet the requirements above, he or she shall require regularly scheduled consultation by a person who meets the qualifications described in Subdivision 5.10.c.1. of this rule. The consultation by a qualified consultant
may continue until the time a candidate can meet the required qualifications, but not for more than a period of twelve (12) months from the date of hire.

5.10.c.1. A qualified activities consultant is a qualified professional who is a qualified therapeutic recreation specialist or activities professional who is licensed, registered or certified, if applicable, and has three years of experience in a social or recreational program. This person shall:

5.10.c.1.A. Visit the nursing home as indicated by the needs of the nursing home and its residents, but not less than eight (8) hours quarterly; and

5.10.c.1.B. Provide a written, dated report, containing the time and duration of the visit and a summary of the findings with recommendations for improvements in the program to the administrator and the activities director, within ten (10) working days of the completion of the onsite visit.

5.10.d. The duties of the activities director shall include:

5.10.d.1. Developing the nursing home’s recreational and activities plan; organizing and directing the program, developing and implementing a written monthly activities calendar at least one (1) month in advance; completing an accurate resident assessment and care plan; documenting participation or nonparticipation in activities and reasons for nonparticipation as it relates to the resident’s care plan; and maintaining a current record of community services, resources, programs, and nursing home materials available to the residents, staff, and families; and

5.10.d.2. Designing an activities program to restore, maintain, and improve functioning and well-being in conjunction with the care plan for the individual resident.

§64-85-9. Activities. [Alzheimer’s/dementia special care unit or program]

9.1. The alzheimer’s/dementia special care unit and program shall provide activities appropriate to the needs of the individual residents. The residents’ routine should be developed and structured seven (7) days per week and incorporate the possible need for therapeutic programming twenty four (24) hours per day in an alzheimer’s/dementia special care unit and during the hours of operation of the alzheimer’s/dementia special care program.

9.2. The activities program shall be directed by a person who is a therapeutic recreation specialist, occupational therapist, or activities professional who has:

9.2.a. Two years of experience in a social or recreational program in the past five years, one of which was full-time in a resident activities program in a health care setting;

9.2.b. Demonstrated the ability to provide for an ongoing program of activities designed to meet the residents needs;

9.2.c. Completed a training course approved by the state; and

9.2.d. Completed the training required in subdivision 4.1.c. of this rule.
9.3. At least one employee per shift shall be responsible for activities programing with the assistance, participation and coordination of all direct care staff.

9.4. Activities programming shall:

9.4.a. Be provided to large and small groups, and on an individual basis;

9.4.b. Be geared toward long term memory rather than short term memory;

9.4.c. Provide multiple short activities to work with short attention spans;

9.4.d. Provide experiences with animals, nature, and children;

9.4.e. Provide opportunities for physical, social and emotional outlets;

9.4.f. Provide activities that create a feeling of usefulness; and

9.4.g. Be appropriate and meaningful for each resident, by respecting his or her cognitive level, beliefs, culture, values, and life experience.

9.5. Planned and spontaneous group and individual activities shall be provided in the following areas at least daily:

9.5.a. Gross motor activities (i.e. exercise, dancing, gardening, cooking, etc.);

9.5.b. Self care activities (i.e. dressing, personal hygiene, grooming, etc.);

9.5.c. Social activities (i.e. spiritual, intellectual, games, music, etc.); and

9.5.d. Sensory and memory enhancement activities (i.e. auditory, scent, taste, and tactile stimulation, and reminiscing, etc.)

9.6. The alzheimer's/dementia special care unit or program shall offer the following activities at least weekly at a minimum and within specified time periods:

9.6.a. Crafts (i.e. decorations, pictures, painting, etc.); and

9.6.b. Outdoor activities, as weather permits (i.e. walking outdoors, field trips, etc.)

9.7. The alzheimer's/dementia special care unit or program shall offer the following activities at least monthly:

9.7.a. Seasonal and holiday activities.

§64-85-10. Physical Environment. [Alzheimer's/dementia special care unit or program]

...10.2. In addition to the physical design standards required for the facility's license, an alzheimer's/dementia special care unit and program site shall have the following:

...10.2.h. Secured outdoor space and walkways which allow residents to ambulate but prevent undetected egress
HFS 132.69 Activities.

(1) PROGRAM.

(a) Every facility shall provide an activities program which meets the requirements of this section. The program may consist of any combination of activities provided by the facility and those provided by other community resources.

(b) The activities program shall be planned for group and individual activities, and shall be designed to meet the needs and interests of each resident and to be consistent with each resident’s plan of care.

(2) STAFF. (a) Definition. “Qualified activities coordinator” means:

1. In a skilled nursing facility, a person who:
   
b. Has 2 years of experience in a social or recreational program within the last 5 years, one year of which was full-time in a patient activities program in a health care setting; or
   
c. Is an occupational therapist or occupational therapy assistant who meets the requirements for certification by the American occupational therapy association; and

2. In an intermediate care facility, a staff member who is qualified by experience or training in directing group activity.

(b) Supervision. The activity program shall be supervised by:

1. A qualified activities coordinator; or

2. An employee who receives at least monthly consultation from a qualified activities coordinator.

(c) Program staffing hours. Except as provided in par. (d), activities staff shall be employed to provide at least .46 total hours of activities staff time per resident each week:

Note: The required hours are the total time that activities staff must be on duty serving residents each week, not the time directed towards each resident.

(d) Community activities. The length of time for which residents are involved in community activities may be included in computing the staff time provided under this subsection.

History: Cr. Register, July, 1982, No. 319, eff. 8–1–82; am. (2) (a), r. and recr. (2) (c), r. (2) (d) and (f), remn. (2) (e) to be (2) (d), Register, January, 1987, No. 373, eff. 2–1–87; CR 04–053: r. (2) (a) 1. a. Register October 2004 No. 586, eff. 11–1–04.
Section 17. Residents Activities.

(a) Resident Activity Program. An on-going program of meaningful activities appropriate to the needs and interests of residents shall be provided.

(i) The program shall be designed to promote opportunities for residents to engage in normal pursuits, including religious activities of their choice, if any.
(ii) Activities shall be designed to promote the physical, social and mental well-being of each resident.
(iii) The facility shall make available adequate space and a variety of supplies and equipment to satisfy the individual interests of residents.
(iv) Residents shall not be required to participate in activities if they do not desire.

FEDERAL REGULATIONS

§ 483.15 Quality of Life

(b) Self-determination and participation. The resident has the right to—

(1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;

(f) Activities.

(1) The facility must 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.

(2) The activities program must be directed by a qualified professional who—

(i) Is a qualified therapeutic recreation specialist or an activities professional who—

(A) Is licensed or registered, if applicable, by the State in which practicing; and

(B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or

(ii) Has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or

(iii) Is a qualified occupational therapist or occupational therapy assistant; or
(iv) Has completed a training course approved by the State.