There have been many debates and some confusion surrounding the issue of whether Activity Professionals should, and are required to, write a care plan for each resident. The National Association of Activity Professionals (NAAP) has decided to take a more in-depth look into this issue and provide some helpful insight and regulatory information.

Activity-based goals and approaches are vital to residents in long term care. Under the Center for Medicare and Medicaid Services (CMS) guidance to regulation F249, it states: “An activity director is responsible for directing the development, implementation, supervision, and ongoing evaluation of the activities program. This includes the completion and/or directing/delegating the completion of the activities component of the comprehensive assessment; and contributing to and/or directing/delegating the contribution to the comprehensive care plan goals and approaches that are individualized to match the skills, abilities, and interests/preferences of each resident.”

While there is no specific regulation stating that Activity Professionals must develop an activity-specific care plan, Activity Professionals are part of the interdisciplinary team and must be a part of the resident’s interdisciplinary care plan. Activity Professionals should have approaches addressing their role in helping the resident reach his or her goals developed by other disciplines, and other disciplines may contribute to goals developed by activities, where appropriate, to the resident’s overall functioning.

One example would be a resident trying to regain full use of his or her dominant arm after a stroke. This resident had loved to bowl in a league. The Activity Professionals should try to engage the resident in bowling with the Wii game or the adaptive bowling set. The Activity Professional would focus on increasing the resident’s range of motion (ROM) by engaging the resident in his or her past interest -- bowling -- and then monitoring the resident’s increased ROM during this activity. The Activity Professional’s progress notes would state the degree of ROM the resident attained during bowling. In turn, other disciplines need to be supportive of the resident’s leisure goals developed by the Activity Professionals. The key is to be part of the interdisciplinary team and not act alone.

OBRA addresses the need for care plans to be interdisciplinary. Many residents independently participate in activities that interest them and engage in self-initiated activities, so they don’t need an activity-specific care plan per se. However, the residents' interest in specific activities can help with cognition, range of motion, socialization, etc. These are areas where other disciplines may need help with getting the resident to reach his or her particular goal.

Another example is the resident who cheats on his or her therapeutic diet, which is noted in the care plan by the dietitian. The Activity Professionals’ approaches could include:

1. The Activity Professionals will offer reduced calorie snacks and/or sugar-free treats when refreshments are served during activities

2. The Activity Professionals will educate the resident about the consequences which may occur if he or she chooses to deviate from their therapeutic diet.
3. If the resident chooses to stray from his or her therapeutic diet, the Activity Professionals will report the resident’s decision to eat the high-calorie, sweet cake to the nurse, especially if he or she is a brittle diabetic.

Quality of life means exactly that, so the Activity Professional must ask him or herself, “How can I ensure the resident’s quality of life if there isn’t an activity-specific plan of care in place to help meet the resident’s leisure interests/needs?”

It is imperative to address the resident’s leisure pursuits during the comprehensive assessment process. The activity-specific care plan should be based on this comprehensive assessment. The Activity Professionals’ progress notes must reflect the progress, or lack of progress, the resident makes toward activity-based care plan goals and his or her response to the Activity Professionals’ approaches for interdisciplinary goals. Based on this information, the assessment continually needs to be updated and rewritten to meet the changing needs of the resident.

The need for activity-specific goals and approaches that address each resident’s leisure needs goes hand-in-hand with Culture Change and the new surveyor guidance to several Quality of Life tags in the State Operations Manual (SOM), effective in June 2009. The activity-specific part of the care plan is very similar to that of other disciplines. It needs to incorporate the resident’s current interests, current abilities to pursue these interests, adaptations needed to help the resident pursue these interests, the resident’s strengths, the goals to help the resident reach his or her highest practicable level of well-being, and the interdisciplinary approaches to help the resident reach his or her goal(s). It is important that all Activity Professionals are aware of each resident’s activity-specific care plan goals and activity-specific approaches, in order for them to assist the residents with achieving their care plan goals.

Activity's involvement in the care planning process is broken into the following categories:

1. **Problem/Need/Strength:** The residents don’t always require a stated problem. Many times the resident has needs and/or strengths that are important to address in the care plan. This area should be very specific to the resident and can state preferences, likes, and/or dislikes. Always use the resident’s name, not “resident,” when writing the care plan. This is one of the first steps to developing a person-centered care plan, instead of simply being paper compliant. This is also the place to address any specific behaviors that are noted; behaviors which may affect the resident’s activity participation, and/or the activity participation of his or her peers.

2. **Goal:** The goal needs to be specific, measureable, address the stated problem/need/strength, and be accomplished within a specific time frame. Try to avoid generic statements and generic goals; the goal must be measurable and attainable for the resident. Attendance or participation goals really aren’t goals at all. The goal should focus on the outcome(s) you want the resident to achieve, e.g., “Mary Smith will take the medium-weight adaptive bowling ball in her right hand (dominant hand), swing her right arm back 45 degrees, bring it forward 120 degrees, and release the ball toward the pins, during bowling group, by September 14, 2009.”

3. **Approaches:** The approaches are a vital part of the care plan process and must be tied to the resident’s identified problem/need/strength and goal. The Activity Professional’s knowledge of the resident should be reflected in the activity-specific care plan and
interdisciplinary approaches. Example: “The Activity Professional will choose the lightweight bowling ball for Mary. The Activity Professional will approach Mary’s right side and encourage Mary to take the ball into her right hand. The Activity Professional will encourage Mary to swing her arm back as far as she can, then swing her arm forward, and release the ball toward the pins. Each week the Activity Professional will encourage Mary to swing her arm farther backward and forward to increase the ROM to 45 degrees backwards and 120 degrees forward. The Activity Professional will encourage Mary to upgrade to the medium-weight ball as her ROM increases and her arm gains strength. The Activity Professional will work closely with the physical therapist to increase Mary’s ROM and strength.” When developing the activity-specific approaches related to goals developed by the interdisciplinary team, make sure you and your staff are able to carry out all the approaches. Remember: once an approach is added to the care plan it is the responsibility of you and your staff to know and understand the approaches and then execute the approaches.

Care plans are reviewed quarterly and all appropriate changes are made based on the current status, abilities, and interests of the resident. New or revised care plans are done annually or when there is a significant change in the resident.

Supporting Documentation for Developing an Activity-Specific Care Plan

Additional information about care plans can be found in the SOM under several F-tags. The following information is intended to help you and your staff to make an informed decision about developing an activity-specific plan of care.

F248 – Activities

Overview

Assessment: Note ~ Some residents may be independently capable of pursuing their own activities without intervention from the facility. This information should be noted in the assessment and identified in the plan of care.

Care Planning: Care planning involves identification of the resident’s interests, preferences, and abilities and any issues, concerns, problems, or needs affecting the resident’s involvement/engagement in activities. In addition to the activities component of the comprehensive care plan, information may also be found in a separate activity plan, on a CNA flow sheet, in a progress note, etc.

Activity goals related to the comprehensive care plan should be based on measurable objectives and focused on desired outcomes (e.g., engagement in an activity that matches the resident’s ability, maintaining attention to the activity for a specified period of time, expressing satisfaction with the activity verbally or non-verbally), not merely on attendance at a certain number of activities per week.

Note: For residents with no discernable response, service provision is still expected and may include one-to-one activities such as talking to the resident, reading to the resident about prior interests, or applying lotion while stroking the resident’s hands or feet.

Interventions

The concept of individualized intervention has evolved over the years. Many Activity Professionals have abandoned generic interventions such as “reality orientation” and large-
group activities that include residents with different levels of strengths and needs. In their place, individualized interventions have been developed based upon the assessment of the resident's history, preferences, strengths, and needs. These interventions have changed from the idea of "age appropriate" activities to "person-appropriate" activities. For example, one person may care for a doll or stroke a stuffed animal, another person may be inclined to reminisce about dolls or stuffed animals they once had, while someone else may enjoy petting a dog, but will not be interested in inanimate objects. The surveyor observing these interventions should determine if the facility selected them in response to the resident's history and preference. Many activities can be adapted in various ways to accommodate the resident's change in functioning due to physical or cognitive limitations.

Investigative Protocol (for surveyors) ~ Activities

Comprehensive Care Planning:

Review the comprehensive care plan to determine if that portion of the plan related to activities is based upon the goals, interests, and preferences of the resident and reflects the comprehensive assessment. Determine if the resident's care plan:

- Includes participation of the resident (if able) or the resident's representative;
- Considers a continuation of life roles, consistent with resident preferences and functional capacity;
- Encourages and supports development of new interests, hobbies, and skills;
- Identifies activities in the community, if appropriate;
- Includes needed adaptations that address resident conditions and issues affecting activities participation; and
- Identifies how the facility will provide activities to help the resident reach the goal(s) and who is responsible for implementation (e.g., activity staff, CNAs, dietary staff).

If care plan concerns are noted, interview staff responsible for care planning regarding the rationale for current plan of care.

Care Plan Revision

Determine if the staff have evaluated the effectiveness of the care plan related to activities and made revisions, if necessary, based upon the following:

- Changes in the resident's abilities, interests, or health;
- A determination that some aspect of the current care plan was unsuccessful (e.g., goals were not being met);
- The resident refuses, resists, or complains about some chosen activities;
- Changes in time of year have made some activities no longer possible (e.g., gardening outside in winter) and other activities have become available; and
- New activity offerings have been added to the facility's available activity choices.

For the resident who refuses some or all activities, determine if the facility worked with the resident (or representative, as appropriate) to identify and address underlying reasons and offer alternatives.
**Determination of Compliance (Task 6, Appendix P)**

**Synopsis of Regulation 248**

**Potential Tags for Additional Investigation**

During the investigation of provision of care and services related to activities, the surveyor may have identified concerns with related outcome, process and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether noncompliance may be present. Some examples of requirements that should be considered include the following (not all inclusive):

- **43 CFR 483.20(k)(1), F279, Comprehensive Care Plan**
  - Determine if the facility developed specific and individualized activities goals and approaches as part of the comprehensive care plan, unless the resident is independent in providing for his/her activities without facility intervention.

- **43 CFR 483.20(k)(2), F280, Care Plan Revision**
  - Determine whether the facility revised the plan of care as needed with input of the resident (or representative, as appropriate).

**Conclusion**

The federal regulations clearly support the development of an activity-specific care plan, unless the resident is independently capable of pursuing his or her own activities without intervention from the facility. Activity Professionals also play an important role in many other areas of the residents’ lives.

- Activity Professionals can help with hydration by offering water and other non-caffeine beverages during activities. In social situations residents tend to consume more fluid because they “want to fit in” and everyone else is drinking so they engage in the activity, too.

- Activity Professionals can help with range of motion by getting a previous bowler to join the facility’s bowling group. By joining in a familiar activity the resident forgets that in therapy he or she had difficulty raising the arm affected by the stroke. With everyone cheering, the resident swings that arm back and then forward trying to get a strike. Each week range of motion is increased because the resident is having fun.

- Activity Professionals can take a resident’s mind off of his or her pain by getting the resident involved in a small group activity that relates to his or her past interests. This may decrease the resident’s need for pain medication. While the resident is engaged in the activity pain is temporarily forgotten.

These are just some of the ways Activity Professionals can contribute to the approaches for goals set by other disciplines. The key is to remember that we are professionals who have a special relationship with the residents. Because of this relationship, Activity Professionals can often get the residents to do things for us while they are having fun, that they won’t do for the therapist because it hurts. Given the frail elderly most Activity Professionals serve in today’s long term care facilities, we should be developing an activity-specific care plan for each resident.