

# Enhancing the Quality of Life



## Activities Toolkit for Long-Term Care



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# Introduction

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The resident population in nursing homes has changed dramatically in the past few decades as have federal and state regulations and consumer expectations. Culture change, evidence-based practice, and quality improvement are signs that care in nursing homes is advancing. Things are getting better! A key component of that improvement is the expanding importance of activities within the nursing home setting. This toolkit is designed to help activity directors access a variety of resources which will enable them to strengthen their programs.

A large portion of this toolkit is based on “Activities: Are You Doing All You Could Be?” ([www.cdphe.state.co.us/hf/alr/activitiesdoingallyoucan.pdf](http://www.cdphe.state.co.us/hf/alr/activitiesdoingallyoucan.pdf)) and the Activity Resource List ([www.cdphe.state.co.us/hf/alr/activityresources.pdf](http://www.cdphe.state.co.us/hf/alr/activityresources.pdf)), which were developed by Carmen S. Bowman, MHS, when she was a surveyor with the Health Facilities Division, Colorado Department of Public Health and Environment.

The Carolinas Center for Medical Excellence (CCME) does not endorse or recommend any product, association, or company listed in this toolkit. Those included in this publication are provided solely as resource examples for the purpose of expanding the reader’s knowledge and access to additional ideas and information.

# Background

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Nursing home residents are older and very frail with complex medical problems that are often managed with multiple medications. Three fourths of residents have cognitive impairment and half of all residents have some form of dementia. As staff manage fall risk, reduce pressure ulcers, and eliminate physical and chemical restraints, the need for a strong activities department is evident. A resident sitting in an uncomfortable wheelchair alone in her room who is bored, in pain, and confused about personal safety will likely attempt to stand unsafely and be at very high risk of falling and perhaps injury. Why wouldn’t she attempt to stand? There is an array of interdisciplinary interventions indicated in this type of situation; however, chief among them is the provision of meaningful activities designed for the individual resident.

Older adults who live in community need to experience an appropriate mix of private time and social interaction with others. As we move forward in bringing culture change to long-term care, smaller familiar environments in which residents are at home, make decisions, and have control over their lives, are dependent upon full, meaningful engagement of the resident. Activities are everywhere. All of life in a community is a form of activity.

Goals of a strong activities program are to enhance the functional status of residents, maintain lifelong skills, increase feelings of self worth, and foster the learning of new skills and knowledge. Success is measured at each resident's level of functioning. Those facilities capable of addressing not only the resident's functional status and acute and chronic disease management, but also the social, spiritual, and emotional lives of their residents will have the best outcomes. A competent, well-supported activities department is a key component in this comprehensive approach.

## Section 1: Activity Ideas

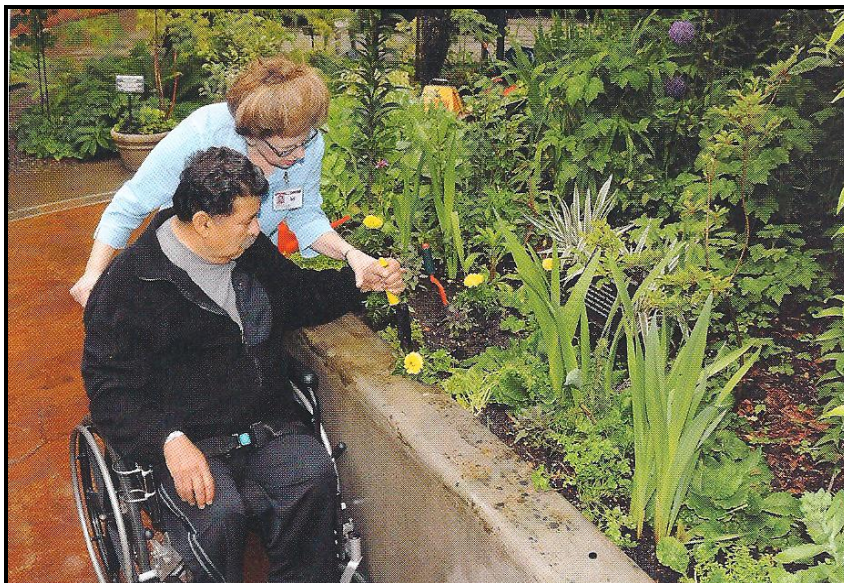
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The following categories represent groups of activities that may be used for all levels of function. For additional information about providing activities for residents with dementia, please see Section 4.

### Gardening

Gardening or horticultural therapy offers activities which range from filling a pot with flowers on the window sill to working from a wheelchair on outside raised beds in a vegetable or flower garden. Gardening offers opportunities for physical exercise, improving dexterity while using fingers and hands, as well as building a sense of accomplishment and self confidence. All types of gardening tasks (e.g., starting seeds, planting, weeding, pruning, staking, cutting, mulching) can be adapted to meet a resident's limitations. Gardening and garden clubs also offer the opportunity to reminisce about past gardens, life events, locations, and activities. In addition to benefits to the resident's physical and mental status, gardens can improve the physical environment of a nursing home. Local groups can be enlisted to build and provide materials for gardens. Raised beds, greenhouses, butterfly gardens, and outside structures like gazebos can transform areas and provide spaces for resident activities.

An idea for an indoor garden is a mobile garden cart which might contain plants and flowers on trays; it can be pushed through the facility to residents. It is important to remember that gardening has a language of its own. Often, the activities of gardening do not even need words. Many older adults can enjoy nature in this way.

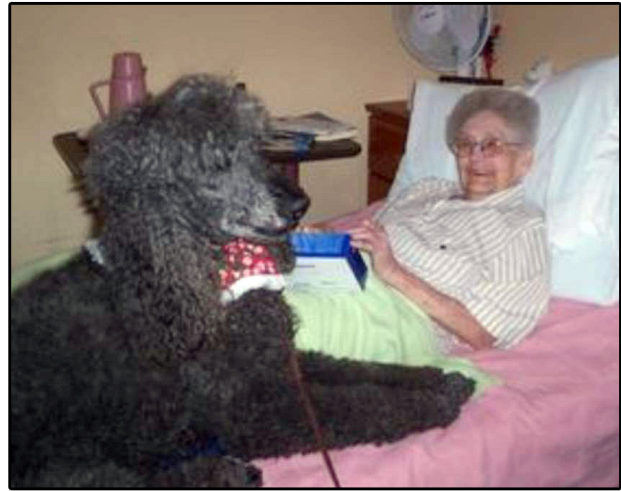


Horticultural therapist, Teresia Hazen, shows a stroke patient how to use a hand trowel to plant marigolds in a raised bed at one of Legacy Health's therapeutic gardens.

*The American Gardener*,  
July/August 2010, page 43

## Pets

The presence of animals such as cats, dogs, birds, rabbits, and fish provides a sense of home and companionship as well as an opportunity for residents to participate in daily care. Attention, feeding, and grooming are avenues for resident involvement. Live-in animals as well as visiting pets from families, volunteers, and community organizations provide opportunities for engagement. Some local animal shelters have programs for taking animals to visit organizations like nursing homes.



**Ann Marie Bartel and poodle named Danielle.**  
*Boonville Daily News, Boonville, MO, January 13, 2011*

## Bird Watching

Bird feeders by the resident's window can offer hours of enjoyment to those who have sufficient vision to see birds feeding. Bird houses and bird baths can lure birds to the areas surrounding residents' rooms as well. Bird sightings can lead to discussions about a variety of related topics such as identifying different birds, migratory patterns, and facility-wide counts of different species. Different community groups like the Boy/Girl Scouts and churches, as well as family members can make or donate bird feeders and seed.

## Discussion Groups

Intellectual activities provide mental stimulation and group participation while offering opportunities for self direction and decision making within the resident's community. Discussions are helpful for those residents who cannot participate in physical activities because of limitations such as poor vision and low functional status. When showing residents a visual image for discussion, use an LCD projector to project the image on a large enough scale for residents with all levels of vision to see it. Examples of discussion groups include the following:

- **Current events** – Newspapers, news broadcasts, the Internet, and weekly magazines can generate discussions about the larger world. Outside speakers can stimulate discussions on timely events.
- **Resident council or house meetings** – These types of meetings not only provide mental stimulation but also offer the opportunity for self direction and decision making.

- **Reminiscence** – Small group discussions can be centered on a wide variety of topics and visual images which provide a starting point for personal reminiscence. Examples include:
  - Your favorite teacher
  - Your first sweetheart
  - Your pet(s)
  - Your occupation
  - Your parents
  - The house or city you lived in
  - Games you played
  - Hobbies
  - Embarrassing moments
  - The scariest thing that ever happened to you

Visual images from ads, magazines, and newspapers can be used to stimulate reminiscing about earlier fashions, hairstyles, and technology which were part of the resident's past experience. Music and particular songs can be used to stimulate discussions about eras and styles. The AARP Gerontological Resource Information Center (202-434-6240) offers the AARP Reminiscence Program, [www.aarp.org/research](http://www.aarp.org/research) (888-687-2277).

- **Travel and geography** – Different countries and cities can be used to stimulate discussions about culture, environment, weather, language, religion, and political arenas. Ask residents to share information about places they have visited or lived. The public library is a great resource for videos, travel books, and reference books on countries. You could have an ethnic meal relating to a country or area you or the residents have visited.
- **Reading time** - Pick a book (a novel, non-fiction, or poetry) and read to the residents a half hour or more each day. Ask for opinions on various short readings. Materials from the local library as well as donated books offer a continuous supply of material.

Miscellaneous topics for discussion

- Read interesting "Dear Abby" letters from the newspaper and ask residents what advice they would give the writer. Then read Abby's response.
- Have *A Chicken Soup for the Soul* hour once a week. Let a resident read and ask the residents to discuss the content.
- Generate discussions around various interesting questions such as:
  - If you won the lottery, what would you do with the money?
  - If you could visit any country in the world, which would it be and why?
  - If you could have one hour with the President, what would you say?
  - Who would you most like to meet and why?
  - Have residents talk about their favorite movies and books.

- Ponder the universe and life on other planets.
- Discuss different religions of the world.

## Sensory Stimulation

Adequate stimulation of the senses (i.e., hearing, vision, touch, smell, taste) is critical for older adults because as we age, changes in these senses are normal. In addition, the resident may experience further limitations due to specific medical conditions. There are many types of objects and activities that can be used to stimulate the five senses through a variety of approaches. It is important to remember that those residents with cognitive impairment may be overwhelmed by different forms of sensory stimulation. Knowing the resident and their individual response pattern is critical when designing an activity.

- **Hearing** – Music, talking, and sounds of the natural environment are all important ways to engage the resident. One-to-one personal interaction, tape recordings, video recordings, Internet sites, and TV programs provide readily available sources of auditory stimulation. The interdisciplinary team must ensure that hearing is checked regularly and that prescribed hearing aids are worn each day and maintained properly.
- **Sight** – Visual stimulation can be from anything; however, first it is helpful to look at the environment from the resident's perspective. Adjustment in the height of visual images is essential for those residents in wheelchairs. Wall and floor patterns as well as lighting should be examined as well. An environment rich in color, variation, familiar images, and homelike décor can be very stimulating. It is important for the interdisciplinary team to ensure that residents in wheelchairs are seated properly so that their gaze is up and forward into the environment rather than pointing down. This may involve specialized seating adaptations as well as strengthening exercises. In addition, the resident's vision must be checked regularly and eyeglasses maintained and worn if necessary.
- **Taste** – Providing individual preferences and smaller, more homelike, personal dining areas are key features for environments that successfully stimulate taste on a daily basis. Other ways to stimulate taste include food and drink items for holiday occasions, food in particular colors, and foods from different countries, cultures, and religions.





- **Smell** – The smell of a nursing home can either be welcoming or repulsive. The sensory experience of smell is challenging in traditional nursing homes and efforts to improve it must not only be through sanitation and regular toileting schedules, but also can include the use of food aromas, potpourris and flowers, herbs and spices, perfumes, colognes, lotions, and candles.
- **Touch** – Touch is crucial to all of us throughout our life span. Examples of specific activities to enhance touch include games where residents are blindfolded or close their eyes in order to identify items by touch. Focusing on seasons such as Halloween can provide opportunities to touch different types of items and textures. Examples include holding a pumpkin, crunching leaves, and holding a soft, furry stuffed animal. Simple forms of touch like massage, hand holding, and hugs are important ways to communicate warmth and comfort to those residents who are receptive and comfortable with personal touch.

## Activity Baskets, Boxes, and Aprons

Containers such as baskets, boxes, and aprons can hold a large variety of objects used for sensory stimulation while promoting range of motion exercises for hands, fingers, and arms as well as increasing mental stimulation. Items in the container may be general in nature or designed around a theme. Attention to the individual resident's past history, personal story, and interests as well as safety concerns due to physical limitations and impaired cognitive status is important. Each item must be examined for safety and possible misuse before including it. Examples are:

- Tackle boxes
- Basket handwork items
- Hat boxes with scarves and hats
- Different types of tool boxes
- Small suitcases with ties or other clothing
- Home décor boxes
- Medical kits
- Socks, washcloths, and other items for sorting

Aprons with sewn in pockets, attachments, buttons and buttonholes, zippers, and other items can provide the same types of stimulation as boxes and baskets.

## Holidays

Celebration activities around holidays offer a natural way to engage residents with universal appeal. Examples of holiday-related activities include:

- Planning and preparing meals
- Baking special holiday foods like cookies and breads
- Trivia game on facts about holiday origins and customs
- Reminiscence about memories of residents
- Making a holiday craft
- Entertainment with a focus on the music, songs, or stories around holidays
- Reading stories related to the holiday
- Creating a game centered around the holiday
- Having a dress day for the holiday

## **Intergenerational Programs**

Providing exposure to infants, children, and younger adults is an important way to engage nursing home residents in the world around them. Building relationships across generations helps to eliminate stereotypes and enriches both young and old. Day care centers, school children, preschool children, children of staff and residents' families, and Adopt-a-Grandparent programs offer potential intergenerational opportunities. Programs can involve discussions as well as a specific activity such as an art project, musical performance, or outdoor activity. The older adult may be able to provide an oral history to the younger person who is studying a period in history. Residents could attend functions away from the facility as well as students coming into the facility. Just having children come for a visit or going to watch children on a playground can engage residents in a positive way.

## **Cultural Enrichment**

Highlight a different resident's background each month as well as other interesting cultures that will lead residents into a discussion as well as provide sensory stimulation, movement, and mental stimulation. Decorations and foods related to particular a culture can be effective methods to stimulate and engage residents.

## **Spiritual Enrichment**

Services related to specific religious traditions are important ways to acknowledge and support residents in their spiritual development as they age, adjust to limitations and loss, and approach the dying process. Offering services from several denominations and religious faiths, Bible study, mass with communion, and memory celebration services are examples of ways to incorporate a spiritual dimension into the resident's daily routine. Bible Alliance, Inc. provides free cassette Bibles and Bible messages for the visually impaired and print handicapped (941-748-3031).

## Games

All types of games can be used in the long-term care setting as long as they are adapted to the resident's individual level of function. Examples include:



- Trivia
- Spelling bees
- Word games
- Card games
- Dominoes
- Charades
- Magic tricks
- Puzzles

An example of adapting a card game to a lower level of function is Pokeno which is a simple card game. Each resident can be given four cards and asked if they have a Jack of Hearts, just a Jack, or just a red card.

## Arts and Crafts

Creative expression is an important component of life, whether it is completing a finished painting or picking out one's clothes for the day. Crafts can be adapted to individual levels of function and provide a sense of accomplishment through creative exploration. Examples of methods and different media include painting, drawing, chalks, water colors, adult coloring books, and simple crafts such as weaving, creating collages, and beading. One example of an easy art project is to create wall murals. Hang a large piece of paper on the wall and create images following a seasonal theme. One mural project might be to develop a rose garden. On the first day, ask residents to help you paint or draw a picket fence. The next time, add in a path, the next time roses and so on. In this way the project time is short and residents are given help to create a variety of images on the paper which can be taken down when finished and replaced with a new project. The catalogs and newsletters listed in the Resources Section provide a large variety of ideas and materials for creative activities for older adults.

## Theme Days

Creating special days offers the opportunity to design activities around a particular theme such as a County Fair Day, King and Queen Fair, Barbeque Picnic, or Meet the Residents day. Associated activities might include a bake sale, games such as water balloon toss, pie-throwing (with shaving cream or whipped cream on small Styrofoam plates), watermelon seed spitting, walker/wheelchair parades, and pet dress-up with ribbons for the most original or funniest.

## **Scheduled Outings**

Providing excursions is an important way to keep residents in touch with the world around them. Visits to libraries, museums, zoos, movies, theaters, concerts, shopping, viewing Christmas lights, special events, and churches/synagogues/mosques are examples of possible outings for older adults. Transportation is ideally provided through a facility vehicle; however, buses can be chartered and some carriers might provide special deals and discounts to facilities.

## **Social Events**

Parties, happy hours, socials, teas, clubs, picnics, formal parties, family nights, movies, slide shows, soup days, coffee breaks, and popcorn or ice cream times are all examples of possible social events which could be provided on a daily basis. Once organized, these types of events can become routine and be supported through participation by frontline staff. For example, both staff and residents can eat together on special days with soup prepared by the dietary department.

## **Beauty Programs**

Ideas for different activities related to grooming and beauty care include manicures for nails, hair styling, shaving, and dressing. Volunteers as well as professionals from the community can be asked to participate.

## Section 2: Exercise Programs

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Exercise may take a variety of forms. When designed to meet individual needs and level of function, exercise provides an avenue for physical movement and social interaction that is critical to personal well being. Examples of various forms of exercise are:

- Sittercise
- Scarves to music
- Bean bags
- Noodle toss
- Ring or ball toss
- Balloon volleyball
- Parachute
- Horseshoes
- Croquet
- Line dancing
- Basketball
- Fishing
- Bocce ball
- Shuffleboard
- Kickball
- Video programs such as Wii
- Golf
- Darts
- Catch
- Dancing
- Gardening



While balance, weight, and strength training are prescribed by the interdisciplinary team, activities that require daily stretching and range of motion can be offered through the activity department. In addition to restorative programs, specific exercise programs can be offered to residents with particular chronic diseases. One example is an exercise program designed for residents with arthritis. Specially trained leaders may hold weekly classes for these residents. While physical therapists, occupational therapists, and exercise physiologists may conduct specific classes and activities, frontline staff may provide general exercise classes. With planning, an exercise class can be offered on 1<sup>st</sup> and 2<sup>nd</sup> shifts, as well as on weekends.

## Section 3: Music Programs

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Music is a universal language and a great way to provide a relaxing atmosphere and change the mood of the environment. Music during meals and activities can provide a soothing background as well as stimulate memories. A staff member playing the piano while residents wait for their meal in the dining room can change boredom and despair into positive fun when residents are encouraged to sing familiar tunes and hymns. Professional musicians, high school students, family members, residents, and staff should all be asked to add music to the daily routine when appropriate.

Engaging residents with musical instruments can be a valuable activity offering mental and physical stimulation. Examples of musical instruments for residents include:

- Bongo drum
- Castanet
- Chime bar
- Finger cymbal
- Hand drum
- Handle bell
- Jingle clog
- Kazoo
- Lap drum
- Loop bell
- Mallet
- Maracas
- Portable keyboard
- Rhythm stick
- Sand block
- Shaker
- Sleigh bell
- Tambourine
- Tone block
- Tick tock
- Triangle
- Xylophone



In addition, bell choirs are a good way to engage residents musically. They are not difficult to conduct and do not require residents to read music. Inexpensive bells and oversized musical instruments may be acquired through online order companies for residents with physical limitations.

## Section 4: Working with Residents Who Have Dementia

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When working with residents who have dementia it is important to focus on remaining abilities rather than what they can no longer accomplish. Activities should be designed based on the person's previous interests and hobbies in order to help the resident access memories, learned behaviors, and remaining skills.

Assess the resident carefully as to cognitive function and functional ability. Many residents will need to have complex tasks broken down into simple steps to be taken slowly, one at a time. Residents with dementia may participate in an activity either alone or in a small group and some may observe without participation. Structure and routine are important methods to help the resident with dementia find meaning in their day. Provide consistent environmental cues about time of day and about the activities you conduct. Give the resident verbal, visual, and tactile cuing when helping them to participate in an activity. This will increase the likelihood of their understanding what it is you want them to do. You may guide their hands and arms and be sure to give lots of encouragement and praise. Some of the therapeutic activities that have been shown to be helpful in reducing certain behavioral symptoms in people with Alzheimer's disease are playing music of the person's choosing, one-on-one interaction, playing videotapes of family members, walking, light exercise, and pet therapy.

When planning activities for large groups that include residents with dementia, staff should provide smaller parallel groups so that those with dementia can participate but off to the side with specially designed activities for their level of functioning. Make the activity failure-free and be sure to notice when a resident's anxiety increases because of frustration or confusion. Stop and modify the activity to the resident's ability.

For those in advanced stages of dementia, sensory stimulation may be helpful. Sensory boxes can provide a variety of items with different textures and colors that can trigger memories and past skills. Baby dolls and related items such as blankets, bottles, and clothing; wedding items; letters and stamps; trains; beach-related items like buckets, seashells, and shovels; and grooming items are examples of objects which could be included in a sensory box. Attention should be paid to the safety of each object remembering that residents with moderate to severe dementia may place items in their mouth or be harmed by sharp objects.

Humor is an important way to engage the resident with Alzheimer's disease. Even when they may not fully understand what you are saying, often the resident can still smile and be engaged. Humor is also good for the staff and can defuse situations which may otherwise create anxiety

for the resident. Jokes, clowning, and just being silly can be effective ways to introduce humor into the life of residents with dementia.

Residents with dementia can be asked to perform activities of daily living using their remaining skills. This includes not only personal grooming and self care, but also tasks related to home life which they may remember such as sorting items, folding washcloths, rolling yarn, or setting the table. Basic cooking activities can also be ways to engage residents.

Hand massage with scented lotions, hugging, and holding hands are ways to provide stimulation and comfort through touch and smell.

## Exercise

Easy-to-follow and repetitive exercise is especially helpful for residents with dementia. This may be walking, propelling a wheelchair, or exercises done while stationary in a chair or bed. Chair exercises using props such as balloons, noodle batons, and other small handheld items can be used to engage the resident in the exercise activity. Music and an enthusiastic leader can provide the stimulation necessary for participation. A daily routine of chair exercises established by the activities department and supported by frontline staff will encourage participation. Daily ambulation is important both for physical and mental benefits. Having daily access to a safe, enclosed outside area is especially helpful for exercise routines. Cooperation and planning with frontline and restorative staff will ensure that physical exercise occurs routinely on the day and afternoon shift as well as during the weekends.

## Music

Music therapy for residents with dementia has been found to be effective in reducing behavioral symptoms while promoting active involvement and social interaction. It is important to remember that those with dementia may respond well to music when their ability to respond to other forms of stimulation is limited. For example, one resident with Alzheimer's disease had lost the ability to make complete sentences and respond



The Plain Dealer, Lisa DeJong/AP

From Finding Dulcinea's Web Guide to Alzheimer's Disease, March 02, 2009, [www.findingdulcinea.com/news/health/2009/feb/Why-Music-Matters-for-Alzheimer-s-Patients.html](http://www.findingdulcinea.com/news/health/2009/feb/Why-Music-Matters-for-Alzheimer-s-Patients.html)



appropriately to verbal interactions with staff and other residents. However, she was able to play the piano beautifully and continue to read music. This is also true for singing. Residents with dementia may no longer have the verbal skills necessary for social interaction, but are able to remember the words to familiar songs. Providing the opportunity for these residents to sing and enjoy music is a helpful way to lower anxiety.

Different types of chimes and environmental sounds (e.g., rain, ocean, animals) may be soothing for some residents. Generally speaking, TV and radio may be too confusing for residents with dementia and may increase anxiety and confusion. Relaxation music may be helpful during meals as well as in the afternoon and evening.

The following 101 things to do with persons who have dementia are from the Alzheimer's Association ([www.alz.org](http://www.alz.org)). Many either apply or can be adapted for use in nursing homes.

1. Listen to music.
2. Toss a ball.
3. Color pictures.
4. Make homemade lemonade.
5. Count trading cards.
6. Clip coupons.
7. Sort poker chips.
8. Read out loud chapters from the Harry Potter books or other favorite stories.
9. Rake leaves.
10. String beads.
11. Bake cookies.
12. Take photos of the person and create a collage.
13. Brush or comb one another's hair.
14. Participate in the Alzheimer's Association Memory Walk.
15. Plant seeds indoors or outdoors.
16. Look at family photographs.
17. Wipe off the kitchen table.
18. Weed the flowerbed or tend to the garden.
19. Fold laundry.
20. Have a friend visit with a well-behaved pet.
21. Cut pictures out of greeting cards or magazines.
22. Play dominoes.
23. Ask the person about his or her favorite childhood books or cartoon characters.
24. Bake homemade bread.
25. Sort objects by shape or color.
26. Sing old songs.

27. Invite the person to tell you more when he or she talks about a memory.
28. Put silverware away.
29. Make a Valentine card.
30. Play favorite songs and sing.
31. Ask the person about his or her brothers or sisters.
32. Make a cherry pie.
33. Play with tops or jacks.
34. Make a scrapbook.
35. Take a walk around the yard.
36. Write a poem together.
37. Reminisce about the first day of school.
38. String Cheerios® to hang outside for birds.
39. Make a fresh fruit salad.
40. Sweep the patio.
41. Color paper shamrocks green.
42. Fold towels.
43. Have an afternoon tea party.
44. Talk about great inventions.
45. Look through the pages of a clothes catalog.
46. Look at a map of the United States and identify states and capitals.
47. Make a family tree poster.
48. Color a picture of our flag.
49. Eat a picnic lunch outside.
50. Water house plants.
51. Play horseshoes.
52. Dance.
53. Watch Sesame Street together.
54. Make homemade ice cream.
55. Make holiday cards.
56. Reminisce about favorite sports activities the person enjoyed while growing up.
57. Write a letter to a friend or family member.
58. Dress in your favorite football or soccer team's color.
59. Pop popcorn.
60. Name the presidents of the United States.
61. Give a manicure.



62. Make paper butterflies.
63. Plant a tree.
64. Finish famous sayings.
65. Feed the ducks.
66. Model with play dough.
67. Look at pictures in a comic book.
68. Put a puzzle together.
69. Sand wood.
70. Rub in hand lotion.
71. Arrange fresh flowers.
72. Remember famous people.
73. Recite nursery rhymes.
74. Make peanut butter sandwiches.
75. Cut up used paper for scratch paper.
76. Blow bubbles.
77. Take care of a fish tank.
78. Bake cupcakes and decorate them.
79. Interview the person about his or her life using a video camera or cassette recorder.
80. Play Hangman.
81. Finger paint.
82. Cut out pictures from magazines.
83. Put coins in a jar.
84. Put bird seed out for the birds.
85. Decorate a pumpkin.
86. Reminisce about a favorite summer.
87. Roll yarn into a ball.
88. Trace and cut out autumn leaves.
89. Cook a favorite family recipe together.
90. Gather a yellow sponge, crayons, paper, and tape and make a SpongeBob SquarePants.
91. Wash silverware.
92. Give him or her a hug.
93. Ask the person to show you how to knit or sew (or another favorite hobby).
94. Make a picture frame out of popsicle sticks and glitter.
95. Play a musical instrument.
96. Keep a journal together.
97. Ask the person to talk about his or her favorite sports hero.
98. Sort playing cards.
99. Ask the person about his or her favorite pet.
100. Wash windows together.
101. Ask the person about his or her first car.

**Beyond Bingo:  
Meaningful Activities for Persons  
with Dementia in Nursing Homes**

**Annals of Long-Term Care  
July 2009**

To view the article, visit:

**[www.annalsoflongtermcare.com/content/beyond-bingo-meaningful-activities-persons-with-dementia-nursing-homes](http://www.annalsoflongtermcare.com/content/beyond-bingo-meaningful-activities-persons-with-dementia-nursing-homes)**

## Section 5: EDGE (Electronic Dementia Guide for Excellence Project)

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The EDGE Project was developed through the New York State Department of Health as a quality improvement tool for nursing homes. It is a web-based system of information designed for use with residents who have dementia.

**[www.health.state.ny.us/diseases/conditions/dementia/edge/index.htm](http://www.health.state.ny.us/diseases/conditions/dementia/edge/index.htm)**.

While there is a large variety of information on this website, the most valuable area for activities staff is the section containing different interventions.

**[www.health.state.ny.us/diseases/conditions/dementia/edge/interventions/index.htm](http://www.health.state.ny.us/diseases/conditions/dementia/edge/interventions/index.htm)**.

The list of interventions includes:

- Tea Group Intervention
- Big Band Intervention
- 1:1 Person Centered Visits
- Individualized Music
- Worship Services
- Gentle Bathing
- Breakfast Club
- Social Interactions
- Simple Pleasures
- Therapeutic Drumming
- Falls Prevention

On the website, after clicking one of the interventions above, you may access the following content for downloading and printing.

- Goals and benefits to the resident
- Program structure – how to run the activity
- Inservice content for staff about the activity
- Ritual – how to conduct the activity itself
- Troubleshooting – common problems and solutions
- Outcomes for the resident
- References and background information on the activity
- Forms – a variety of forms including sample and blank forms used for care planning

The intervention called *Simple Pleasures* contains content especially useful when designing activities for residents with dementia. This section includes 23 therapeutic recreational items that have been designed and tested with residents. The website for Simple Pleasures is [www.health.state.ny.us/diseases/conditions/dementia/edge/interventions/simple/index.htm](http://www.health.state.ny.us/diseases/conditions/dementia/edge/interventions/simple/index.htm).

Content from the first page is included below. When selecting a specific Simple Pleasure activity, you will be able to access detailed instructions for making the object as well as conducting the related activity.

## PROGRAM STRUCTURE

### Duration

5-45 minutes depending on attention span, interest and item

### Participants in the Program

Group Size: 1:1 or in small groups (no more than 5)

### Selection of Residents

Resident Strengths and Qualifiers:

1. Resident expresses agitation, restlessness, wandering, and/or physically or verbally non-aggressive behavior.
2. Resident sits without active engagement within the environment or with other residents, staff or family.

### Exit Criteria

1. Resident no longer shows signs of disruptive behavior.
2. Resident no longer shows signs of passive behaviors.
3. Resident interacts independently within the environment and with other residents, staff and/or family.

### Physical Environment and Equipment Needed

This varies depending on the item. Many of the items can be made for under \$5 or with donated materials. Instructions for making each item are included.

- Activity Aprons
- Stuffed Butterfly and Stuffed Fish

- Wandering Cart
- Look-Inside Tackle Boxes
- Arranging Flowers
- Sensory Stimulation Box
- Hang the Laundry
- Home Decorator Kits
- Latchbox
- Look-Inside Purses
- Message Magnets
- Fleecy Muff
- Picture Dominoes
- Polar Fleece Hot Water Bottle Cover
- Rings on The Hooks Game
- Sensory Vest
- "Patchwork" Sewing Cards
- Squeezeie
- Table Ball Game
- Round Activity Tablecloth
- Tether Ball
- Wave Machines

## Section 6: Community Resources and Volunteers

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Rarely do activity departments and nursing departments have sufficient staff to offer the number of activities needed throughout the day and evening, as well as on the weekend. It is critical to involve the local community in a number of different ways for sufficient volunteer support. The activities director becomes an ambassador for the facility and will need to meet with various groups explaining specific needs and structures for participation including training and contracting for long-term commitments. In addition, it is important for the activity director to develop a good management system for using volunteers, otherwise the program may quickly deteriorate. Potential sources for community volunteers and other programs include:

- Local schools (i.e., preschool, kindergarten, elementary, middle school, high school, home school) provide a wonderful source for intergenerational programs. The majority of schools require community service for credit which is easily filled by the nursing home environment. Community and local colleges will have community service programs and may need sites for students as well. Examples from the school setting include:
  - Adopt-a-Grandparent programs
  - History class projects
  - Drama clubs
  - Choirs
  - Autobiography interviews for radio, newspapers, magazines, and oral history projects.
  - Gymnastics
  - Drill team and marching bands
  - Sports clubs need fields and areas to practice. Invite them to practice nearby so that residents can watch. Local sports teams offer opportunities for residents to watch events such as Little League baseball games, swim meets, football, and soccer games.
  - Service clubs such as ROTC and Poetry Clubs are a great source of volunteers for theme days, Senior Prom dance partners, reading groups, and pizza parties.
- Local churches may be able to offer help with women's circles, men's groups, prayer groups, services, Bible study, youth groups, and children's programs.
- Local animal shelters can offer visiting pet programs.
- Local entertainment may provide singing groups, barbershop quartets, mariachi bands, harpists, fiddlers, guitarists, flautists, and bands. Hold a recital in your facility of local music students who are taking lessons in piano, violin, or other instruments. Contact music teachers in the community and from the school system.
- VFW, Auxiliaries, and Elks Clubs can provide volunteers and speakers.



- Local beauty schools may offer hair styling, massages, and manicures.
- If residents belong to organizations, offer the group meeting space in your facility to enable the residents to attend.
- Dance groups can provide square dancers, folk dancing, cloggers, ballroom dancing, tap dancing, ballet performances, and jazz performances.
- Boy Scouts and Girl Scouts are always in need of service projects. Perhaps they could build bird houses, raised garden beds, and other outdoor structures at your facility.
- Libraries may offer delivery services, book mobiles, and Talking Books.

Network with local nursing homes, assisted living facilities, and adult day programs to split the costs of an entertainer or expensive supplies. Swap ideas, borrow games, and share. Invite participants from local adult day programs or small assisted living facilities to activities in your facility and to meet other residents.

RSVP (Retired Senior Volunteer Program) offers a way to post your volunteer opportunities and become part of a web-based recruitment system that is powered by VolunteerMatch. The VolunteerMatch network connects volunteers with nonprofit organizations. Every day, thousands of volunteers search VolunteerMatch for opportunities in their community. When volunteers see your listing, they click on your link to connect with your organization and get involved. Learn more at <http://www.seniorcorps.gov/about/programs/rsvp.asp>.

# Section 7: Regulations

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## F248 and the New Interpretive Guidelines

On June 1, 2006 the Centers for Medicare and Medicaid Services (CMS) issued new Interpretive Guidelines for state surveyors that included major changes in how Activity Departments would be evaluated for compliance. A major theme of the guidelines is culture change based on person centered care with a shift from quality of care to quality of life. As expected, the role of activity departments in this initiative is significant.

The guidelines use the terms, *person appropriate care*, to emphasize this change in culture. “Each resident has a personal identity and history that involves more than just their medical illnesses or functional impairments. Activities must be relevant to the specific needs, interests, culture, and background of the individual for whom they are developed.” Emphasis is on treating the resident as an individual and incorporating personal history, background, and interests into care plans. The guidelines require increased documentation with up-to-date records.

### Evaluation requirement

“The facility must demonstrate that it has in place a system that supports the planning, implementation, and evaluation of the effectiveness of its Activity Program.”

### Relevance to resident interests

“The facility must ensure that it develops and implements activities programs that identify the needs of each resident, in order to ensure that each resident is assessed according to his interests, preferences, choices, strengths, and limitations; and receives an individualized, ongoing, and meaningful program of activities that addresses those interests and choices.”

### Expanded definition

“Activities include any endeavor, other than ADLs, in which a resident participates that is intended to enhance his well-being. Activities can occur at any time and are not limited to formal activities provided by Activities staff.”

### Facility wide support

“The facility must provide an ongoing program of activities designed to meet the individual interests and needs of its residents. Persons involved may be any facility staff, volunteers, and

visitors.” All staff in a facility are now required to assist in delivering person appropriate activities.

## **Activities and Activities Director Requirements for the State of North Carolina**

### **10A NCAC 13D .2301 PATIENT ASSESSMENT AND CARE PLANNING**

The facility shall perform, within 14 days of admission and at least annually, a comprehensive, accurate, documented assessment of each patient's capability to perform daily life functions. This comprehensive assessment shall be coordinated by a registered nurse and shall include at least the following: (10) patient's ability and desire to take part in activities, including an assessment of the patient's normal routine and lifetime preferences.

### **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; Eff. January 1, 1996.

#### **10A NCAC 13D .3201 REQUIRED SPACES**

- a. 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.

- b. 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.
- c. Handicap accessible outdoor areas for individual and group activities shall be provided.
- d. 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.

## **Activities and Activities Director Requirements for the State of South Carolina**

### **Regulation Number 61-17 Standards for Licensing Nursing Homes**

#### **Section 1000- Resident Care and Services**

##### **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.

## Section 8: Professional Organizations and Certification

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### National Organizations

- National Association of Activity Professionals (NAAP), 5530 Sevierville, TN 37862, 865-429-0717  
This is a national lobbying group which offers workshops, an annual convention, and bi-monthly newsletters for activity professionals. This organization has seventeen special interest groups. <http://www.thenaap.org>
- National Certification Council of Activity Professionals (NCCAP)  
P.O. Box 62589, Virginia Beach, VA 23466, 757-552-0653  
This organization provides certification and education information for activity professionals. Note that in 1/01/12, a national exam will be added as a requirement for certification as an activity professional through NCCAP. Until that time, national certification is possible without taking an exam. <http://www.nccap.org>
- The Coalition of Activity Professionals – North Carolina (COAP-NC National)  
This is a newly launched national organization with a \$12 charter membership fee.  
1821 Hillandale Road, Suite 1B-350, Durham, NC 27705, 919-990-1739  
[coapinfo@aol.com](mailto:coapinfo@aol.com), <http://www.thecoap.com>
- Alzheimer's Association, 800-272-3900, [www.alz.org](http://www.alz.org)  
Look for all 5 NC locations at [www.alz.org/apps/findusall.asp#nc](http://www.alz.org/apps/findusall.asp#nc)
- National Council of Certified Dementia Practitioners offers certification for various disciplines including activity staff. The website contains free inservices as well as activity related materials from all over the world. <http://nccdp.org>

### Local Organizations

- North Carolina Coalition of Activity Professionals (COAP-NC), chartered in July, 2004  
This membership driven association has a ten member board of trustees that plans cost-effective, quality continuing education that is NCCAP approved. COAP-NC endorses and supports national certification with NCCAP. [www.COAP-NC.org](http://www.COAP-NC.org)
- North Carolina Association of Activity Professionals (NCAPA), chartered in 1983

The purpose of NCAPA is to expand and improve the quality of care in the programs for the elderly/infirm its members serve. The board consists of seven elected officers, nine district representatives, and ten committee chairs. [www.angelfire.com/nc3/ncapa/index.htm](http://www.angelfire.com/nc3/ncapa/index.htm)

## Certification

- National Certification Council for Activity Professionals
- National Council of Certified Dementia Practitioners
- Consortium for Therapeutic Recreation/Activities Certification, Inc.
- National Council for Therapeutic Recreation Certification



## Section 9: Journals and Newsletters

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### Journals and magazines for activity professionals

- *Creative Forecasting*, A Monthly Publication for Activity and Recreational Professionals 719-633-3174, [www.creativeforecasting.com](http://www.creativeforecasting.com)
- *Activities Directors' Quarterly for Alzheimer's and Other Dementia Patients*, [www.pnpco.com/pn08000.html](http://www.pnpco.com/pn08000.html)
- *American Journal of Recreation Therapy*, [www.pnpco.com/pn10000.html](http://www.pnpco.com/pn10000.html)
- *Current Activities in Geriatric Care, The Activity Professional's Magazine*, [www.activities4elders.com](http://www.activities4elders.com)
- *A New Day Magazine*, [www.activitymaterials.com/A-New-Day-Magazine-C12.aspx](http://www.activitymaterials.com/A-New-Day-Magazine-C12.aspx)
- *Activities, Adaptation and Aging*, <http://tandf.co.uk/journals/journal.asp?issn=0192-4788&linktype=145>

### Sample newsletters which offer a variety of activity ideas

- *A New Day: The Magazine for Activity Professionals*, 800-442-1614
- *Current Activities*, 800-354-3371, [www.care4elders.com](http://www.care4elders.com)
- *Wiser Now Alzheimer's Disease Caregiver Tips*, 800-999-0795

## Section 10: Resources

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### Explore these websites for activity and recreational therapy professionals

- [www.activitydepartment.com](http://www.activitydepartment.com)
- [www.activitytherapy.com](http://www.activitytherapy.com)
- [www.theactivitydirectorsoffice.com](http://www.theactivitydirectorsoffice.com)
- [www.dhspecialservices.com](http://www.dhspecialservices.com)
- [www.recreativeresources.com](http://www.recreativeresources.com)

### Call for free catalogs and explore the websites for ideas

- [www.eldergames.com](http://www.eldergames.com)
- Eldersong catalogue, Sing-a-long with Eldersong, Volumes 1, 2 & 3, [www.eldersong.com](http://www.eldersong.com)
- Beautiful Music Company with music from the 30s, 40s, and 50s, [www.beautifulmusiccompany.com](http://www.beautifulmusiccompany.com)
- Institute for Music and Neurologic Function (MNF), (718) 519-5880, [www.imnf.org](http://www.imnf.org)
- Music and Memory, [www.musicandmemory.org](http://www.musicandmemory.org)
- The American Music Therapy Association, [www.musictherapy.org](http://www.musictherapy.org)
- Benton-Kirby Wholesale Gift Shop Catalog, 800-558-9917, [www.benton-kirby.com](http://www.benton-kirby.com)
- BiFolkal Productions, 800-568-5357 offers reminisce materials, [www.bifolkal.org](http://www.bifolkal.org)
- Gary Grimm & Associates, 800-442-1614, [www.activitymaterials.com](http://www.activitymaterials.com)
- Idyll Arbor Catalog for Elder Care and Long Term Care, 360-825-7797, [www.idyllarbor.com](http://www.idyllarbor.com)
- Nasco Activity Therapy Catalog, 800-558-9595, [www.enasco.com](http://www.enasco.com)
- Oriental Trading, 800-875-8480, [www.orientaltrading.com](http://www.orientaltrading.com)
- S & S Worldwide Games Activities for Healthcare, 800-243-9232, [www.ssw.com](http://www.ssw.com)
- Sea Bay Game Co., 800-568-0188, [www.seabaygame.com](http://www.seabaygame.com)

### Learn more about new models of care in nursing homes that provide ideas for person centered care

- The Pioneer Network is dedicated to making fundamental changes in values and practices to create a culture of aging that is life-affirming, satisfying, humane and meaningful. Pioneer Network advocates for culture change in eldercare models from long-term nursing home care to short-term transitional care to community-based care to create homes that are consumer-driven and person-directed. [www.pioneernetwork.net](http://www.pioneernetwork.net)
- The Eden Alternative strives to make facilities habitats for human beings rather than institutions and to eliminate loneliness, helplessness and boredom through companion

animals, the opportunity to care for other living things (i.e., plants and animals) and the variety and spontaneity often brought about by children. [www.edenalt.org](http://www.edenalt.org)

## Explore adaptive clothing catalogs and websites for ideas

- Avenues Unlimited, 805-484-8138
- Buck and Buck, 800-458-0600, [www.buckandbuck.com](http://www.buckandbuck.com)
- MJ Designs, 800-722-2021, [www.mjdesignsinc.com](http://www.mjdesignsinc.com)
- Wardrobe Wagon, 800-992-2737, [www.wardrobewagon.com](http://www.wardrobewagon.com)
- We Care Fashions, 800-779-2594, [www.wecarefashions.com](http://www.wecarefashions.com)

## Investigate these education/speaker resources in your area

People enjoy learning at all ages and some residents may be able to engage with outside speakers. Examples of topics include Resident Rights, Advanced Directives, nutrition, depression, exercise, healthy aging as well as history. Possible sources of speakers include:

- Local ombudsman program, speakers on resident rights
- Local mental health center
- Local social services and adult protection
- Local Area Agency on Aging
- Hospital associations, i.e., advanced directives
- Local hospitals, county nursing services, emergency medical services
- Department of Developmental Disabilities
- Local speakers bureau
- Local colleges and universities
- Local museums, historical societies
- Garden clubs

## Read books about activities to expand your knowledge and access more creative ideas for your program

- *Active Living in Older Adulthood: Principles and Practices of Activity Programs*
- *Activity Experiences and Programming Within Long-Term Care*
- *Assessment: The Cornerstone of Activity Programs*
- *Beyond Baskets and Beads: Activities for Older Adults with Functional Impairments*
- *Beyond Bingo: Innovative Programs for the New Senior*
- *Beyond Bingo 2: More Innovative Programs for the New Senior*
- *Brain Fitness*
- *Client Assessment in Therapeutic Recreation Services*

- *Client Outcomes in Therapeutic Recreation Services*
- *In Search of the Starfish: Creating a Caring Environment*
- *Leisure Education I: A Manual of Activities and Resources, Second Edition*
- *Leisure Education II: More Activities and Resources, Second Edition*
- *The Melody Lingers On: A Complete Music Activities Program for Older Adults*
- *N.E.S.T, Approach: Dementia Practice Guidelines for Disturbing Behaviors*
- *Simple Expressions: Creative and Therapeutic Arts for the Elderly in Long-Term Care*
- *Creation for Older Adults: Individual and Group Activities*
- *The Best Friends Book of Activities*
- *The Best Friends Book of Alzheimer's Activities*
- *Therapeutic Recreation in the Nursing Home*
- *Trivia by the Dozen: Encouraging Interaction and Reminiscence in Managed Care*
- *Wake Up! A Sensory Stimulation Program for Long-Term Care Residents*

To explore related book titles, a variety of sources may be used such as new and used online bookstores and publishing companies (e.g., Venture Publishing, Inc., and Health Professions Press). In addition, some websites for activity staff include bookstores (e.g., [www.activitytherapy.com](http://www.activitytherapy.com)).

## Miscellaneous

- Spinoza the talking stuffed bear has cassette tape player inside, 800-CUB-BEAR
- Volunteer information: American Red Cross, 7410 Lockport Place, Lorton, VA 22079
- Newscurrents weekly film on current news, 800-356-2303, [www.newscurrents.com](http://www.newscurrents.com)
- Oversized instruments for residents, Suzuki Music, 858-566-9710, [www.suzukimusic.com](http://www.suzukimusic.com)
- Living Life to the Fullest: A Match Made in OBRA '87 by C. Bowman and Meaningful Activities Assessment that includes new guidance of Tag 248 Activities and MDS 3.0 Section F Activity Preferences, [www.culturechangenow.com](http://www.culturechangenow.com)
- Vibrant Living: Inspirations to Energize Daily Life by C. Bowman and L. Norton, a training DVD to encourage homes to move away from "programs" only to living vibrant life every day, [www.culturechangenow.com](http://www.culturechangenow.com)