Creativity Counts: Meeting the Activity Programming Needs of Young or Short-Term Residents

I) Course Purpose

Federal and state guidelines suggest that activity programming is an interdisciplinary responsibility which is shared by a variety of nursing home providers. This course was developed for professionals employed in these settings. The course addresses activity provision for special needs clients; namely young and short-term residents. It also presents useful information that can be utilized by multiple healthcare disciplines that are involved in meeting the physical, cognitive, social, emotional, creative or spiritual needs of these individuals. Disciplines impacted by this topic include Activity Directors, Administrators, Nurses, Social Workers, Therapists and others who provide long-term or skilled nursing services.

II) Course Objectives

The following objectives have been developed for this course:

- Identify challenges inherent to activity programming for young or short-term residents
- Review regulatory requirements for these individuals’ activity needs
- Discuss creative new ways to involve these individuals in Nursing Home Activities

III) Course Outline

I) Course Purpose

II) Course Objectives
III) Course Outline

IV) Course Content

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   a) F248, Activities
   b) F242, Self-Determination and Participation
   c) F246, Accommodation of Needs
   d) F249, Qualifications of the Activities Director
   e) F250, Social Services

2) 483.25 Quality of Care
   a) F319, Mental and Psychosocial Functioning

3) 483.10 Resident Rights
   a) F169, Work
   b) F164, Privacy and Confidentiality
   F172, Access and Visitation Rights

4) Other Regulations
   a) F464, Dining and Activities Rooms
   b) F353, Sufficient Staff
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4) Emotional/Affective

5) Creative

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A) Federal and State Guidelines

Before discussing how to meet the activity needs of specialty residents in a nursing home setting, it is first necessary to have a grasp of the expectations for this type of programming. There are several federal and state regulations that involve activity provision. These guidelines suggest that activity programming is an interdisciplinary responsibility which is shared by a variety of nursing home departments. Several of these requirements are important for discussion purposes here. In the Code of Federal Regulations (CFR) these regulations are included in Title 42, Public Health, Part 483, Requirements for State and Long Term Care Facilities. In the Ohio Administrative Code (OAC) these requirements, including Resident Rights, are included Title 37, Chapter 3721, Nursing Homes. Nursing home activity guidelines are also found in the Centers for Medicare & Medicaid Service’s (CMS) Interpretative Guidelines for Surveyors and in various other CMS transmittals.

1) 483.15 Quality of Life

a) F248, Activities

The first and foremost regulation regarding activity provision for any resident is included in F248. F248 is a general activity requirement which dictates that,

“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,” (CFR483.15, f, 10).

This F-tag is included in the Quality of Life regulation. In addressing this F-tag in instructions to Long-term Care Surveyors, CMS specifically added that the responsibility of achieving F248 lies with the entire facility. CMS’s guidelines state,

“Activities can occur at any time, are not limited to formal activities being provided only by activities staff, and can include activities provided by other facility staff, volunteers, visitors, residents, and family members. All relevant departments should collaborate to develop and implement an individualized activities program for each resident,” (CMS, State Operations Manual Appendix PP, 2008).
In relation to F248, CMS also suggested that the facility should attempt the following through its activity programs:

- A continuation of life roles, consistent with resident preferences and functional capacity
- Encouraging and supporting the development of new interests, hobbies, and skills and
- Connecting with the community


There are additional F-tags included in the Quality of Life Regulation that may also impact a resident’s activity programming. Although these F-tags will not be discussed at length here, they are listed to illustrate the breadth of areas that impact or are impacted by activities. Activity requirements go well beyond F248. When developing specialty activity programs, it is wise for facilities to assess whether these related regulations are met through their current activity programs. Following each F-tag are questions that should be asked or considerations that are of importance when developing programs for young or short-term residents.

b) F242, Self-Determination and Participation

- Does the facility respect residents’ abilities to refuse activities?
- Have residents been given options related to when and where to participate in activities?
- Are residents permitted to participate in activities alone, with peers or with visitors?

c) F246, Accommodation of Needs

- Has the facility attempted to provide room-based tasks based on residents’ preferences?
- Are adequate supplies, equipment and assistance available for residents’ active leisure pursuits?
- Are accommodations made based on the residents’ ages or intended lengths of stay?
- Does the facility attempt to alter therapy or other schedules to allow residents to attend desired activities?

d) F249, Qualifications of the Activities Director
- Is the Activity Director qualified to assess, care plan and provide services to young or short-term residents?

e) F250, Social Services

- Is Social Services involved in seeing to the activity choices of young or short-term residents that relate to his/her psychosocial needs:
  - Prevention of Boredom
  - Promotion of Self-Esteem
  - Sense of Belonging
  - Sense of Competence
  - Acceptance of Limitations
  - Adjustment to Nursing Home
  - Managing Frustrations – peers, abilities, losses, limitations

2) 483.25 Quality of Care

A second regulation that relates to activity programming for all nursing home residents involves Quality of Care. The Code of Federal Regulations stipulates that,

“Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being,”

(42CFR, 483.25).

This guideline requires facilities to assure that residents maintain his or her highest levels of functioning and focuses on the prevention of avoidable declines. Participation in meaningful activities contributes to this goal. F319 is impacted by activities in this area. Questions and considerations for this F-tag are below.

a) F319, Mental and Psychosocial Functioning

- Has the facility provided its residents leisure and recreational outlets in attempt to prevent boredom or psychosocial distress?
- Have attempts been made to introduce residents to others with similar needs, abilities and interests?
- Have residents been fully oriented to the facility’s activity program and offerings?
3) 483.10   Resident Rights

The Resident Rights regulation is another area that has a great impact on activity programming. This guideline outlines certain guarantees for all individuals that reside in nursing homes. It dictates what residents can expect and provides them with control. Selected Resident Rights are discussed below.

a) F169, Work

This Right is a high priority to many younger residents as they express desires to be useful and participate in work-related tasks. A key to establishing successful activity programs here is that any work performed by residents must be voluntary. Residents can choose to work or refuse to work at any time. This regulation also dictates that these residents must have their desires to work care planned and, if paid, that they receive payment at the prevailing rate (i.e. at least the Federal Minimum Wage). Questions and considerations to ask about F169 include:

- Are work programs offered or available as residents desire?
- Are residents permitted to participate in work programs on a voluntary basis?
- Are work programs physician ordered and care planned?

b) F164, Privacy and Confidentiality
   F172, Access and Visitation Rights

In relation to more traditional, geriatric residents, young and short-term residents may place greater emphasis on the need for privacy when spending time with visitors or significant others in their homes. These individuals may express desires to engage in sexual intimacy, may wish to visit late into the evening or may wish to conduct visits with no staff interruptions. The desire to maintain connections with the outside community is generally very important to these individuals. Questions and considerations related to these F-tags and activities include:

- Does the facility accommodate private visits, as residents desire?
- Does the facility allow visits at times desired by residents?
- Does the facility attempt to provide activities around residents’ visitors?
4) Other Regulations

Finally, there are still other nursing home regulations that are related to activity programming. As with other areas, they are listed below with questions and considerations that facilities may wish to investigate when developing activities for young or short term residents.

a) CFR 483.70(g), F464, Dining and Activities Rooms
   - Are common spaces conducive to the activity desires or pursuits of a variety of different residents?

b) 43 CFR 483.30(a), F353, Sufficient Staff
   43 CFR 483.75(g), F499, Staff Qualifications
   - Is there adequate staff to provide services for young or short-term residents?
   - Are activity staff knowledgeable of how to provide services to young or short-term residents?

c) 43 CFR 483.20(b)(1), F272, Comprehensive Assessment
   43 CFR 483.20(k)(1), F279, Comprehensive Care Plan
   43 CFR 483.20(k)(2), F280, Care Plan Revision
   - Does the facility assume that all residents of a certain age have the same activity preferences or desires?
   - Does the facility assume that all residents with certain diagnoses or lengths of stay have the same activity needs?
   - Do activities provided match residents’ interests and needs?
   - Are activity approaches individualized?
   - Did the facility seek out residents input regarding activity programming?

In summary, when developing any type of activity program, facilities are reminded to look at the many federal and state regulations that pertain to activity programming. Considering just the requirements of F-248 is recommended. Activity programming for young or short-term residents may require the facility to investigate other related questions or considerations in order to assure that the activity needs of these specialty individuals are met. This task is not solely the responsibility of the Activities Department but requires interdisciplinary team input for the successful and creative outcomes.
B) Scope of Activity Programs

When activities are provided for nursing home residents, their intents are not merely to keep individuals busy or occupied. According to CMS, nursing home residents have expressed that activities are an integral component of their lives. When they participate in these pursuits, these individuals want the activities to be meaningful, to reflect their interests and lifestyles, to be enjoyable, to help them to feel useful and to provide senses of belonging (CMS, State Operations Manual Appendix PP, 2008). The need for tailored services, flexibility and creativity should not be overlooked.

There are a multitude of benefits that individuals gain from activity participation. Major components that comprise the scope of most activity programs are described below.

<table>
<thead>
<tr>
<th>SCOPE OF ACTIVITY PROGRAMS</th>
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<tbody>
<tr>
<td><strong>1) Physical</strong></td>
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<tr>
<td>Through participation in physical activities residents can maintain strength, flexibility, balance, dexterity and endurance.</td>
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<tr>
<td><strong>2) Cognitive/Mental/Intellectual</strong></td>
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<td>Cognitive programs provide opportunities for skills such as reasoning, memory, judgment and problem-solving.</td>
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<td><strong>3) Social</strong></td>
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<td>Social events allow residents to engage in companionship, friendship, camaraderie and teamwork. They may also contribute to intimacy and senses of belonging.</td>
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<tr>
<td><strong>4) Emotional/Affective</strong></td>
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<tr>
<td>When residents participate in emotional activities, the results often include pleasure, understanding, joy, satisfaction, improved coping and development of self-knowledge.</td>
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<tr>
<td><strong>5) Creative</strong></td>
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<tr>
<td>Creative events help residents build esteem, mastery and communicate self-expression.</td>
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<tr>
<td><strong>6) Spiritual</strong></td>
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<td>Spiritual activities often contribute to the peace and comfort of residents.</td>
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The Guidance to Surveyors that CMS introduced in 2006 expanded upon the general statement in regulation tag 248 which states the facility must meet the highest practical physical, mental, and psychosocial well-being of each resident, specifically addressing the areas in the scope of activity programs noted above. These new guidelines epitomize a change in mindset in relation to activity programming. As mentioned earlier, the guidelines deem it the responsibility of each staff member in the facility to meet the activity needs of their residents. The guidelines also discuss the importance of the facility being able to offer activities at a level in which the resident can participate. While this is a very reasonable expectation, many staff may find it difficult to determine the role their department has with activities. In particular, collaboration with the Therapy Department can prove beneficial by helping the resident achieve a higher participation and functional level during activities. Upon evaluation, the Therapy Department can offer suggestions as to:

- How to structure the environment to maximize residents’ physical levels of independence
- Specialty equipment or supplies that residents would benefit from using during activities
- How to explain and set-up the activity according to the residents’ cognitive levels of function

Providing various types of activities is important to nursing home residents of any age. However, as we are about to discuss, there are sub-sets of specialty residents whose activity needs may be far different from the traditional geriatric residents in a home. Most professionals that have been employed in nursing home settings for some time can attest that the demographics of nursing homes have changed significantly in the past several years. Nursing homes are no longer places for the only the frail elderly or individuals at the end of life. Many nursing homes serve a diverse mix of individuals; young and old, short and long-term, dependent or relatively independent, physically ill or mentally ill and etcetera. As we continue in this educational course, two particular types of nursing home residents will be discussed; young residents and short-term residents. Each of these groups of “non-traditional” individuals present their own sorts of challenges related to activity programming. Despite this, facilities remain bound to meet the same requirements, as dictated in the regulations, as
they would for more “traditional” nursing home residents. This is where creativity in programming truly counts!

B) Challenges of Programming for Young Residents

As just introduced, there has been a shift in nursing homes in recent years towards varying age groups such as younger residents, diagnosis groups such as mentally ill residents and other “non-traditional” populations. In 2004, a national study of U.S. nursing homes was conducted that compared the ages of nursing home residents, among other items including types of care setting, geographic location and etcetera. The table below illustrates the findings related to age groupings.

<table>
<thead>
<tr>
<th>Age at time of interview</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>All ages</td>
<td>1,492,200</td>
<td>430,500</td>
<td>1,061,700</td>
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<tr>
<td>Under 65 year</td>
<td>175,000</td>
<td>93,700</td>
<td>81,300</td>
</tr>
<tr>
<td>65 years and older</td>
<td>1,317,200</td>
<td>336,800</td>
<td>980,400</td>
</tr>
<tr>
<td>65–74 years</td>
<td>174,100</td>
<td>75,400</td>
<td>98,800</td>
</tr>
<tr>
<td>75–84 years</td>
<td>468,900</td>
<td>140,800</td>
<td>328,000</td>
</tr>
<tr>
<td>85 years and older</td>
<td>674,500</td>
<td>120,600</td>
<td>553,600</td>
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| Percent distribution     |          |          |          |
| All ages                 | 100.0    | 100.0    | 100.0    |
| Under 65 years           | 11.7     | 21.8     | 7.7      |
| 65 years and older       | 88.3     | 78.2     | 92.3     |
| 65–74 years              | 11.7     | 17.5     | 9.3      |
| 75–84 years              | 31.4     | 32.7     | 30.9     |
| 85 years and older       | 45.2     | 28.0     | 52.1     |


As readers likely noted, nearly 12% of nursing home residents in this study were below 65 years of age.

To compound this issue, studies have also found that many of these younger residents have been admitted to nursing homes with various mental illnesses or cognitive impairments. Based on data obtained from CMS, the Associated Press reported that the number of mentally ill residents aged 22-64 years increased by 41% from 2002-2008. This resulted in 125,000 individuals with mental illness living in U.S. nursing homes versus 89,000 in 2002.
When considering the data from the 2002 and 2008 studies which looked at only a portion of the young nursing home population, it is probable to conclude that the total number of young residents in nursing homes has likely increased precipitously from the numbers represented in the 2004 study. This constitutes a significant portion of the nation’s nursing home residents and confirms the need to pay special note to these individuals’ activity programming needs.

1) Needs and Interests

Younger residents may not share the same hobbies or pursuits as older residents, therefore, providing activity programming in a mixed environment can be somewhat challenging to an Activity Director. While younger adults may refuse to join groups to a greater degree than the general population, the role of the Activity Director then is to ascertain the reason for particular resident refusals. Several areas should be assessed to determine the cause or causes of refusal, such as:

- Do the activities listed appeal to those who are older in age?
- Is the resident hesitant to attend activities because of physical limitations which he or she does not know how to compensate for?
- Is the resident refusing because the activities are too difficult for the resident cognitively, as is often the case with the mentally ill?
- Is the resident refusing really a lack of ability to motivate him or herself or initiate involvement related to depression or other underlying medical condition?
- Is the resident dealing with recent impairments and struggling with embarrassment in needing help to engage in what used to be considered simple tasks?

Utilizing input from the Therapy Department and Social Services can assist an Activity Director in finding solutions to any of the possible causes listed above. This course will mainly address the reason for refusal that was listed first; refusal due to programming appealing to an older population.

If they are not interested in the sorts of activities being provided, younger residents may not tend to join in traditional nursing home activities. They may, instead have a tendency to isolate or may prefer self-directed tasks instead. For young residents who do wish to be a part of active facility
events, these individuals frequently focus their interests on social or community involvement. These types of residents may be interested in work or service programs. Also, community outings are very important to them. Young residents may also be motivated by youth or electronic-media oriented tasks. Having access to the internet, movies, music or videogames is likely to generate great satisfaction from young residents.

In terms of satisfaction, young residents, as a group, may tend to be some of the most vocal individuals in a facility. Rather than exercising the reticence that some older residents may have in verbalizing dissatisfaction or disagreement, younger residents may not be shy in this area! Sometimes this may result in them being perceived as overly critical by some Activity Directors. It is more likely, however, that young residents may just want to be heard. Getting their input is critical while attempting to successfully meet their activity programming needs.

Additionally, the presence of mental illness may make young residents more likely to exhibit behaviors when bored, frustrated or having difficulty adjusting to life in the nursing home. Behaviors commonly seen as refusals or agitation often stem from activities not being presented correctly. For example, when an activity is not presented at the right cognitive level for a resident, the resident may walk away, stare blankly at the supplies, not actively engage or become agitated and begin breaking or throwing supplies. For these individuals, presenting meaningful activities, at a level the resident can understand, will help to de-escalate behaviors, keep attention focused toward positive outcomes, provide diversion and offer outlets for stress management.

The overall goals of providing activities for younger residents, whether they are physically, mentally or cognitively impaired involve:

- Events that are well-matched to their interests and abilities
- Purposeful activities
- Tasks which that provide a sense of accomplishment
- Pursuits that empower and uplift the resident
- Opportunities for change and variety
- Activities that represent their choices
2) Activity Programming Ideas

Several suggestions for younger resident activities are listed here. While reviewing these options, please keep in mind that these are general ideas based on what many younger residents may prefer. Still, no one resident is exactly like another, therefore, the need to provide individualized activity programs should remain a priority.

a) Youth-oriented Events and Topics

- Parties – pizza parties, happy hours, tailgating, awards show parties (Oscar’s, Emmy’s, Music Awards), Superbowl party, Opening Day party, World Series party
- Wheel or Walk-In Movies – outdoor projected movies, B-movies or drive-in classics
- Team related events – scavenger hunts, a facility version of The Amazing Race TV show with staff/resident teams, facility Olympics with competitors from sister facilities
- Themed Fashion Shows – denim designs, 1970’s disco diva outfits, 1960’s flower children garb, 1950’s greaser and bobby socker show, prom night fashions, back to school selections
- Game Systems – Wii, Play Station, Nintendo

b) Clubs

- The Breakfast Club – hold a.m. cooking events, go on breakfast outings, attend coffee and news discussion group
- Movie Reviewers Club – review current films, write reviews for facility newsletter
- Comedy Crew – watch funny movies, read joke books, show comedy dvd’s or cd’s
- Rock & Rollers Club – schedule album or cd listening parties, present concert dvd’s, read artist biographies, form facility band
• Fans of the Fifties – focus on 1950’s topics: soda shops, 50’s music, sock hops, car cruising, movie stars

• Sixties Seekers – focus on 1960’s topics: historical events, famous political figures, dvd documentaries, civil issue discussions

• Seventies Survivors – focus on 1970’s topics: Watergate, gas shortages, disco, hair styles, polyester fashions

• Welcome Wagon – make welcoming cards or signs, create welcome packets, greet new residents, serve as facility ambassadors

• After Hours Socialites Club – hold evening social events facilitated by residents

• World Wide Webbers – form internet search club with theme topics or educational focus

• Card Club – play Poker, Euchre, Rummy, card tournaments that involve of the community

• Move-it and Lose-it Fitness Club – perform Yoga, Tai Chi, light impact aerobics, weight loss challenges

• Decorator’s Club – assist in special event decorating, make seasonal or holiday decorations, develop decorating themes for parties

• Scribe Society – write articles, publish newsletters, print internal “press releases” or facility announcements, interview the resident of the month, conduct facility polls

• Green Thumb Club – water facility plants, plant and tend to vegetable gardens, weed the grounds, plant cactus gardens, trim bonsai trees

• Staff Appreciation Council – create awards, cards, thank you tokens for staff, recognize national staff appreciation days

• Fast Food Friends – order-in from preferred fast food restaurants: McDonalds, Taco Bell, Pizza Hut, White Castle
Fashion Club – look at the latest styles in fashion and accessories, take window shopping trips, have hat designing competitions

Fundraisers or Business Club – develop and hold bake sales, car washes, flea markets, yard sales, snack shacks with proceeds earned used for activity supplies or outings for residents without adequate funds

Scrapbook Society – decorate personal scrap book pages, make collages, create scrap book about facility activities

Photography Fans – take outings to photography exhibits or for taking photos, select and print digital photos, sponsor photography contests, create glamour shots

Well Wishers – recognize anniversaries, birthdays or other events with cards, balloons, signs or personal visits

c) Outings

Cinema – cheap movies, library film presentations, drive-in’s

Shopping – shopping centers, outlet malls, Goodwill stores, garage sales, dollar stores

Concerts – parks, fairs, school show choirs, school bands, community events, free shows

Theater – dinner theaters, school plays, community playhouses

Sporting events – bowling, little league games, adult recreation leagues, professional team practices, school athletics, fishing trips

Dining Out – fast food establishments, fine dining restaurants, picnics, fairs, specialty coffee shops, ice cream stands, cookouts at the park

Gaming – casinos, horse races, church bingo halls, arcades and seasonal festivals
- Bus Rides – city tours, mystery trips, roadside attractions, scavenger hunts, trips to historical sites
- Other Outings – car shows, museums, pet stores, parades, barber shops, beauty parlors, sister nursing homes, libraries

d) Work Programs
- Facility Radio – make facility announcements, present a joke of the day, share inspirational quote of the day, read the morning headlines or this day in history
- Laundry Assistance – fold laundry, hang items from dryer, pass out clean linens, sort missing items
- Lawn and Exterior Maintenance – rake leaves, pick up trash and cigarette butts, sweep entrance areas, water flowers
- Bus Upkeep – wash facility bus, clean interior bus windows, sweep bus, wipe down seats, remove trash after outings or appointments
- Facility Greeter – welcome visitors and staff, assist in opening doors at entrance
- Mail Delivery – deliver outside mail to residents, deliver inside mail to staff, deliver facility newsletters
- Activity Assistance – distribute hymnals at church, call Bingo, change daily orientation boards, “adopt” a peer to remind of events or accompany to activities, decorate fellow residents’ doors in recognition of birthdays
- Pet Care – provide food and water, bathe, groom or manage cage/tank for facility pets, fill bird feeders
e) Educational or Teaching Groups
- Learn to Draw – independent activity or group class
- Painting Partners – peer or visiting artist instruction in acrylic, watercolor or oil painting
- Yoga Class – chair or mat class
• Mixology – learn to mix, serve or create non-alcoholic mixed drinks

• Community Class – learn the history of the area the facility is in, study the history of peoples indigenous to the state, impartial review of upcoming ballot issues, investigate community resources for various topics

• Cooking Class – theme-oriented classes including appetizers, no-cook desserts, vegetarian entrees, salads or baked goods

• Other Classes – foreign language class, music instruction, dance lessons, floral arranging

f) Self-directed Tasks

• Brain Teasers – logic problems, Sudoku, hidden pictures, story problems

• Hand Held Video Games – football, Yahtzee, poker

• Bulletin Board Trivia – time periods, holidays or themes with posted trivia and take-away sheets

• Word Games – word searches, crossword puzzles, word scrambles, cryptograms

g) Activity Carts or Libraries

• Avon Calling! Makeover Cart – distribute away sample packets of make-up, provide mini facials or makeovers, glamour manicures

• Sound Sleepers Cart – lavender sachets, hot cocoa, relaxation cd’s, aroma therapy cards

• Stress Busters Cart – stress balls, aroma therapy cards, environmental cd’s, chocolate candy, herbal tea, small journals, inspirational books, motivational books, written stress management exercise/technique

• Crafter’s Cart – needle point, crochet, wood projects, knitting, jewelry making, cross stitch

• Bookmobile – magazines, periodicals, books, newspapers
• Musicmobile – cd’s, cassette tapes, concert videos or dvd’s, walkmen, boomboxes, rechargeable batteries

• Art in Action Library – sketch paper, graphite pencils, watercolors, pastels, markers, sculpting clay, coloring pages

h) Contests

• Talent Show – singing, art, dancing, comedy, baking, writing

• Game Tournaments – Cornhole, Texas hold’em, Checkers, Euchre

• Participation Awards – highest attendance, most improved attendance, peer helper recognition, volunteer appreciation

i) Other

• Baby Boom Room – games, books, art, cd’s, dvd’s furnishings that are important to this generation

• Computer Corner – computer(s), computer games and program discs, protected internet access

• Open Studio – unstructured art time

• Game Room – pool table, foosball, air hockey, basketball hoop, electronic darts

C) Challenges of Programming for Short-term Residents

According to the Scripps Gerontology Center, more than half of Ohio nursing home residents stay three months or less (Scripps Gerontology Center, 2003). This presents challenges in activity programming as the ability to develop more than fleeting working relationships with these residents may be minimal. Still, these residents do require attention from the facility for leisure and other needs while they remain at the nursing home. Meeting the activity programming needs of short-term residents will be discussed in this section.

1) Needs and Interests

Generally when an individual is admitted for a short-term stay this may be because the individual is at the facility for respite or the focus of the stay is
on rehabilitation. In the former case, if the individual who was admitted for a short stay has Dementia or other cognitive deficit, the activity approaches attempted may emphasize one-to-one visits or events that address the individual’s cognitive status. That sort of programming will not be featured here. In the latter case, when the focus of the resident’s short stay is on rehabilitation, the resident’s activity focus anticipates their eventual discharge from the facility. That sort of programming will be addressed in this section.

Providing quality activities for short-term stay rehabilitation residents can also be challenging for the Activity Director. These individuals often don’t wish to mingle with or meet other long-term care residents. As such, they may also tend to isolate or prefer self-directed tasks. In addition, they may be easily fatigued, weak, in pain or have acute functional limitations. They may also have casts, splints or other medical equipment that make getting around or participating in activities more difficult. In addition, short-term stay residents often have routine or frequent visitors that may be chosen over participating in facility activities.

The overall goals for providing activities for short-term residents are to:

- Promote comfort
- Prevent boredom
- Provide satisfaction

2) Activity Programming Ideas

Suggestions for short-term resident activities are listed here. As with young resident activities, readers are encouraged to remember the general nature of these ideas. Short-term residents are also highly varied with regard to their needs, abilities, interests and so forth. The need to provide resident-specific activity programs is a priority here as well.

a) Small Group Events

- 2 Person Games – Connect Four, Checkers, Chess, Tic-tac-toe, cards
- 2-4 Person Games – Rummy, Euchre, Spades, Life, Monopoly, Trivial Pursuit, Pictionary, Wheel of Fortune
- Religious Events – Bible study, Rosary, scripture reading, prayer group

b) Tasks Coordinated with Therapy

- Sweet Beginnings – candy gram wishing success with rehabilitation, sweet roll social after a.m. therapy, candy cart as a welcoming activity
- Fine Motor/Dexterity – puzzles, needle point, Checkers, card writing
- Gross Motor/Strengthening/Flexibility – Yoga, Tai Chi, chair exercise, wheel chair strolls
- Specialty Coffee Social – gourmet coffee and creamers, cappuccino or espresso, iced coffee
- Meet and Greet Luncheon – weekly lunch served in the therapy room for new residents
- Happy Trails Reception – celebratory social for discharging residents with refreshments, western music and trail mix goodbye packages
- Walk of Fame – coordinated show of applause or congratulations from staff and other residents upon pending discharge

c) Roving Activities

- Pet Therapy – dogs, cats, rabbits, birds, reptiles, guinea pigs, other animals that visit room-to-room
- Entertainers - singer with guitar, 3 piece band, carolers, magician, tap dancer, others that visits room-to-room
- Spa Services – foot soaks, foot massages, hand massages, mini facials, clay masks, cucumber slices for eyes, warm washcloths for face, paraffin hand treatments

d) Self-directed Tasks

- Brain Teasers – logic problems, brain bender puzzles
• Hand Held Video Games – Football, Yahtzee, Poker
• Bulletin Board Trivia – historical time periods, holidays, themes with posted trivia and take-away sheets
• Word Games – word searches, crossword puzzles, word scrambles, Soduko
• Other Games – Solitaire, Velcro darts, peg game

e) Activity Carts or Libraries
• Avon Calling! Makeover Cart – give away sample packets of make-up, perform makeovers, provide glamour manicures
• Sound Sleepers Cart – lavender sachets, hot cocoa, relaxation cd’s, classical cd’s, aroma therapy cards
• Stress Busters Cart – stress balls, aroma therapy cards, environmental cd’s, chocolate candy, herbal tea, small journals, inspirational books, motivational books, written stress management exercises/techniques
• Crafter’s Cart – needle point, crochet, wood projects, knitting, jewelry making, cross stitch, suncatchers
• Bookmobile – magazines, periodicals, books, newspapers
• Musicmobile – cd’s, cassette tapes, concert videos or dvd’s, walkmen, boomboxes, rechargeable batteries
• Art in Action Library – sketch paper, graphite pencils, watercolors, pastels, markers, sculpting clay, coloring pages

D) Helpful Hints of Things to Avoid
The last portion of this course is intended to provide just a few final suggestions for providing successful activity programs. These strategies are useful when applied to young resident activities, short-term resident activities or any other planned activity programming. Facilities are encouraged to apply these helpful hints as needed:

  • Don’t schedule activities that are too juvenile, too old or too difficult

  Assure that activities that are well-matched to residents’ ages and abilities!
Schedule events that meet the needs and interests of residents!

- Minimize the use of activities that are boring or passive in nature
  Offer exciting staff-led events!
  Attempt to elicit active resident participation!
- Avoid repeating activities over and over
  Routinely present new things to do and learn!
  Schedule a variety of small groups, large groups and 1:1’s!
  Continually look for new ideas and resources!
- Don’t break the bank
  Seek out cheap but quality supplies!
  Ask for donations!
  Be creative!
- Try not to go it alone
  Be flexible!
  Ask residents what they want to do!
  Incorporate input from co-workers and family members!

VI) Conclusion

It is the hope of the authors that readers now have a better understanding of the activity programming needs of young and short-term residents, the federal and state regulations that affect them and new, creative ways to meet these individuals’ activity needs. It is anticipated that meeting the needs of specialty residents will remain a challenge that many facilities will face. When addressing these issues all facilities are urged to remember that creativity does count here and that interdisciplinary approaches are the best means of meeting the requirements in this area. This concludes the educational portion of this course. After taking a few minutes to review the Works Cited section, please continue to the Post Test.
VII) Works Cited


Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS), State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities, Revision 36, August 1, 2008.


