

**Joint Committee on Administrative Rules**

**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.1410 ACTIVITY PROGRAM**

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**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 300.1420 Specialized Rehabilitation Services**

If physical therapy, occupational therapy, speech therapy or any other specialized rehabilitative service is offered, it shall be provided by, or supervised by, a qualified professional in that specialty and upon the written order of the physician. (B)

- a) In addition to the provision of direct services, any such qualified professional personnel shall be used as consultants to the total restorative program and shall assist with resident evaluation, resident care planning, and in-service education.
- b) Appropriate records shall be maintained by these personnel. Direct service to individual residents shall be documented on the individual clinical record as set forth in Section 300.1810(c). A summary of program consultation and recommendations as set forth in Section 300.1810(h) shall be documented.

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

### **Section 300.1430 Work Programs**

- a) Work programs for individual residents in facilities shall be allowed only if they are oriented toward resident adjustment and therapeutic benefits and if they are approved in writing by the Department. Such programs should be a rarity in skilled nursing facilities.
- b) Permission for each such program shall be secured from the Department. Each program shall be presented in writing indicating such things as objectives, possible work assignment, duties, policies governing the program, agency involvement (where appropriate), and supervision.
- c) Residents involved in such programs shall meet all requirements of the Department for persons functioning in these positions.
- d) Residents shall not be used to replace employed staff. (B)
- e) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record. (See Section 300.1810(c).)
- f) All such programs shall be in full compliance with all applicable regulations of both the State and Federal Departments of Labor. Any program found by the Department not to be in compliance with State and Federal Departments of Labor regulations shall be terminated immediately.

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

### **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.
- b) Volunteers shall complete a standard orientation program, in accordance with their facility responsibilities and with the facility's policies and procedures governing the volunteer program. The orientation shall include, but not be limited to:
  - 1) Residents' rights;
  - 2) Confidentiality;
  - 3) Disaster preparedness (i.e., fire, tornado);
  - 4) Emergency response procedures;
  - 5) Safety procedures/precautions;
  - 6) Infection control; and
  - 7) Body mechanics.
- c) Volunteers shall respect all aspects of confidentiality.
- d) Volunteers shall be informed of and shall implement medical and physical precautions related to the residents with whom they work.
- e) Volunteers shall not take the place of qualified staff (e.g., activity professionals, nursing assistants, or case workers).

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

### **Section 340.1450 Language Assistance Services**

A facility shall provide language assistance services in accordance with the Language Assistance Services Act [210 ILCS 87] and the Language Assistance Services Code (77 Ill. Adm. Code 940).

(Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)

