A Review of the Revised Regulations for Skilled Nursing Facilities and Opportunities for Recreational Therapy

Jo Lewis, MS/CTRS
Assistant Administrator
The Estates at Carpenters

Learning Objectives

Participants will be able to:

1. Identify opportunities for providing meaningful engagement through recreational therapy interventions in the delivery of activities related to F679.
2. Identify the role of recreational therapy in providing behavioral interventions to meet the needs of individuals with dementia related to F744.
3. Identify the criteria established by CMS for the provision of recreational therapy treatment in skilled nursing facilities.

About You…

- Introduce yourself. Where are you from?
- What setting do you work in?
- What are your favorite hobbies?
- What do you find most rewarding about your work?
- What motivates you in your work? What keeps you going?

Just a few changes…

Resident Rights
Resident Choice Expanded
Visitation Rights subject to reasonable restrictions
Advance directives
Advance Beneficiary Notices
Expanded discussion on role of resident representative and interested parties
Freedom from Abuse, Neglect and Exploitation
F600 – Abuse and Neglect combined into a single tag
Additional Guidance Added for Clarity
What constitutes abuse and neglect
Assessing Consent
Involuntary Seclusion
Physical and Chemical Restraints
Policies to Prohibit Abuse and Neglect
Reporting Requirements
Admission, Transfer and Discharge
Facility-Initiated Discharge vs. Resident-Initiated Discharge
F624 – Immediate Orientation and Planning for Discharge
Additional Guidance
Permitting Residents to Return and Right to Remain
Emergency Transfers
Documentation Requirements for Transfer and Discharge
Resident Assessments
Integration with Resident Assessment Instrument (RAI) Manual
Assessment timing and completion
Care Area Assessment Process
Significant Change in Status Assessment
Using the RAI to develop, review and revise the resident's comprehensive care plan
Coordination of PASARR screening, evaluation, determination and the RAI
Assessment (Guidance and Survey Process)
Notification of the appropriate state authority when a resident with a mental disorder
or intellectual disability has a significant change in status
Comprehensive Resident-Centered Care Plan
Baseline Care Plan
Integration with Resident Assessment Instrument (RAI) and Care Area
Assessment (CAA) process
PASARR
Discharge Planning and Discharge Summary Process (New)
Quality of Life
Quality of Life Definition- Noncompliance results from evidence
demonstrate a pervasive disregard for the principles of quality of life.
Incorporation of Basic Life Support guidance

F684 Quality of Care Tag- Formerly F309 – Hospice, palliative care, Dialysis
Respiratory Care
Fecal Incontinence
Position Change Alarms
Bed Rails
Sufficient Staffing F725
Competent Staffing and Nurse Aide Proficiency F726
Except when related to provision of behavioral health services or nonnursing
Behavioral Health Services
Scope of services and coordination
Services for residents with dementia (F744)
Pharmacy Services
F757- Unnecessary Medications
F758- Psychotropic (Unnecessary and PRN Usage)
F756 Drug Regimen Review—new requirements related to reporting and documenting identified irregularities.
Food and Nutrition Services
Qualifications of Personnel
Sufficient Staff
Policy regarding personal food items
Facility Assessment
Expanded Discussion of Role of Medical Director
Facility Closure
Hospice Agreement
Quality Assurance and Performance Improvement
Disclosure of QAA Information
Good Faith Attempts to Correct
Patient Safety Act
Potentially Preventable Adverse Events
Infection Control
Infection Control Program – discussion of minimum components
Antibiotic Stewardship Program – minimum antibiotic use protocols and
a system for monitoring antibiotic use – describes other core components based on CDC guidance22
Other Regulatory Sections
Physician Services
Lab, Radiology and Other Diagnostic Services
Dental Services
Physical Environment
Training
Reasonable Suspicion of a Crime

Implementation of the Mega Rule

- 3 phases
- Overall purpose: to improve care, safety and consumer protection
  - Specific policies addressing unnecessary re-hospitalizations, readmissions, infections
  - improving the quality of care and increasing safety for residents
- Improving person-centered care in LTC facilities
  - Resident rights, care goals, and preferences

Scope & Severity Grid

Level 4 Immediate jeopardy to resident health or safety CMPs Required!	**J** POC Category 3 Required Cat. 1 & 2 Optional	**K** POC Category 3 Required Cat. 1 & 2 Optional	**L** POC Category 3 Required Cat. 1 & 2 Optional
Level 3 Actual harm that is not immediate	**G** POC Category 2 Required Cat. 1 Optional	**H** POC Category 2 Required Cat. 1 Optional	**I** POC Category 2 Required Cat. 1 & Temporary Management Optional
Level 2 No actual harm with potential for more than minimal harm that is not immediate jeopardy	**D** POC Category 1 Required* Cat. 2 Optional	**E** POC Category 1 Required* Cat. 2 Optional	**F** POC Category 2 Required* Cat. 1 Optional
Level 1 No actual harm with potential for minimal harm	**A** No POC No Remedies Not on 2567	**B** POC No Remedies	**C** POC No Remedies
	Isolated	**Pattern**	**Widespread**

*Required only when imposing remedy/remedies instead of or in addition to termination

Substantial Compliance

SQC – Any deficiency in § 483.13, § 483.15, or § 483.25 that constitutes: immediate jeopardy; pattern or widespread actual harm that is not immediate jeopardy; or no actual harm with widespread potential for more than minimal harm that is not immediate jeopardy

A-B-C

Generally paperwork in nature

D-E-F

Potential for minimal harm

G-H-I

Harm or high likelihood of harm

J-K-L

Immediate jeopardy

Psychosocial Scope & Severity

- “Anger”
- “Apathy”
- “Anxiety”
- “Dehumanization”
- “Depressed mood”
- “Humiliation”

- Level 4- Immediate Jeopardy to Resident Health or Safety
- Level 3- Actual Harm That is Not Immediate Jeopardy
- Level 2- No actual harm with potential for more than minimal harm that is not immediate jeopardy
- Level 1- No actual harm with potential for minimal harm

Appendix PP
Guidance for Surveyors for Long Term Care Facilities

www.bing.com/search?q=cms+appendix+pp&FORM=EDGNCT&PC=DCTS&refig=055c3b0fc58c4330a8607c33462c5f58

F Tags with Potential Psychosocial Outcomes

F540	F678	F725	F825
F552	F684	F726	F835
F580	F686	F740	F841
F626	F688	F741	F842
F641	F689	F742	F849
F655	F692	F743	F851
F656	F692	F755	F880
F657	F697	F756	F943
F660	F711	F758	F679
F675	F715	F761	F744

F679 Activities

formerly F248

- The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

Intent

- To ensure that facilities implement an ongoing resident centered activities program that incorporates the resident's interests, hobbies, and cultural preferences which is integral to maintaining and/or improving a resident's physical, mental, and psychosocial well-being and independence. To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellness (security, autonomy, growth, connectedness, identity, joy, and meaning).

Activities

- Refer to any endeavor, other than routine ADLs, in which a resident participates that is intended to enhance her/his well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.

Community Involvement

- "Maintaining contact and interaction with the community is an important aspect of a person's well-being and facilitates feelings of connectedness and self-esteem. Involvement in the community includes interactions such as assisting the resident to maintain his/her ability to independently shop, attend the community theater, local concerts, library, and participate in community groups."

Activity Approaches for Residents with Dementia

- "All residents have a need for engagement in meaningful activities. For residents with dementia, the lack of engaging activities can cause boredom, loneliness and frustration, resulting in distress and agitation. Activities must be individualized and customized based on the resident's previous lifestyle (occupation, family, hobbies), preferences and comforts."

www.caringkindnyc.org/_pdf/CaringKind-PalliativeCareGuidelines.pdf

Interventions Recommended Under F679

For the resident who exhibits unusual amounts of energy or walking without purpose

- Providing a space and environmental cues that encourages physical exercise, decreases exit-seeking behavior and reduces extraneous stimulation
- Providing aroma(s)/ aromatherapy that is pleasing and calming to the resident
- Validating the resident's feelings and words, engaging the resident in conversation, and using one-to-one activities

For the resident who engages in behaviors not conducive with a therapeutic home like environment

- Providing a calm, non-rushed environment, with structured familiar activities such as folding, sorting, and matching; using one-to-one activities or small group activities that comfort the resident
- Engaging in exercise and movement activities
- Exchanging self-stimulatory activity for more socially appropriate activity that uses hands

For residents who exhibit behavior that require a less stimulating environment to discontinue behaviors not welcomed by others sharing their social space

- Offering activities in which the resident can succeed, that are broken into simple steps, that involve small groups or are one-to-one activities that are short and repetitive and that are stopped if the resident becomes overwhelmed
- Involving in familiar occupation-related activities
- Involving in physical activities, games or projects requiring strategy, planning and concentration, creative programs or physically resistive activities
- Slow exercises

For the resident who goes through others' belongings

- Using normalizing life activities such as stacking canned food onto shelves, involving organizing tasks, providing rummage areas in plain sight
- Using non-entry cues such as "Do not disturb" signs or removable sashes at the doors of other residents' rooms

For the resident who has withdrawn from previous activity interests/ customary routines and isolates self in room/ bed most of the day

- Providing activities just before or after meal time and where the meal is served
- Providing in-room volunteer visits, music or videos of choice
- Encouraging volunteer type work
- Inviting to special events with a trusted peer or family/ friend
- Engaging in activities that give the resident a sense of value
- Inviting the resident to participate on facility committees
- Inviting the resident outdoors
- Involving in gross motor exercise to increase energy and uplift mood

For the resident who excessively seeks attention from staff and/or peers

- Including in social programs, small group activities, service projects, with opportunities for leadership

For the resident who lacks awareness of personal safety, such as putting foreign objects in his/her mouth, or who is self-destructive and tries to harm self by cutting or hitting self, head banging, or causing other injuries to self

- Observing closely during activities, taking precautions with materials
- Involving in smaller groups or one-to-one activities that use the hands
- Focusing attention on activities that are emotionally soothing such as music or talking about personal strengths and skills followed by participation in related activities
- Focusing attention on physical activities such as exercise

For the resident who has delusional and hallucinatory behavior that is stressful to her/him

- Focusing the resident on activities that decrease stress and increase awareness of actual surroundings, such as familiar activities and physical activities
- Offering verbal reassurance especially in terms of keeping the resident safe
- Acknowledging that the resident's experience is real to her/him.

Note:

- Some residents may be independently capable of pursing their own activities without intervention from the facility. This information should be noted in the assessment and identified in the care plan.

Non-Traditional Approach to Activities

- In nursing homes where culture change philosophy has been adopted, all staff may be trained as nurse aides or "universal workers" and may be responsible to provide activities, which may resemble those of a private home.

  The provision of activities should not be confined to a department but rather may involve all staff interacting with residents.

Culture Change Facilities

- Residents may be more involved in the ongoing activities in their living area
  - Chores
  - Preparing foods
  - Meeting with other residents to choose spontaneous activities
  - Leading an activity
- Might not have a traditional activities calendar instead focusing on community life to include activities

Opportunities for Recreational Therapy

- Break into groups.
- Discuss areas of opportunity for Recreational Therapy treatment:
  - Cognitive
  - Physical
  - Emotional
  - Psychosocial
- Interventions that have worked in your setting.

Opportunities for RT

- Short term memory
- Long term memory
- Following directions
- Safety awareness
- Word finding
- Money management
- Attention span
- Writing skills

Cognitive Skills

- Gross motor skills
- Fine motor skills
- Strengthening
- Transfer skills
- Standing Balance
- Walking Balance
- Ambulation/ gait
- Fall reduction program

Physical Functioning

But wait, there's more!

- Communication
- Social skills
- Reducing depression or anxiety
- Self-Esteem
- Community Re-integration
- Reducing disturbing behaviors
- Coping
- Motivation

Emotional

- Pain
- Community Re-integration
- Nutritional Status

Other Areas

F744 Treatment & Service for Dementia

formerly part of F309

A resident who displays or is diagnosed with dementia, receives appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.

Definitions

Dementia is a general term to describe a group of symptoms related to loss of memory, judgment, language, complex motor skills, and other intellectual function, caused by the permanent damage or death of the brain's nerve cells or neurons. However, dementia is not a specific disease. There are many types and causes of dementia with varying symptomology and rates of progression.

- "About Dementia"
Alzheimer's Foundation of America

Definitions

- Highest practicable physical, mental, and psychosocial well-being:

  The highest possible level of functioning and well-being, limited by the individual's recognized pathology and normal aging process. Highest practicable is determined through the comprehensive resident assessment and by recognizing and competently and thoroughly addressing the physical, mental, and psychosocial needs of the individual.

Guidance

- GUIDANCE §483.40(b)(3) Providing care for residents living with dementia is an integral part of the person-centered environment, which is necessary to support a high quality of life with meaningful relationships and engagement. Fundamental principles of care for persons living with dementia involve an interdisciplinary approach that focuses holistically on the needs of the resident living with dementia, as well as the needs of the other residents in the nursing home. Additionally, it includes qualified staff that demonstrate the competencies and skills to support residents through the implementation of individualized approaches to care (including direct care and activities) that are directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities.

Guidance

- GUIDANCE §483.40(b)(3) Providing care for residents living with dementia is an integral part of the person-centered environment, which is necessary to support a high quality of life with meaningful relationships and engagement. Fundamental principles of care for persons living with dementia involve an interdisciplinary approach that focuses holistically on the needs of the resident living with dementia, as well as the needs of the other residents in the nursing home. Additionally, it includes qualified staff that demonstrate the competencies and skills to support residents through the implementation of individualized approaches to care (including direct care and activities) that are directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities.

Guidance

- The facility must provide dementia treatment and services which may include, but are not limited to the following:

  • Ensuring adequate medical care, diagnosis, and supports based on diagnosis;

  • Ensuring that the necessary care and services are person-centered and reflect the resident's goals, while maximizing the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety; and

  • Utilizing individualized, non-pharmacological approaches to care (e.g., purposeful and meaningful activities). Meaningful activities are those that address the resident's customary routines, interests, preferences, and choices to enhance the resident's well-being.

KEY ELEMENTS OF NONCOMPLIANCE §483.40(b)(3)

To cite deficient practice at F744, the surveyor's investigation will generally show that the facility failed to:

- Assess resident treatment and service needs through the Resident Assessment Instrument (RAI) process;
- Identify, address, and/or obtain necessary services for the dementia care needs of residents;
- Develop and implement person-centered care plans that include and support the dementia care needs, identified in the comprehensive assessment;
- Develop individualized interventions related to the resident's symptomology and rate of progression (e.g., providing verbal, behavioral, or environmental prompts to assist a resident with dementia in the completion of specific tasks);
- Review and revise care plans that have not been effective and/or when the resident has a change in condition;
- Modify the environment to accommodate resident care needs; or
- Achieve expected improvements or maintain the expected stable rate of decline.

An example of Severity Level 4: Immediate Jeopardy to Resident Health or Safety

- Based upon a comprehensive assessment by a qualified professional, it was identified that a resident living with dementia required close supervision to prevent injury. The resident's care plan indicated that the facility had developed individualized interventions to support him. However, documentation in the resident's record provided information about an incident that had occurred recently as a result of lack of supervision. When left alone in the bathroom, the resident sustained second degree burns to his hand from hot water, requiring treatment at the emergency room. Following the incident, no revisions were made to the resident's care plan.
- The facility failed to implement individualized interventions, as well as revise the care plan accordingly, to address the resident's dementia care needs, resulting in injury, as evidenced by observation, record review, and/or interview.

An example of Severity Level 3: Actual Harm that is not Immediate Jeopardy

- The care plan for a resident with an identified diagnosis of dementia included the need for close supervision to prevent the resident from wandering into the rooms of other residents. However, the review of the care plan indicated that the facility had failed to develop person-centered interventions to prevent the resident from wandering. The record review also provided information about a resident-to resident altercation that had occurred a week prior to the survey. The altercation involved a sweater that was removed from the room of another resident, who slapped and scratched the resident living with dementia, because she refused to return the garment. The resident received minor lacerations and bruising, which was cared for by the direct care staff at the nursing home. The care plan was revised to reflect the need to closely supervise.
- During the survey, the resident was observed wandering in and out of resident rooms. When questioned, direct care staff were unaware that the resident required close supervision.
- The facility failed to develop and implement interventions to address the resident's dementia care needs, resulting in the resident's inability to achieve her highest level of functioning

An Example of Severity Level 2: No Actual Harm with Likelihood for More Than Minimal Harm that is Not Immediate Jeopardy

- A resident was observed standing in her doorway asking what day of the week it was. Two staff members were within hearing distance, but did not reply to the resident. The surveyor also noticed that there was no calendar in the resident's room.
- Review of the resident's record showed that she had a diagnosis of dementia. The care plan noted that the resident has a tendency to forget what day of the week it is and can become anxious when not reminded. Interventions include that staff are to ensure that a current calendar is on her bedroom wall and remind the resident what day it is when she wakes up each morning and when facility staff are asked.
- The facility failed to support the resident and implement care planned interventions to reduce her confusion, which had the potential to cause the resident anxiety.

Severity Level 1: No Actual Harm with Likelihood for Minimal Harm

- Severity Level 1 does not apply for this regulatory requirement because any facility practice that results in a reduction of psychosocial well-being diminishes the resident's quality of life. Because more than minimal harm is likely, any deficiency for this requirement is at least a Severity Level 2.

Comparison of Activities & Recreational Therapy

Activities

- Diversional
- Designed to meet the interests and needs of residents
- Group size limited only by activity
- May be led by anyone

Recreational Therapy

- Active treatment to improve function
- Physician ordered therapy
- Limited duration of treatment
- Provided in individual or small group settings (up to 4 clients per CTRS)
- Must be directed by CTRS

CMS defines Recreational Therapy

- Services that are provided or directly supervised by a qualified recreational therapist who holds a national certification in recreational therapy, also referred to as a "Certified Therapeutic Recreation Specialist." Recreational therapy includes, but is not limited to, providing treatment services and recreation activities to individuals using a variety of techniques, including arts and crafts, animals, sports, games, dance and movement, drama, music, and community outings. Recreation therapists treat and help maintain the physical, mental, and emotional well-being of their clients by seeking to reduce depression, stress, and anxiety; recover basic motor functioning and reasoning abilities; build confidence; and socialize effectively. Recreational therapists should not be confused with recreation workers, who organize recreational activities primarily for enjoyment.

  CMS MDS 3.0 RAI Manual Appendix A Page A-18

CMS defines Recreational Therapy

- Services that are provided or directly supervised by a qualified recreational therapist who holds a national certification in recreational therapy, also referred to as a "Certified Therapeutic Recreation Specialist." Recreational therapy includes, but is not limited to, providing treatment services and recreation activities to individuals using a variety of techniques, including arts and crafts, animals, sports, games, dance and movement, drama, music, and community outings. Recreation therapists treat and help maintain the physical, mental, and emotional well-being of their clients by seeking to reduce depression, stress, and anxiety; recover basic motor functioning and reasoning abilities; build confidence; and socialize effectively. Recreational therapists should not be confused with recreation workers, who organize recreational activities primarily for enjoyment.

CMS MDS 3.0 RAI Manual Appendix A Page A-18

CMS Requirements

- Ordered by physician
  - Scope of treatment
  - Frequency
  - Duration
- Services related to written active treatment plan
- Provided by qualified personnel
- Must be reasonable and necessary

CMS MDS 3.0 RAI Manual Chapter 3 (O)

MDS 3.0

O0400. Therapies - Continued

D. Respiratory Therapy

Enter Number of Minutes ☐☐☐☐

Enter Number of Days ☐

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
   If zero, → skip to O0400E, Psychological Therapy
2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

E. Psychological Therapy (by any licensed mental health professional)

Enter Number of Minutes ☐☐☐☐

Enter Number of Days ☐

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
   If zero, → skip to O0400F, Recreational Therapy
2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

F. Recreational Therapy (includes recreational and music therapy)

Enter Number of Minutes ☐☐☐☐

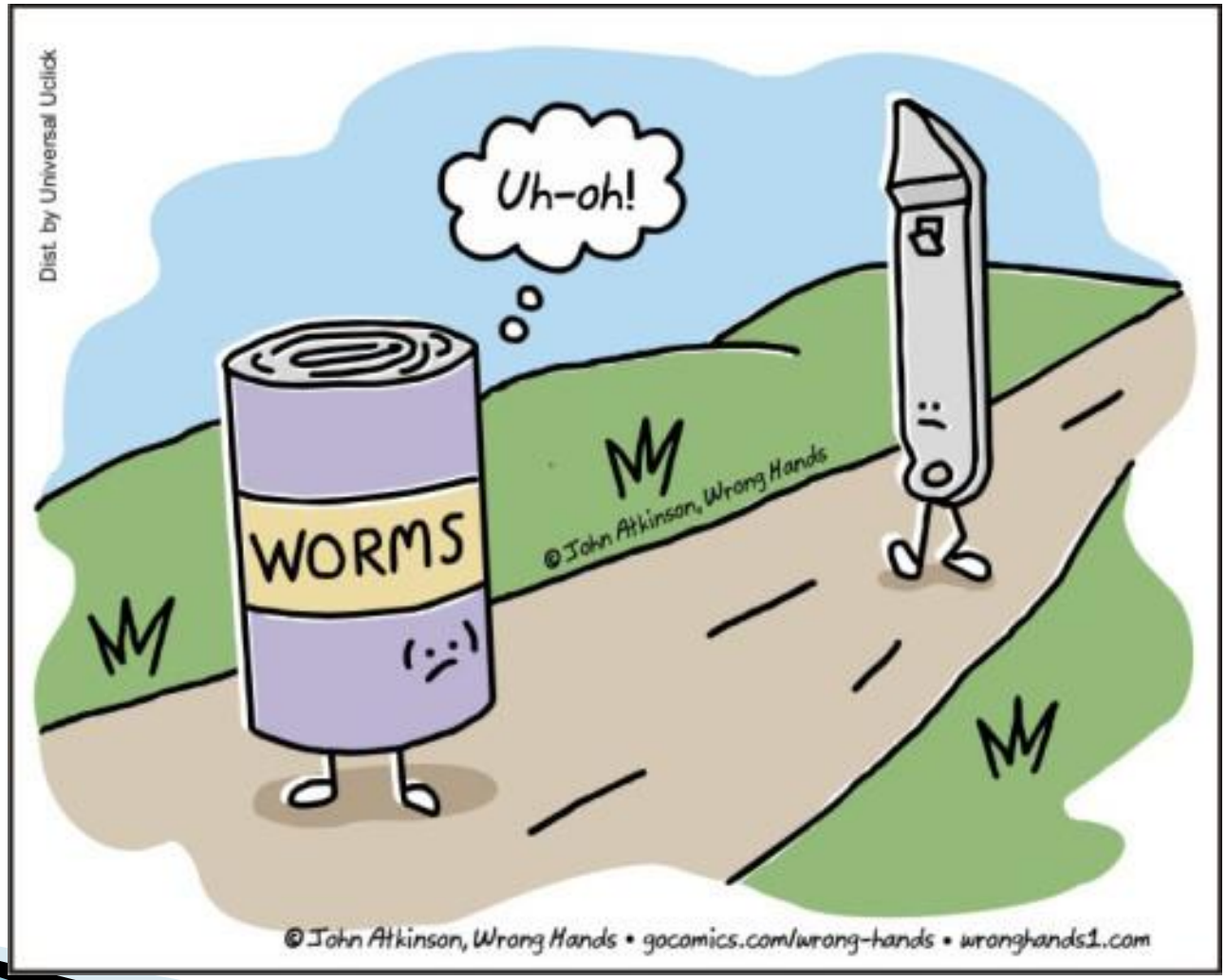
Enter Number of Days ☐

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
   If zero, → skip to O0500, Restorative Nursing Programs
2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

RT Process

- Receive referral
- Obtain physician's order for evaluation
- Assess resident using valid, reliable tools
- Obtain physician's order for treatment
- Establish care plan
- Initiate treatment plan
  - Treatment notes
- Documentation
  - Treatment notes
  - Re-evaluate
    - Continue, D/C, or revise the care plan as needed

Opening a can of worms…



Group Activity

- Discussion Topic:

What are the barriers that we have in providing Recreational Therapy in skilled nursing facilities?

What are some ways we can overcome these barriers?

Resources

- Dementia Practice Guidelines
  - Sue Fitzsimmons – suzfitz@usa.net
- NEST Approach: Dementia Practice Guidelines for Disturbing Behaviors
  - Amazon
- Simple Pleasures
  - https://www.health.ny.gov/diseases/conditions/dementia/edge/interventions/simple/index.htm
- Recreational Therapy for the Treatment of Depression
  - http://pnpco.com/pn10011.html

Jo Lewis, MS/CTRS

- To request a copy of the presentation:

boilermakerjo@aol.com

Final Thoughts

If you're not at the table, you're on the menu.

Final Thoughts

Why?

– Simon Sinek

“Start With Why?”

Session Evaluation

Please take a few moments to complete the session evaluation

1. Utilize http://sgiz.mobi/s3/SRTS-Session-Eval-2018 - Link available on SRTS 2018 Homepage – srts.info

2. Select session being evaluated from drop down box - Session number is found in Program

3. Answer each question (note rating scales differ throughout) and then select Next to advance

4. Hit Submit button to send the results