



ACTIVITY PROGRAMMING GUIDE

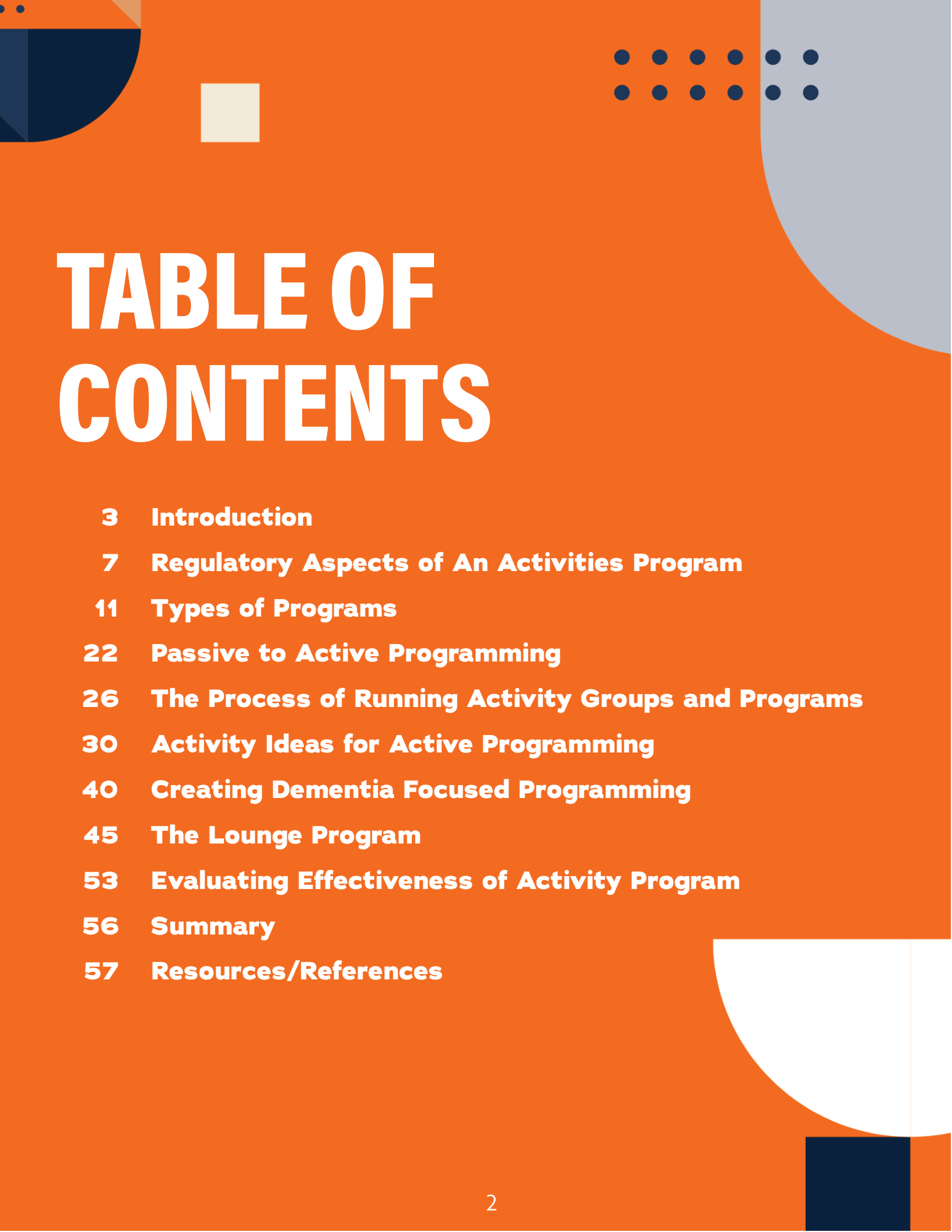
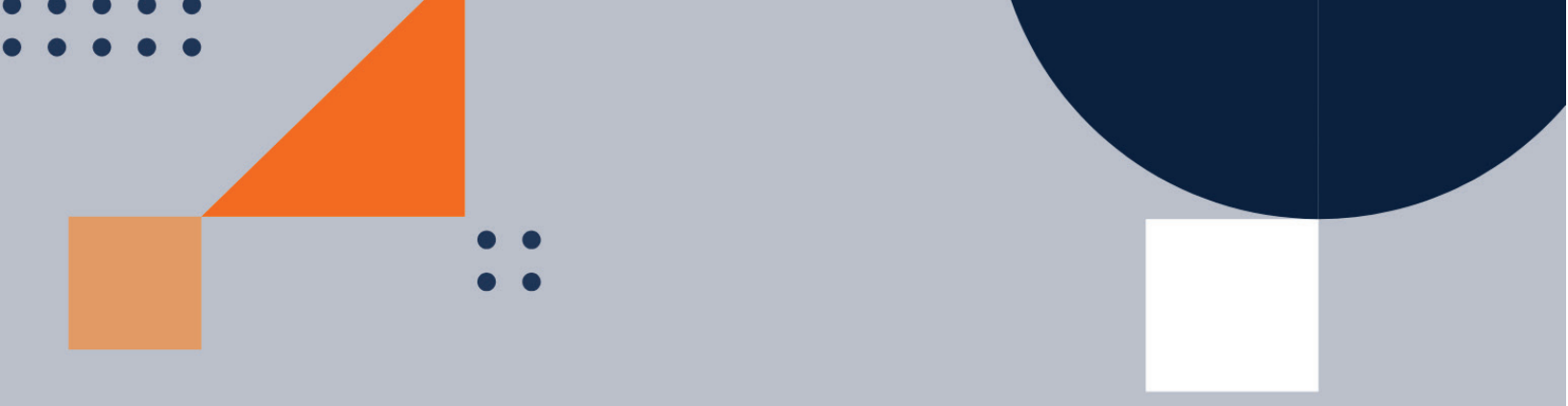


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INTRODUCTION

Residents admitted to a post-acute care center enter with their own personalities, life experiences, expectations, and goals. People who plan a short-term stay are usually focused on getting better and going home as soon as possible. Others who are making a more permanent move have entered a new phase of life, often with uncertainty and vague expectations.

Resident activities should not be sitting around the lobby or a television in a dayroom.

- This scenario is not stimulating, often boring, and can lead to depression.
- When visitors and/or tours are conducted, the lack of resident engagement sends a message that the center is not very active and can be unappealing to potential admissions.
- The lack of stimulation and interesting activities can lead to negative behaviors and health declines.

Each department has a responsibility to support residents physically, mentally, nutritionally and socially. The social aspect is why this guidebook has been written. Whether your organization calls the activity department “activities”, “life enrichment” or “quality of life”, providing residents with opportunities to engage in their environment is essential to enhancing the residents’ quality of life. From understanding their interests and abilities and promoting social interaction, this guidebook was developed to provide you with a comprehensive roadmap for creating a successful activity program to enhance the lives of your residents.



Managing activities in post-acute communities is crucial for enhancing the overall well-being of residents. These activities offer a range of benefits that contribute to physical, cognitive, and social health. Too often “activities” are provided for the residents as opposed to actively engaging the residents’ participation and involvement. An effective activities program creates opportunities for residents to lead others and participate in their environment.

Here are some key reasons why effective, engaging activities are so important in post-acute care communities:

1. **Physical Health Promotion:** Regular physical activities can improve cardiovascular health, muscle strength and balance, and potentially reduce the risk of falls and other age-related health issues. When residents are physically active, they feel better overall and gain energy to face the world in a strong, vibrant manner.
2. **Cognitive Stimulation:** Engaging in mentally stimulating activities can help enhance and improve cognitive function, reduce the risk of dementia, and improve memory. When people learn, they continue to grow.
3. **Social Interaction:** Group activities foster social interaction, combat loneliness, and provide opportunities for residents to build meaningful relationships. People are meant to be in relationships with others, and ongoing social interactions assist in preventing depression, anxiety, and isolation.
4. **Purpose and Fulfillment:** Activities that align with residents’ interests and passions can provide a sense of purpose and fulfillment, promoting overall well-being. Activities that contribute to the overall needs of the center are especially important as most residents want to be part of something bigger than themselves. Most residents want to feel needed, and purposeful activities are a great way to provide opportunities for residents to identify how they can fulfill their need to serve others.



5. **Reduction of Conflict:** Engaging activities help build relationships and understanding, which reduces the likelihood of conflict because residents get to know and care for one another and become part of the bigger “family”. Too much time spent alone can cause residents to focus on the negatives.
6. **Improved Quality of Life:** Participation in enjoyable activities can enhance residents’ quality of life by bringing joy, laughter, and a sense of accomplishment. Residents want to have a reason to get up every morning. Developing activities that promote a sense of purpose goes a long way in helping residents gain a sense of meaning to their lives.
7. **Increased Independence:** Activities that promote self-care, independence, and a “job” can help residents maintain their dignity and autonomy and feel like they are a contributing part of their community.
8. **Family Engagement:** Involving family members in activities can strengthen family bonds and provide opportunities for intergenerational connections.
9. **Staff Morale:** Engaging activities can create a positive and stimulating work environment for staff, leading to higher job satisfaction and greater involvement with residents.
10. **Community Building:** Shared activities create a sense of community and belonging, fostering a supportive and caring environment. This includes the internal community of the center and the city/town/village (aka community) in which the center is located.





DEFINING YOUR ACTIVITY PROGRAM

Activity programs should be dynamic, meaning they are ever changing based on the resident population, needs, and interests. Activities enhance quality of life for residents spiritually, physically, emotionally, and socially and provide more than a simple diversion. Each resident’s sense of well-being and self-esteem are improved by offering meaningful, fulfilling leisure and recreational pursuits. As an example, a resident who enjoys spiritual activities may choose to lead a church service or lead prayer, whereas another resident may need to be needed and assist in setting up the dining tables prior to meals. In this way, they are actively participating in meaningful activities while having a role that benefits others.

Collateral improvements of an effective program include reduced falls, decreased behavioral symptoms, lower rates of depression, and reduced weight loss. Overall, an effective program develops a sense of community and involvement in the lives of others.

The programs in this guidebook should be customized to meet the needs of the center’s residents.





REGULATORY ASPECTS OF AN ACTIVITIES PROGRAM

The following are long term care federal regulations related to activity programs. These regulations can be found in the CMS State Operations Manual and should be reviewed whenever changes in regulations occur.

CMS TAG F679 §483.24(C) ACTIVITIES.

The facility must provide, based on the comprehensive assessment, care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, facility-sponsored group, 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.

CMS TAG F679 INTENT.

To ensure that facilities implement an ongoing resident centered activities program that incorporates the residents' 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).

DEFINITIONS §483.24(c) "Activities" refer to any endeavor, other than routine ADLs, in which a resident participates that is intended to enhance her/his sense of 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. NOTE: ADL-related activities, such as manicures/pedicures, hair styling, and makeovers, may be considered part of the activities program.

GUIDANCE §483.24(c) Opportunities for each resident to have a meaningful life may be created by supporting his/her domains of well-being (e.g., security, autonomy, growth, connectedness, identity, joy and meaning) as identified by the Eden Alternative philosophy of care. More information may be found at: <https://www.edenalt.org/>. Research findings and observations of positive resident outcomes confirm that activities are an integral component of residents' lives. Residents have indicated that daily life and involvement should be meaningful. Activities are meaningful when they reflect a person's interests and lifestyle, are enjoyable to the person, help the person to feel useful, and provide a sense of belonging. 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.

F-TAG 680 QUALIFICATION OF ACTIVITY DIRECTOR §483.24(C)(2)

The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who— (i) Is licensed or registered, if applicable, by the State in which practicing; and (ii) Is: (A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (B) Has 2 years of Vexperience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or (C) Is a qualified occupational therapist or occupational therapy assistant; or (D) Has completed a training course approved by the State.

INTENT §483.24(c)(2) The intent of this regulation is to ensure that the activities program is directed by a qualified professional.

DEFINITIONS §483.24(c)(2) "Recognized accrediting body" refers to those organizations that certify, register, or license therapeutic recreation specialists, activity professionals, or occupational therapists.

Activities Director Responsibilities 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 activity's 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.

Directing the activity program includes scheduling of activities, both individual and groups, implementing and/or delegating the implementation of the programs, monitoring the response and/or reviewing/evaluating the response to the programs to determine if the activities meet the assessed needs of the resident, and making revisions as necessary. NOTE: Review the qualifications of the activities director if there are concerns with the facility's compliance with the activities requirement at §483.24(c)(1), F679, or if there are concerns with the direction of the activity programs. A person is a qualified professional under this regulatory tag if they meet the qualifications (if applicable) of §483.24(c)(2)(i), and one (or more) of the qualifications of §483.24(c)(2)(ii).

KEY ELEMENTS OF NONCOMPLIANCE §483.24(C)(2)

To cite deficient practice at F680, the surveyor's investigation will generally show that the facility failed to ensure the activities program is directed by a qualified professional, who:

- Is licensed or registered, (if applicable); and
- Is eligible for certification as a therapeutic recreation specialist, or as an activity professional by a recognized accrediting body on or after October 1, 1990; or
- Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or
- Is a qualified occupational therapist or occupational therapy assistant;
- Has completed a training course approved by the state.

**NOTE: F680 is a tag that is absolute, which means the facility must have a qualified activities professional to direct the provision of activities to the residents. Thus, it is cited if the facility is non-compliant with the regulation, whether or not there have been any negative outcomes for residents. In determining the Scope and Severity, surveyors must consider the extent to which non-compliance at F679 is attributed to the lack of an activity director or the lack of qualifications of the activity director*

OTHER RELATED REGULATIONS:

F550 Resident rights.

The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.

F675 Quality of Life.

Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive, and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

F565 The resident has a right to organize and participate in resident groups in the facility.

The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.

Almost half of nursing home residents are living with dementia. (Mukamel, et al. 2023) Further, nearly 50% of the population have difficulty in 3–6 activities of daily living. Excessive unoccupied time among nursing home residents is evident in studies that have found they "do nothing" 65% of the time and can spend 17 hours a day in bed when awake or not receiving treatment or primary care.

According to researchers and based on various studies, "residents want a variety of activities that are "interesting" or "desirable". This includes input from residents with mild to moderate dementia. Studies suggest that "activities can be meaningful and interesting if they stimulate thinking, are gender-specific, produce something useful, are related to the previous work of residents, allow for socializing with visitors and participating in community events, or are physically active." (Tak SH, Kedia S, Tongumpun TM, Hong SH., 2014)

One of the most important reasons for going to activities reported by residents was to mix and mingle. The activity itself may not have been of interest but was a means of meeting and interacting with others. (Tak SH., et al., 2014) The socialization and making connections aspect of activities cannot be overemphasized.

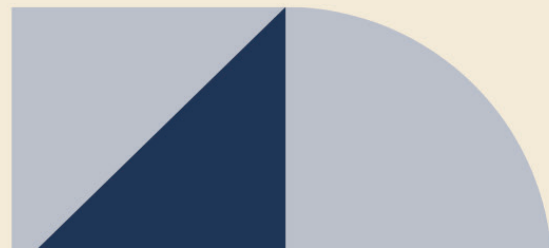


TYPES OF PROGRAMS



SELF-DIRECTED

Activities that encourage residents to pursue activities of interest independently such as walking, visiting other residents and family members, and attending church services. The center indoor and outdoor areas should be open to residents to move around freely with supervision. Many centers lock all exit doors to decrease the risk of elopement but do not provide residents with outdoor sitting and walking activities that provide the option for going outdoors to enjoy the weather. Self-directed activities encourage residents to decide how and where they want to enjoy their day. These residents tend to be more independent.





TYPES OF PROGRAMS



ONE-ON-ONE

Activities for residents who are confined to their room or bedridden. They are provided with activities of interest based on their needs and capabilities. Residents with severe cognitive decline benefit from stimulation such as familiar music, talking books and even television programs. Spending 1:1 time with these residents may include various types of sensory stimulation, particularly touch. Hand/Foot massages or gentle tapping can bring a sense of peace and connection. Residents who have greater capabilities may benefit from a 1:1 game of cards, reminiscing conversations, discuss current events, etc. It's important to identify what the resident enjoyed in life to create opportunities for 1:1 activity. Ideally, the activity program should be robust and diverse enough to minimize the number of residents requiring 1:1 activity.

TYPES OF PROGRAMS



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MOVIE NIGHT	ARTS & CRAFTS	EXERCISE CLASS	BINGO	GARDENING	MUSIC HOUR	
MOVIE NIGHT	ARTS & CRAFTS	EXERCISE CLASS	BINGO	GARDENING	MUSIC HOUR	
BINGO	ARTS & CRAFTS	EXERCISE CLASS	BINGO	GARDENING	MUSIC HOUR	
MUSIC HOUR	ARTS & CRAFTS	EXERCISE CLASS	BINGO	GARDENING	MUSIC HOUR	
MUSIC HOUR	MUSIC HOUR	MUSIC HOUR	MUSIC HOUR	GARDENING	MUSIC HOUR	

FIXED ACTIVITY SCHEDULE

Regularly scheduled activities generally on a monthly activity calendar. The fixed activity schedule is good for residents who like predictability and routine. Fixed activities are great for residents with moderate dementia as they establish a rhythm to their day and week. The key to which activities to offer should be based on interviewing residents related to what they want to do. Residents with mild to moderate dementia are very capable of telling staff what is important to them.

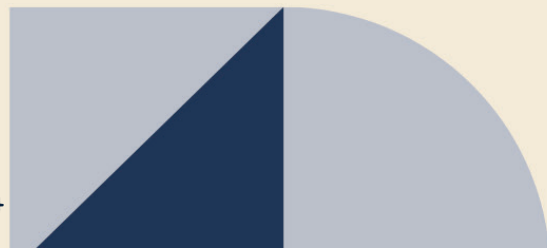


TYPES OF PROGRAMS



SPONTANEOUS ACTIVITIES & HOBBIES

Areas of the center can be set up to provide residents with the opportunity to do activities they are interested in but are not necessarily scheduled. Whether it is a card game with others, painting using readily available art supplies including canvas, or resources needed for residents to pursue hobbies and interests. Providing residents with the means and supplies to coordinate their own activities adds a more holistic approach to activity programs. It allows residents an opportunity to do what they want when they feel like it.





TYPES OF PROGRAMS



EDUCATIONAL & PERSONAL GROWTH

Offering residents opportunities to pursue educational interests or grow personally provides residents with the ability to expand their knowledge or self-reflect. These types of activities can result from a partnership with the local library or college bringing the community into the facility or transporting residents to outside locations.



TYPES OF PROGRAMS



“JOB” ORIENTED

Many residents do not want to sit idle and want to contribute to their community. At almost every level of cognition, residents should be provided with opportunities to help around the center. “Activities can provide a sense of purpose when residents produce something, use skills from former work, or make a contribution.” (Tak, SH., et al., 2014) As you look around the community, where can residents participate in the environment? This could be anything from critiquing a new marketing plan, to assisting with job interviews, to doing chores around the community. Many residents want to feel useful and want to help, which aids them in having a sense of accomplishment.

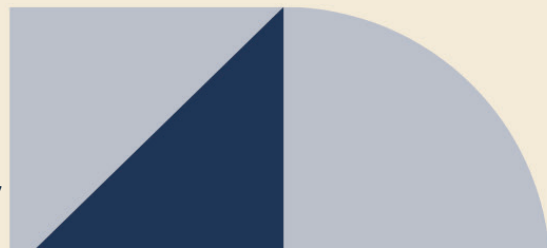


TYPES OF PROGRAMS



PARTICIPATORY /PLANNING

These activities involve residents in the day-to-day planning and activities of the facility, including planning scheduled activities, leading activity groups, helping to set up for activities, setting up tour packages, helping to plan marketing events and more. The sky is the limit. It really is about what the residents are interested in doing. Involvement provides residents with a sense of being needed and accomplishment.



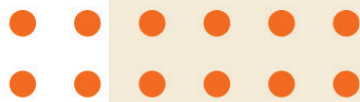


TYPES OF PROGRAMS



COMMUNITY/ CHARITABLE

Providing activities that involve contributing to the external community helps residents become part of their local city/town. Opportunities to serve are a great way to improve self-esteem and a sense of purpose. Connecting with the community via outings to local events, places of worship, visits from volunteer groups, or involvement in athletic and education programs (e.g., learning computer or Internet for emails and games) may enrich activity experiences of residents. Post-acute care centers should promote the connection with the community and organize activities in an appropriate format—including a combination of large and small groups, one-on-one, and self-directed activities.

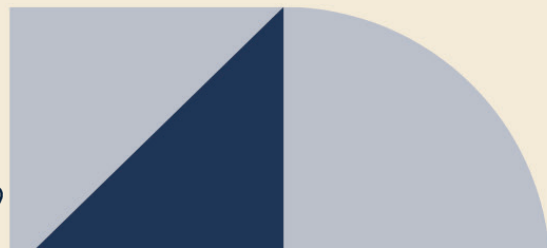


TYPES OF PROGRAMS



INTER- GENERATIONAL PROGRAMMING

Areas of the center can be set up to provide residents with the opportunity to do activities they are interested in but are not necessarily scheduled. Whether it is a card game with others, painting using readily available art supplies including canvas, or resources needed for residents to pursue hobbies and interests. Providing residents with the means and supplies to coordinate their own activities adds a more holistic approach to activity programs. It allows residents an opportunity to do what they want when they feel like it.



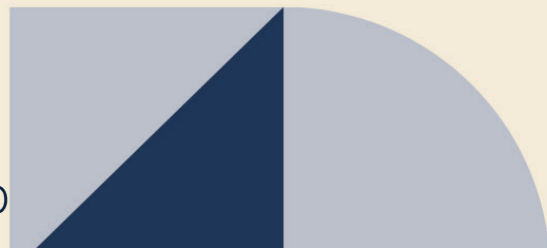


TYPES OF PROGRAMS



COMPETITIVE

Many residents have a competitive nature which does not change when they enter a post-acute care center. Activities may promote competition with meaningful prizes and support past interests. This may include games (card or board), sports, baking contests, entries into a local state fair for arts and crafts, and more. If there can be a winner, there is competition.





TYPES OF PROGRAMS



DEMENTIA ORIENTED

All of the above types of activities are appropriate for residents living with Dementia and can be customized based on the level of cognitive deficit the resident displays. As residents advance in the dementia process, activities should be broken down into shorter segments with more hands-on assistance or oversight. For centers that specialize in Dementia care, the Montessori method of creating programming is an excellent way to maximize resident abilities. More about Dementia related programming will be discussed later in this manual but, for more information go to iccdp.net or qualityaging.com.au/Downloads/Dementia/Montessori-Principles.aspx



PASSIVE TO ACTIVE PROGRAMMING

There is a place for passive activities in post-acute centers that may involve watching a movie, a guest musician, or children's dance recital as examples. However, activity programs that focus on active participation from participants are the most meaningful and desirable for residents. In life, most people prefer to be involved in activities around them. Think about going to a friend's house for dinner. Most times guests ask, "Is there anything I can do to help?". This is because people in general want to be involved in life and prefer to serve than to be served.

When moving your program from a PASSIVE to ACTIVE orientation, you will want to review **HOW** you carry out activity programs. Are the residents sitting around (PASSIVELY) while the Activity staff **DO** the reading, assemble the snacks, pour the coffee, etc.? Look at your residents. Be honest. Are they enjoying themselves and feeling useful or are they just participants watching others being involved in life?

Setting up activities involves the entire staff. Below are a few suggestions of how to maximize activity interest, attendance and interest:

- 1. BEFORE STARTING ANY GROUPS:** The Activity Cart should be cleaned and restocked while residents are having “down time” such as having a meal, during movies or listening to music.
- 2. EVERYONE** assists residents to the announced or posted activity. CNAs will come to get residents for toileting assistance and medications and then return the residents to the group(s) as needed. Ideally at least one CNA should be assigned to activities, or, better yet, each activity staff member could also be certified as a CNA.
- 3. ACTIVITIES** start on time, and staff breaks should be scheduled around activities, not during activities.
- 4. SET UP and TIME MANAGEMENT** are critical. Every Activity Team Member should know the activity of the day and be prepared for the activity BEFORE it begins. Have the activity cart at the activity in case it ends early or isn’t well received. Switch gears and do something else that IS fun and engaging.
- 5. EXAGGERATED MOVEMENTS** – during activities, use a loud and cheerful voice and tone which helps residents become engaged and encouraged to participate. Be prepared to call out directions AND physically demonstrate.



6. PARALLEL ACTIVITIES are simultaneously occurring. This means there will be independent, small groups, and large group activities occurring at any given time. During room rounds, residents who do not like groups should be provided supplies, so they can be engaged and active based on their interests and abilities. A large exercise group might be occurring while across the hall a small (4

or less) restorative-oriented exercise group is in process (or it could be manicures, massage, higher functioning coffee klatch, etc.).



7. COFFEE AND SNACK CARTS.

Set up a coffee cart with *MORE* coffee and hot water than is expected to use; have a trash container, napkins, all the drink mixes, thickened fluid packets, sugars, creamers – *EVERYTHING* – on the cart. If using a cart for room visits, have everything on the cart that might be requested to minimize walking around the facility looking for supplies.



If a scheduled activity is not going well and residents do not seem interested, switch gears and do something else. For example: The newspaper is being read in a room with 8 residents but 7 are sleeping. Evaluate how the activity is set up. In this example, can the residents hear the reader? Are they actively engaging in the stories and participating in discussions about the articles? If the activity is not a success – do something else. Another example may be residents are not

participating in exercise but talking to each other; switch to a social activity and exercise another time. **BE FLEXIBLE** and **INNOVATIVE!**

BAKING/MEAL PREP: Baked goods or the ingredients for baking can be placed on individual bowls (or prep areas) with the resident's name. Then the items can be eaten or mixed in preparation for snack/coffee hour. Meal and food preparation is a great meaningful part of many people's day. Modify what is needed to provide a sanitary experience. Such items as safety knives permit residents' involvement while minimizing risk of injury. Some facilities help residents become SERV Safe certified, and these residents participate in once weekly meal preparation and a family dining experience. Be creative!

MUSIC & MEMORY: There is a lot of research on the positive effects of music. The music should be SPECIFIC to the residents. Provide headphones and play their favorite genre of music. This can be calming for non-verbal residents. For more information visit musicandmemory.org

ONE:ONE VISITS: Determine which residents do not leave their rooms and/or cannot or will not participate in a group setting. Make a list of these residents and review their life activity preferences. This list should not be long. If you find many residents do not participate in activities or leave their room, an evaluation of the overall program is warranted.

PHOTO ALBUMS (or scrap books): Ask the families to bring photos if they have them. Copy the photos and assist residents in assembling them and then laminate them. Ask the families to provide names, dates, and information about each photo. Print/type this information in LARGE FONT, black-color type on white paper and label the pictures. These can be comforting to residents who look for their family members and/or are confused about what they are doing in the center. This activity may generate story telling as residents relive memories of their past life.

SENSE OF PURPOSE! Responding to each residents need to be needed. Activities should be resident specific and organized to make the resident feel like they are part of something important, bigger and necessary. The residents MATTER and the activity program should provide comfort, meaning and a sense of being part of a "family".

Moving from a passive program to active participation is not hard. It takes creativity and a willingness to support residents in their involvement in activities.





THE PROCESS OF RUNNING ACTIVITY GROUPS AND PROGRAMS

Group activities may be small or large and may be scheduled or occur spontaneously. Group activities for cognitively impaired residents should be oriented on the process (i.e. "doing" or "enjoying") of the group versus the outcome of the activity. For example, if residents don't clap in time to music but smile or tap their fingers, that may be how they show they are involved in the process of the group.





RUNNING A GROUP FOR RESIDENTS WITH COGNITIVE IMPAIRMENTS:

1. Turn off the TV, radio, or other background noise; encourage staff members to have conversations away from the group setting. This will ensure residents are not distracted.
2. Gather residents around a table or in a circle, so they make eye contact with each other (and with the group leader if seated).
3. Greet and introduce residents to each other and to group leaders if applicable.
4. Introduce the group topic i.e. "Now we will have a sing-along."
 - a. Distribute items for group participation even if the participants can't necessarily use them. For example, many residents with cognitive impairment cannot read but they like holding songbooks because they remember the physical behavior of singing and holding a songbook or hymnal. If the resident seems disturbed by the items, remove them.
 - b. Demonstrate and use the item to encourage residents to model behavior.
5. Begin the group. Residents with cognitive impairment may only have up to 20 minutes of interest in each group/event; staff members should be assigned in the hallways to redirect residents back to groups if the resident takes a break or leaves the activity.
 - a. Plan on the group lasting 15–30 minutes.
 - b. Plan multiple smaller (2 – 6 residents) groups for cognitively impaired residents. Suggestions for daily activities include:
 - i. Rise & Shine – exercises – 10 – 15 minutes with age/stage music.
 - ii. Reminiscing – varies by topic – 10 – 15 minutes; ideas include:
 1. Psalms
 2. Finish the phrase i.e. "A bird in the hand beats....."



3. Looking at large (8 x 10) black and white photos
4. Looking at memory albums & family photos
5. Writing Christmas and birthday cards and reading them
6. Family memories

iii. Hydration Station – 10 – 15 minutes of mid-morning hydration – drinks, Jell-O, popsicles, etc.

6. As much as possible, sit at eye level with residents. During the group observe residents to determine their level of engagement. If the activity is not appealing to the majority of the residents (i.e. they are not smiling, nodding, making eye contact, participating), be prepared to try a different approach. Being flexible is important when working with cognitively impaired residents.

PARALLEL GROUPS

Parallel groups or activities are when MORE than one activity is happening at a time. This allows higher and lower functioning residents to be grouped according to strengths and abilities, or it may be by preference and interests.

EXAMPLE OF PARALLEL GROUPS:

A large group is occurring in the middle of the dining room. Music is playing and a large group exercise is going on; around the edges of the dining room activity stations are set up (i.e. painting or a game of cards); and across the hall a small (2-4 residents) sensory group is in process.

Keep in mind – the CNAs in the Activity Program can provide exercise and Restorative oriented programs and get “credit” for providing restorative care or activities if they are not providing routine ADL assistance. To get “credit” as a RESTORATIVE group, there must be four (4) or fewer residents engaged in, assessed and care planned for the Restorative Program. Even if the center does not have a Restorative Nurse overseeing this aspect of activities, the residents will benefit from the small, short groups that will focus on exercise, sensory stimulation and socializing.



HOW TO FACILITATE PARALLEL GROUPS:

Start groups with greetings, stating the date and the activity that will occur. As needed introduce residents to each other – this may feel repetitive but say names out loud and make “introductions” even if you must do it several times a week (or daily!).

ORGANIZATION AND PLANNING!

Make sure supplies are in place and organized BEFORE THE ACTIVITY STARTS. Have the tables organized around the edge of the room and have the small room set up with an activity OR KNOW WHAT YOU ARE GOING TO DO BEFORE YOU START. It is advisable to start the large group activity first, then focus on the smaller groups. Ideally the small group should be 2-4 residents for up to 15 minutes with focus on standing, moving, exercise, sensory stimulation, PROM, massage, music, etc. Rotate residents who previously had 1:1 visits, residents at high risk for falls, and residents with behavioral symptoms for these groups. If there is too much stimulation in the room, set up the small group activity in another location.

HOW TO FACILITATE A LARGE GROUP

Large group activities can foster engagement, socialization, and cognitive stimulation. In general, large group activities are usually entertainment focused such as a musical entertainer, dance troupe, movie or sports event, but may also be exercise or sing-a-long type activities. Having snacks and drinks available is an important part of socialization and should be readily available.

Other more active large group activities may include trivia night, bingo, music therapy and arts and crafts just to name a few.

GREET residents by name, the name of the activity and how glad you are they are attending today. If supplies are needed, they should be set up ahead of time and ready to go. You can arrange the room to either support the large group activity or to share the space. If sharing the space, the large group activity is usually in the center of the room and a parallel activity is set up at the periphery. Around the edges of the room, puzzles, “busy boxes” or “busy centers”, or other quiet activities can be set up (based on cognitive abilities) for those residents who want to participate but also want to “do” something during that time.



ACTIVITY IDEAS FOR ACTIVE PROGRAMMING

AESOP'S FABLES (PRONOUNCED EE-SOP'S)

Many older people read fables, which provide the framework for most well-known fairy tales. Choose a fable to read aloud and/or discuss. Discuss the moral of the story and ask if they've heard the fable, etc. Encourage discussion – don't read in a monotone voice. Or have a resident read the fable out loud and lead the discussion. <http://aesopfables.com/aesopsel.html>

BUSY BOXES

The sky is the limit with Busy Boxes (or whatever you want to call them). Busy boxes are boxes or baskets filled with items that can be sorted, stacked, assembled, screwed together, etc. The intent is to provide stimulation even for residents who do not have strong cognitive or verbal skills. A lot of supplies are required. Have the busy boxes set up and move the boxes/stations OR the residents around if the resident is not interested. Demonstrate what to do with the items in the boxes/baskets and allow the resident to mimic your behavior or do something different on their own. Sorting can be considered "helpful" for residents with cognitive impairment.

COFFEE HOUR/JUICE BAR/MOCKTAIL HOUR

Coffee, Juice or Mocktail Hour: Set up drink carafes, cups (have EXTRA cups on the cart), mocktail supplies, (and fancy glasses) and other condiments as needed including creamers, sugars, stirrers, thickened drinks, lemons, limes napkins and a container for trash on the cart. Wheel the cart around and announce the name of the resident being served a drink. Introduce residents to each other.

Suggested Supplies to always have on hand for Busy Boxes:

You should have TONS of supplies for the activities:

- 100s of 2"x2" blocks to sand and paint (maintenance);
- 100s of 4"x4" fabric squares – all varieties of fabric but UNIFORM size;
- 2 laundry baskets of baby clothes;
- 2 laundry baskets of towels, socks, t-shirts, etc.;
- Office center supplies – old typewriter, adding machine, paper, pens, etc.;
- Mounds of costume jewelry and jewelry boxes;
- Yarn – 20 skeins of different colors – can be remnants and rolls and baskets to put yarn in;
- Greeting cards – 100s with envelopes for sorting;
- Paint with paint brush;
- Wooden ornaments (can be repainted);
- Ribbons – 100s of feet and a wide variety;
- BUTTONS – 100s of different varieties;
- Clay;
- Toolbox and tools;
- Fishing kit/tackle box (hookless);
- Planters, dirt, and seed;
- Recipe boxes and recipes/recipe cards;
- Dish washing station;
- Socks;
- (other ideas you think of – HUGE quantities are essential)

CHAIR BINGO

Chair bingo is a modified version of traditional Bingo that encourages physical activity while seated. Players complete seated exercises or movements called out by the game host, and then mark off corresponding pictures on their bingo cards. Encourages movement while incorporating BINGO. Using the Chair Activity BINGO cards, follow the directions to create a more ACTIVE activity. Make your own cards or order online. Example - https://getvisualz.com/products/physical-activity-bingo?pr_prod_strat=e5_desc&pr_rec_id=0184cceae&pr_rec_pid=4050670288974&pr_ref_pid=4050554290254&pr_seq=uniform

CHAIR EXERCISE/SITCERCISE

Exercise is an evidence-based intervention that assists in reducing falls. Adding MORE exercise to your activity program is critical. Exercises in a wheelchair or seated CAN and DO improve balance and strength. Even hand grip strength reduces risk of falls. Follow a set of group exercises doing different things on different days to keep it interesting. For ideas visit these websites:

- <https://www.goodrx.com/well-being/movement-exercise/chair-exercises-for-seniors>
- <https://health.clevelandclinic.org/chair-exercises-for-seniors>
- <https://californiamobility.com/21-chair-exercises-for-seniors-visual-guide/>

A few YouTube videos that can help create a seated exercise program include:

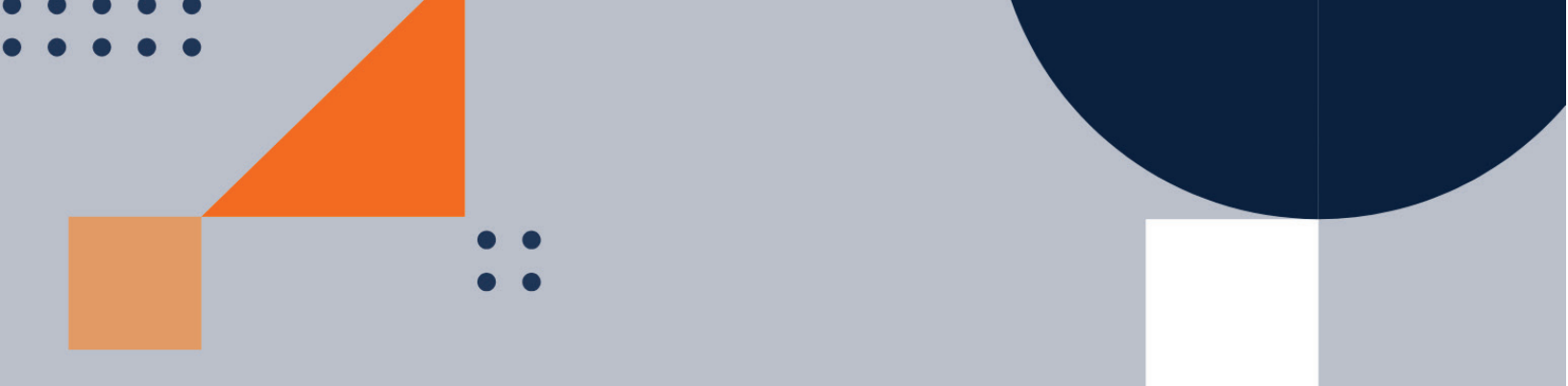
- *10 minute beginner exercises* <https://www.youtube.com/watch?v=oumzMyqK-2I>
- *8 moderate exercise* <https://www.youtube.com/watch?v=HwES4OSc9H>
- *Tai Chi to improve balance* <https://www.youtube.com/watch?v=ymawWTDYlYs>

Use your imagination and Google!

CHAIR YOGA

Watch a training video or read a training guide. The focus of CHAIR YOGA is posture, balance and breathing. Good breathing and deep breathing has been associated with improved ability to fight infection. A few You Tube videos that can help guide yoga classes can be found at:

- <https://www.youtube.com/watch?v=KejiXtb2hRg>
- https://www.youtube.com/watch?v=U_jdXFfegKE



CONCENTRATION

Refer to Wheel of Fortune for how to post/paste the pictures. Post matching pictures on the wall or window. Ask residents to help match the pairs. Use at least 30 matching pictures. The pictures can be printed from the internet but need to be easily identifiable and printed on 8" x 11" paper.

CRAZY PHRASES

Print off a couple pages of "crazy phrases" and read them to the residents. Do not read in monotone or run on voice. Use animated tones and language as you read the quote – make comments about the origin; ask the residents what they think, etc. http://www.coolnsmart.com/short_funny_quotes/

JEOPARDY!

The activity team creates/prints Jeopardy! questions in various categories. The categories, values, and questions are hung on the wall or windows (see Wheel of Fortune). The activity team leads the game and "keeps score".

LUNCH TRIVIA

Ask trivia questions about any topic. If there is a "theme day" orient the trivia to that topic. Be engaging, use a clear, loud and friendly voice.

MEN/WOMEN OF THE BIBLE

Find interesting biblical figures to discuss with the residents. Ask them who they are interested in and who was particularly interesting. Read short information and stories about the men/women of the bible. Do not read in a monotone voice and make sure you make eye contact with the residents and ask them for feedback. For ideas and biblical characters to discuss: <http://www.christiananswers.net/dictionary/women.html> <http://www.christiananswers.net/dictionary/men.html>

NIGHT TIME WRAP

Stretching, breathing and relaxing movements in the dining room OR in the hallway if there are clusters of residents. Talk about the day and what made the day particularly good or interesting. Discuss nighttime and bed time rituals and habits.

SCRAPBOOKING

Activity department, families and residents provide pictures, memorabilia, and interesting items that are meaningful to the residents. The center can make copies of the photos and return the originals to the family. Decorate construction paper with the pictures, etc. and place inside plastic sleeves in a binder; label the pictures with names and dates. These can be used to help comfort residents and talk about their lives.

SHADOW BOXING

This is an upper body exercise. Demonstrate the exercises, call the moves out and count out the number of movements. For ideas, review this: <http://www.wikihow.com/Shadow-Box-For-Fun-and-Exercise>

SNOWBALL GAMES

Using large white poms, have the residents set up various activities such as stacked cups (plastic, disposable), rings, etc. and throw the “snowballs” at the cups, through the rings and so forth. You can also purchase “snowballs” through various vendors.

- **Amazon.com** — https://www.amazon.com/2-inch-Artificial-Snowballs-Christmas-Decorations/dp/B0DCJHXYXY/ref=asc_df_B0DCJHXYXY?mcid=eca81774d76b39e4aa27f521926dab9a&hvocij_id=11912189494154057570-B0DCJHXYXY-&hvexpln=73&tag=hyprod-20&linkCode=df0&hvadid=721245378154&hvpos=&hvnetw=g&hvrnd=11912189494154057570&hvpone=&hvptwo=&hvqmt=&hvdev=c&hvdvcmld=&hvlocint=&hvlocphy=9016895&hvtargid=pla-2281435177898&th=1
- **Oriental Trading** https://www.orientaltrading.com/snowball-fight-game-with-storage-bags-for-2-22-pc-a2-13910429.fltr?sku=13910429&BP=PS544&ms=search&source=google&cm_mmc=GooglePLA-_-21024338149-_-155724072381-_-13910429&utm_medium=pla&utm_source=google&utm_id=21024338149&utm_content=13910429&utm_term=155724072381&utm_campaign=21024338149&tw_source=google&tw_adid=690806191401&tw_campaign=21024338149&gad_source=1&gad_campaignid=21024338149&gbraid=0AAAAAD5VzxxibkKL_XDmN8wqNLXjqHlIR&gclid=Cj0KCQjwOLDBBhCnARIsAMpYlAoyNlFaG0gZ3qgGmeGOLuI7Mit-ut-yF2JN4TOVEcnFObFUYNVTqj_gMaAjPCEALw_wcB



TAI CHI & QI GONG

Tai Chi and Qi Gong are great movements that are conducted in chairs. They can assist residents who experience pain, have balance concerns or would benefit from building core strength. https://www.youtube.com/watch?v=pa_I5NAOW4k

THERA BAND EXERCISES

Therabands provide resistance training that can support muscles and aid in stability. Leading exercise groups entails calling out/announcing the exercise being completed AND counting the sets/holds. The therapy team can assist with identifying the proper Theraband to use for each resident. Visual demonstrations or video helps people who are visual learners. Check out this You Tube video to help design your program: <https://www.youtube.com/watch?v=ZP9FKXGoBg8>

THIS DAY IN HISTORY

This can be an activity for alert and oriented residents AND residents who have short-term memory issues but intact long-term memory. Print an informational sheet; don't simply read in a monotone voice, make eye contact and look at the residents; ask questions and how the resident(s) remember the event. <http://www.history.com/this-day-in-history>

TWIG ART

Look at Pinterest if you need ideas. Bring in twigs, ribbons, paint, paper, glitter glue, etc. and assemble the twigs into "art". Have vases ready and/or decorate vases as part of the project. If you have a creative resident, ask him or her to lead the project.

WHEEL OF FORTUNE

Make sets of LARGE black letters on white paper (8" x 11"). The staff member provides clues such as category and may provide hints (like the game show on television). The phrase or word is hung on the wall or the windows using sticky product for hanging posters (will need to be cleaned after) or tape. The residents take turns guessing the letters and trying to solve the phrase. This can be tied into a "theme day" easily. (Wii used to have game shows that could be used as a group activity.)

TWISTER

Using the twister mat, toss bean bags in the circles using right or left hand or using feet (if able). The idea is to use whole body movement to try to throw the bean bag to correct color using the identified body parts.

Materials:

- Twister floor mat
- Bean bags or soft balls
- Whiteboard and markers

Instructions:

1. Assign point values to mat colors: Green (40), Yellow (30), Blue (20), Red (10).
2. Write residents' names on the whiteboard to track scores.
3. Lay the Twister mat on the floor in front of participants.
4. Each resident takes turns tossing a bean bag, aiming for a specific color.
5. Record points earned for each throw.
6. Rotate turns and continue playing for as long as desired!

Note: Adapt as required. For those with poor eyesight, place the mat very close to them.
<https://www.goldencarers.com/twister-bean-bag-toss/6018>

LET'S TALK ABOUT MUSIC

Play music of the resident's choice (depending on the group). Music should be appropriate for the generation of the residents in attendance. Going back to the time when residents were teenagers or in their 20's often elicits positive memories. Identify what music residents enjoy and work with that. Remember, rock, disco, alternative, country etc. was music many of our residents enjoyed growing up. Using upbeat music will get residents moving and singing. Provide opportunities for residents to talk about their favorite musicians, genre, dance moves, memories etc. Music can tap into positive emotions and leave residents feeling good.

If you are doing an activity that requires giving directions and paying attention, remove all distractions such as radios, television, etc.

MEN FOCUSED ACTIVITY IDEA

Sometimes men need opportunities to spend time with other men. Women seem to do this naturally. Consider adding men focused activities to your calendar which encourage men to socialize and bond at their level. Depending on the population, have drinks (alcoholic or non alcoholic depending on physician approval) and chips available.

Sports night – Every sport has its season. During games available on local television or cable, set up an area for the men to watch and banter about the game. Having game food and sports paraphernalia can help create a festive game environment. During football season be sure to work with staff to assist the residents to stay up late to watch late games.



Blackjack or Poker Nite – be aware of state gambling laws if money is on the table as some states do not permit "gambling" with money. Monopoly money or chips can help. Be creative!

Small Wood Working Projects – this could be a project worked on together or side by side small projects (such as building a bird feeder).



Car Talk – get different car magazines and chat about the new cars vs. the old cars.

Golf – if possible, install a small putting green on a portion of your outside area.

Horseshoes – if possible, install a horse shoe ring outside or purchase an inside horseshoe game.

Basketball – get a swimming pool basketball hoop game, it works well indoors on the floor.



Horseracing – Watch horse racing live when there is the opportunity and print out the betting sheets. You can use fake money for the bets and payouts.

Bowling – purchase a bowling set (pins and ball) and set at the end of a hallway in the facility. Then have a men against women bowling game from the other end of the hallway or set up leagues like a men's league or certain hallways leagues etc.

Shopping Trip – Take the men out to the local Target or other store to get toiletries and other private stuff.

Chess Club – Create an area where spontaneous chess games can happen.

Checkers Club – Set out a checkers board or purchase a game table that has multiple games and has available storage for playing pieces.

Exercise Club – purchase some small weights (2-5 lbs) and let men work out during a certain "men" workout time.

Dominoes Club – if the gentlemen have an interest, then a set of dominoes can be made available.

Yahtzee Club – Just be sure you have enough scoring pads.

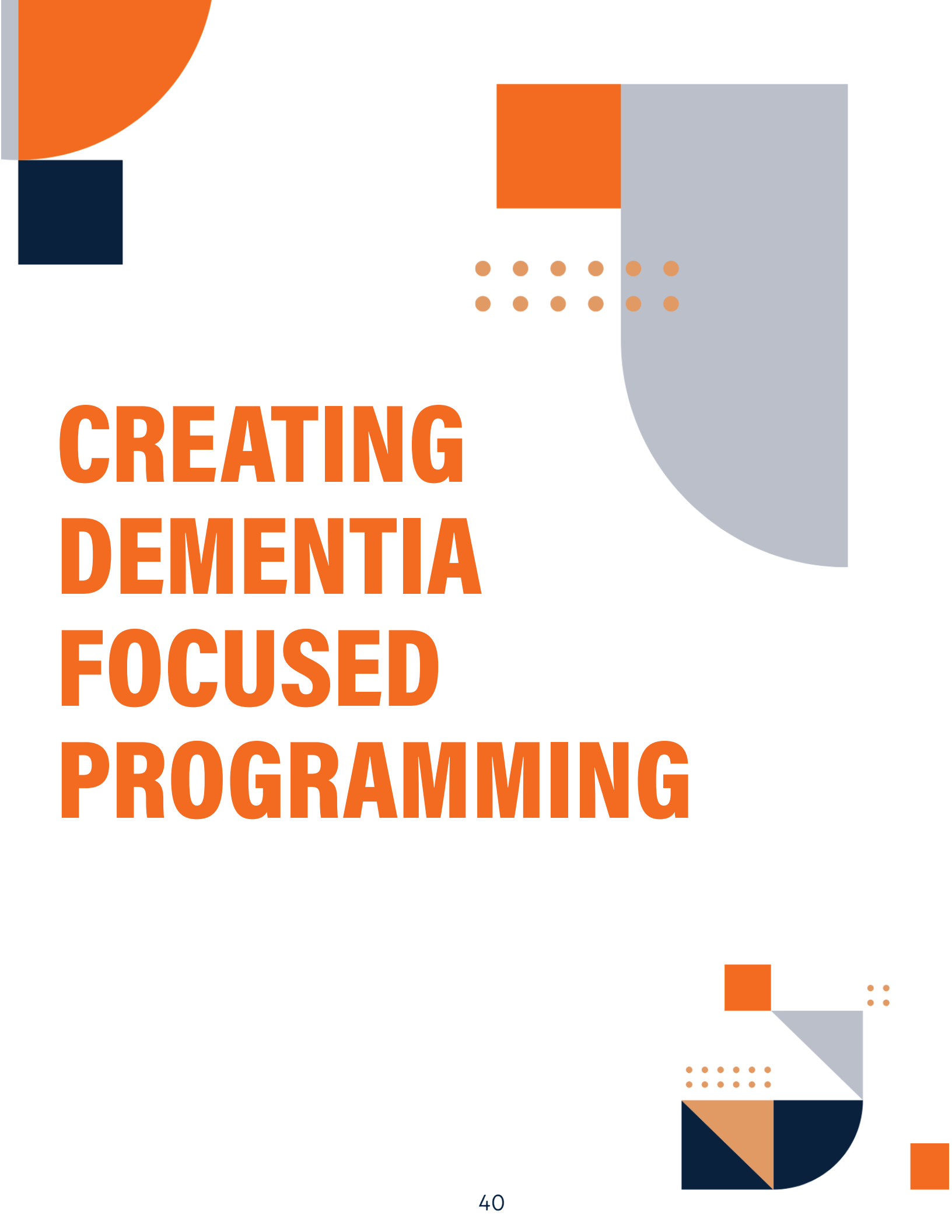




Aromatherapy
Breadmaking
Arts and Crafts
Movie Matinee
What's Cooking
Dominoes
Storytime
Comedy Hour
Coffee Social
Yahtzee
Seniorsize (modified exercise)
Ice Cream Social
Name That Tune
Spelling Bee
Pizza Party
Horseracing
Collage Making
Drink Cart
Wine and Cheese Party
Melody Makers
Keno Game
Ring Toss
Ribbon Dancing
Jig Saw Puzzles
Folding Clothes
Croquet
Cookout (BBQ)
Bible Study
Auctions
Flower Arranging
Photography Class
Recipe Book Making
Needlepoint
Macaroni Crafts
Gin Rummy
Sing-a-Long
Swimming
Braiding
Charades
Pictionary
Art Class
Foreign Language Class
Tea Party

Walking Group
Happy Hour
Groovin' to the Oldies
Crossword Club
Facials
Trivia
Armchair Travels
Pokeno (similar to Bingo)
Word Search Club
Candlelight Dinner
Horseshoes
Musical Chairs
Dance Lessons
Ball Toss
Make up application
Bean Bag Toss
Poetry Writing
Hangman Game
Adult Education Class
Pet Visits
Hot Potato Game
Yoga Class
Church Services
Bingo
Balloon Volleyball
Stamp Collecting Club
Candle Making
Knitting
Monopoly
Penny Pitch
Clay Projects
Root Beer Float Party
Chess Tournament
Checkers Tournament
Jewelry Making
Lawn Bowling
Billiards
Bocce Ball
Cornhole
Gardening/Garden planning
Football Sunday
Price Is Right Game
Family Council Meeting
Resident Council Meeting

Let's Chat
Popcorn Party
Memory Games
Blackjack
Creative Writing
Picnic on the Patio
Mobile Library
Book Club
Men's Group
Matching Game
Chicken Soup for the Soul
Reading
Brain Teasers
Pen Pals
Sand Art
Painting
Scrapbooking
Art Appreciation
Bird Watching
Mini Golfing
Pie Making/Contest
Scrabble
Proverbs
Wading in a Small Pool
Pine Cone Bird Feeders
Rug Hooking
Adopt a Grandparent
Nature Walks
Shuffleboard
Leather Crafts
Write a Letter to the President
Baby Visits
Reminisce About the Old Days
Shopping Trip
Restaurant Outing
Sorting Towels etc.
Polishing Silverware
Makeover
Morning Exercise



CREATING DEMENTIA FOCUSED PROGRAMMING

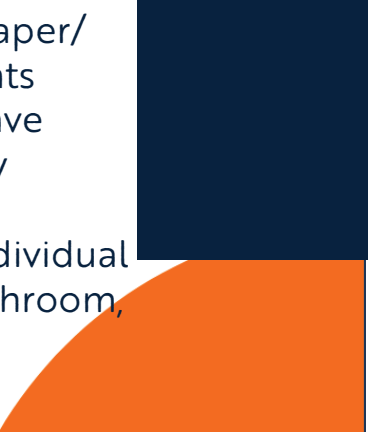


Understanding the process of Dementia and how individuals are affected is a critical component for developing an effective program for residents living with Dementia. Cognitively impaired residents have unique needs to help them experience quality life. It is important to consider environmental factors, consistent routines, and listening to what residents are saying in order to design a program to meet their needs.

If no suitable activities are provided and people living with dementia have nothing to do, they might become increasingly isolated, frustrated, bored and unhappy. This leads to residents walking around and searching or becoming agitated and emotionally distressed. The absence of activities also affects their ability to maintain everyday skills such as self-care.

By spending time getting to know residents, the activity team can develop individualized programs that reduce anxiety, stress and boredom which can reduce the need for medication to address behavior challenges.

REVIEWING THE ENVIRONMENT:

1. **Use great lighting** - For the majority of people living with dementia, and most seniors in general, failing eyesight becomes more of a reality as they age. Better lighting in the home can help avoid confusion and assist in preventing falls. This is especially true for a few hours before sunset when shadows can cause resident confusion. Keep all rooms well-lit with natural light as much as possible. When bulbs need to be used, purchase high-wattage and non-fluorescent lights when possible. Keep the windows clear from light-blocking trees or hedges and keep the curtains open to let in extra light. For those living with dementia, dark shadows can be misinterpreted as something threatening. Pay close attention to the positioning of lamps to eliminate any dark pools of shadow that may cause distress. During activities, be sure the area is well lit unless you are using a calming room, which we will review later in this chapter.
 2. **Utilize contrasting colors** – Dementia often affects a resident's ability to tell the difference between colors. To help eliminate confusion, using contrasting colors during activities can help residents see more clearly. As an example, if drawing or painting on a white paper/canvas, using a bold colored background can help residents gauge the edges. When possible, activity spaces should have walls and floors covered in contrasting colors, and brightly colored furniture that contrasts with the walls which help individuals quickly identify the items in the space. If an individual has difficulty finding a room such as their bedroom or bathroom,
- 



painting the door in a contrasting color or placing a familiar item that contrasts with the door color can help them find the space and keep them from accidentally wandering and becoming disoriented.

3. **Reduce excess noise** - Noise, including what may be thought of as unsubstantial background noise (such as a fan), can cause extra stress on a person living with dementia when senses are heightened and more sensitive. A noise level that may seem acceptable to a caregiver may cause agitation and even disorientation for someone living with dementia. Simply walking across a hard-surface floor may create an alarming amount of noise for a resident living with dementia, especially if they wear hearing aids. Using noise-absorbing materials such as carpets, curtains, cushions, and other soft furnishings can help reduce noise levels. During activities, removing excess noise from staff chatter to televisions and radios can enhance the experience for residents. Keep in mind though that too much silence can also be disorienting to people living with dementia. During down time in social spaces, it's best to find a balance by using soft, gentle background music or a familiar radio station with calming talk. Be sure to monitor the area to ensure noise from multiple sources is not creating a chaotic environment.
4. **Avoid reflections** – A floor or tabletop with a reflective surface can easily create glare and shadows causing unnecessary confusion for someone living with dementia. If a tabletop or counter is too reflective, an easy solution is to use lightly-colored tablecloths or placemats.
5. **Provide outdoor space** – Outdoor space is an important aspect of quality of life. A fenced porch or courtyard can allow residents who enjoy fresh air to participate in this environment. Having sheltered seating areas and raised flower beds will allow a senior opportunity to enjoy and participate in the outdoors. A flat surfaced walking path can allow for exercise, and a circular, easy-to-follow path is ideal for someone living with dementia who enjoys walking. When possible, giving residents free, supervised access to the secure area provides a sense of autonomy. During times of extreme weather, access may need to be limited to avoid resident exposure to the elements.

CALMING/SENSORY ROOM

A popular way to provide a calming environment for residents who are anxious and have difficulty settling down is to create a space that supports the senses and provides low stimulation to calm residents. A good source to help develop

a sensory room can be found at: How to make a Sensory Room for people living with dementia: A Guide Book - provides great guidance and ideas which can be customized to your center layout and resident needs.

<https://assets.kingston.ac.uk/m/8239cb81e12f2cb/original/How-to-make-a-Sensory-Room-for-people-with-dementia.pdf>.

ROUTINE

Residents living with dementia thrive on familiarity. When looking at the disease process, consider that dementia gradually impairs a person's ability to plan, initiate, and complete an activity. By creating an environment of familiar routines and activities, it allows the resident to feel comfortable and calm. If they can still perform an activity, they can still retain their sense of control and independence. By continuing to participate in familiar activities, a pattern of events can help transfer the schedule of a daily routine into the long-term memory portion of the brain. This helps the resident maintain independence for a longer period of time.

Aside from developing routines related to ADLs, familiar activities and interests are important to help identify and create familiar opportunities of interest. Think about the types of music the resident enjoys and/or are there specific songs or genres. Think about television programs or movies that bring joy. Consider hobbies and leisure activities or chores around the house the resident enjoys and participates in. Thinking about something as simple as making one's own bed can give a sense of involvement and accomplishment. Reviewing past routines and interests can help identify what can be integrated into a routine if this information is not readily available. The more you can engage the resident in these activities, the more secure and comfortable they will feel. In Dementia Care, a routine schedule of activities may be a successful approach to engaging residents.

Consistent staff are an important part of developing a routine. Whenever possible, schedule the same staff as many days as possible each week to work with residents. This not only helps maintain a routine schedule but helps with consistency of how care is delivered and what the resident and staff member can expect.

THE RIGHT LEVEL OF ACTIVITY FOR THE STAGE OF DEMENTIA EXPERIENCED BY RESIDENTS:

Activities may need to be broken down into several steps to help

residents participate in activities of interest. As dementia progresses, the outcome of the activity is not as important as the sensory stimulation it provides the residents. Below is an example of breaking down activities based on resident past experiences:

EARLY STAGE DEMENTIA	MID-STAGE DEMENTIA	LATE STAGES OF DEMENTIA
Activities that focus on the whole task	Activities that focus on the individual steps of the activity	Activities that focus on the sensory part of the activity.
Following a recipe to bake a cake or make bread	Kneading dough, whisking eggs, sifting flour	Tasting freshly baked cake/bread or smelling the cake/bread as it bakes
Potting bulbs for spring	Filling flower pot with soil; pushing bulbs into the soil; watering the planted bulbs	Rubbing fingers through the soil; sorting bulbs into piles; smelling the flowers
Making a birthday card	Cutting out template; matching tissue paper colors; sticking cut out shapes onto the birthday card	Scrunching tissue paper; sorting cut outs
Making a birdhouse from a kit.	Arranging the wood for assembly; glueing the wood pieces starting at the base then moving to the roof; painting the birdhouse	Sanding down wood; sorting the pieces by shape; seeing the birdhouse outside while hearing birds chirp

This method can be used to break down the tasks for residents no matter which stage of Dementia he/she is experiencing allowing them to participate in areas of interest at their level and capability.



THE LOUNGE PROGRAM



PURPOSE:

The Lounge Program is a form of sensory lounge intended to draw upon residents' strengths, interests, and abilities while providing structured, resident-centered activities. It promotes psychosocial well-being through social interaction and daily activity programming and stimulates the resident's sense of belonging and familiarity and focuses on providing meaningful activities for residents with cognitive impairments.

The Lounge Program attempts to provide benefits to the residents including but not limited to:

- Reduced risk for anxiety, depression, wandering, falls, catastrophic reactions
- Enhanced psychosocial well-being
- Improve appetite and promote healthy sleep hygiene
- Increase the use of behavioral interventions to address behavioral symptoms

The Lounge Program attempts to provide resident-centered care:

- Promotes strength-based abilities – draws upon resident abilities to promote success and encourages participation in the process of activity involvement
- Promotes an atmosphere of purpose and sense of usefulness
- Encourages socialization and connections to peers, staff members, and family
- Draws upon validation interventions

Procedure:

1. The Activity Director, in conjunction with the Interdisciplinary Team, will complete an assessment of the resident to determine if the resident has cognitive impairment or a clinical condition indicating the resident may benefit from involvement in the Lounge Program. Factors in determining involvement for Lounge Program include:
 - a. Diagnosis of a disease, event or illness resulting in cognitive impairment.
 - b. Short and/or long-term memory impairment impacting memory/recall and cognitive skills for daily decision making.
 - c. Clinical observation that has been assessed, care planned and documented.
2. Based on the comprehensive assessment the Activity Director, or designee, will determine if the resident may benefit from:
 - a. General Recreation Activity Program
 - b. Lounge Program
 - c. Combination of General and Lounge Programs

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3. If the Activity Director, or designee, determines the resident may benefit from the Lounge Program the resident is provided an opportunity to participate in the Lounge program.
 4. A care plan is developed and includes:
 - a. Recreation and leisure activities the resident attends
 - b. Level of participation (active, passive)
 - c. Assistance required to attend and participate in programs
 - d. Resident's preferences and interests
 - e. Individualized interventions that reflect the resident's functional abilities, preferences, and interests
 5. The resident's cognitive status is evaluated quarterly, and with significant changes of status, to determine ongoing involvement of Lounge Program.

THE LOUNGE PROGRAM IN ACTION

Lounge Program Preparation

Residents with cognitive impairment benefit from consistent staff assignments, routine activities, stimulation and resident-centered activity programming. The Lounge Program involves training staff members to recognize behavioral symptoms of cognitively impaired residents and identify effective behavioral interventions, including participation in the Lounge Program to promote psychosocial well-being of residents involved.

The Lounge Program is one part of an activity program. It focuses on resident-centered activities that can be engaged in directly by the residents as each station is set up to draw upon skills, habits, and routine behaviors that are part of long-term memory and physical abilities. A staff member is assigned to oversee the Lounge Program process and engage, encourage, redirect and observe resident interests in the stations. The Lounge staff member does not lead the residents through activity stations but facilitates by repeatedly engaging and encouraging involvement.

The Lounge Program is promoted to encourage residents to participate in the manner they choose/enjoy/derive a sense of purpose. Residents may not choose to come to the Lounge every time it is available and residents with cognitive impairment(s) may not participate in the same manner each time they participate. A resident may become agitated or anxious while in the Lounge. If this occurs, the resident should be removed from the Lounge until they feel ready to return. If the resident consistently becomes agitated or anxious when participating in the program, an alternative program may be more appropriate.





To create a Lounge Program that promotes psychosocial well-being the following are recommended:

- Low stimulation including:
 - limited or no overhead paging or music;
 - limited or no TV in the Lounge during the Lounge hours;
 - limited conversation among staff members.
- If TV or music is used during Lounge hours, it should be part of an active program such as a sing-along.
- Encourage age/demographic music that is continuously played (i.e. not a radio station with commercials).
- The Lounge is open for consistent hours and residents are not required to remain for the entire time; residents can freely come and go.
- Resident centered-focus is promoted – some residents may sit in the lounge passively while others may be more actively involved.

The Lounge Program is not a typical activity program:

- The activity stations are not structured for a specific outcome.
- The Lounge is generally recommended for residents with cognitive impairment.
- The activity stations are set up to draw upon procedural memory (skills and habits) or routine behaviors i.e., one-step physical memory such as writing, drawing, sanding wood, painting, sorting, rocking, wiping, folding.
- The activity stations vary to promote interest and reduce the likelihood of activity fatigue/disinterest.
- Several activity stations are set up with different themes; each station should have 3 – 4 chairs.
- The Lounge Program should be overseen by a trained staff member.

RUNNING THE LOUNGE PROGRAM

The Process of running the Lounge Program:

1. **Escort residents to the Lounge:** One (1) staff member will be assigned as Leader and will work in the Lounge; two (2) staff members will be assigned as Escorts to bring
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residents to the Lounge. During Lounge hours, the Escorts will assist residents with ADLs, toileting, and other care while also redirecting residents to the Lounge per resident choice.

2. **Greet the Residents:** The Leader greets and welcomes residents to the Lounge. Verbal and non-verbal techniques can be used and should be geared toward residents' responsiveness i.e., residents that like to touch should be hugged or have their hands shaken. Communication should be face-to-face, simple, clear, and with smiles and eye contact. Examples of how to greet include, but are not limited to:
 - a. Hugs, handshakes, smiles, pat on shoulder or back, kiss on cheek
 - b. "I'm glad you're here!"
 - c. "Come in – I want you to meet_____"
 - d. Introduce residents, encourage handshakes, waves
 - e. "Could you help me?" (Lead to station.)
 - f. "Would you like coffee?" (Lead to coffee station.)
 3. **Promote the Program:** Promoting is the process of encouraging engagement in the stations and draws upon how the resident responds. Promoting can be direct or indirect and the resident may need a few minutes of quiet time before becoming involved with the station. The intent of Promoting is to encourage resident interest and process involvement. There are many ways to encourage involvement including, but not limited to:
 - a. Communication promotion –
 - i. "I need some help folding the clothes."
 - ii. Patting a chair and gesturing toward a table.
 - iii. Short, simple statements.
 - iv. Ask for help – even residents living with Dementia want to be helpful.
 - v. Use facial and non-verbal expressions such as excitement, fatigue, interested to promote the stations – non-verbal communication may be exaggerated to encourage involvement.
 - b. Action oriented promotion –
 - i. Items are disorganized or messy need help organizing.
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- ii. Place items in front of the resident i.e., paper, pencil and adding machine; balls of yarn in a basket; squares of cloth.
 - iii. Spill items such as buttons or jewelry to cue resident to start picking up or sorting.
 - iv. Slide items to a resident that Promoter is working on i.e., stuffing piles of cards into envelopes, sorting jewelry in a jewelry box.
 - v. Guided involvement – i.e., showing residents to dip paintbrush in paint and paint block by guiding hand movements; demonstrating crocheting or sewing or slicing fruit.

4. **Float Through the Lounge:** During the Floating step the Leader observes residents and stations to determine if residents need encouragement, redirection, a new station, or a new task at the station. This is a quiet time with limited conversation and residents are engaged non-verbally as much as possible to limit disruption for other residents. If a resident does not seem interested in a station, the Leader will re-prompt and/or move to another station. The Promoter may prompt residents in several ways including, but not limited to:

a. Re-prompt social interactions:

- i. "Have you met_____."
- ii. "Susie has a dog, too!"
- iii. "She's doing a good job, isn't she?"
- iv. "Look at that!"

b. Re-prompt with physical interventions:

- i. Engaging in humor – funny faces, smiling & pointing
- ii. Hugging or holding hands
- iii. Rubbing shoulders or arms

c. Re-prompt an activity or station:

- i. Slide, spill, push activity toward resident
- ii. Bring more of the activity in front of the resident; remove pile of cards and replace
- iii. Hand-over-hand guiding

5. **Observe:** The Leader will observe the level of resident



engagement. Residents may “tune out” (i.e., loses interest, acts distracted, looking around or seems confused) from the Program or task at hand and the Leader should consider reasons this may be occurring:

- a. Overstimulation or the station process is too difficult
 - b. Hunger or thirst
 - c. Chair is not positioned for access to station
 - d. Tired, sick or in pain
 - e. Needs the bathroom
 - f. Under stimulation or disinterest in the station
6. Based upon the Leader’s observation the following may be attempted/ encouraged:
- a. Request the Escort assist to the bathroom
 - b. Alert nurse on duty of pain, illness, discomfort
 - c. Change the environment – ask staff members to be quiet, turn off music, play music, add light
 - d. Hug or shake hands or make physical contact with the resident
 - e. Remove and replace the station theme
 - f. Assist resident to new station
 - g. Assist resident to snack or drink
 - h. Remove resident from the Lounge

Steps 1 – 5 are continually repeated: This format is used repeatedly during Lounge Program hours. Residents may leave the Lounge and they will be escorted back to the Lounge (if interested), greeted and reengaged. Residents may need to move to a new station, and they are prompted and re-prompted based upon level of interests.

The Lounge Program Stations (brief list of ideas): The stations should have items that will draw the residents’ attention. There should be large quantities of items on the tables such as fabric, wash cloths, buttons etc. Fabric should be cut into the same size (approximately 4 x 4); safety knives should be used; food that will be baked should be placed on tin foil with the resident’s name written on the tinfoil (wash residents’ hands prior to food preparation).





Categories may include:

LIFE SKILLS	COOKING	CRAFTS	WORK
Laundry Station	Baking Station	Fabric Station	Office Station
Dishwashing	Peel/Cutting Fruit	Yarn Station	Accounting
Organizing Drawers	Rolling Cookies	Arranging Flowers	Sanding Wood
Polish Silver (with oil)	Cutting Out Biscuits	Make Potpourri	Painting
Clearing Table	Peanut Butter	Tatting	Bolts/PVC
Jewelry Box Sorting	Mixing Batter	Ornaments	Plumbing
Feather Dusters	Fruit Salad	Bird Houses	Classroom
Housework	Washing Dishes	Adult Coloring	Gardening
Baby Dolls (life like)	Make Sandwiches	Craft Bag	Work Shop
Hats and Scarves	Kitchen Drawer		Filing Mail
Dresser Drawer			
Sort Socks			

More themes: Seasons, Hats, Sensory Stimulation, Photo Albums, Religion

Other Activity Ideas: Memory boxes are often used to stimulate group discussion and interaction. The memory box is shared with the residents – let them look, touch, hold, and smell objects from the boxes (one theme per group). Ask open-ended questions to stimulate conversation and memories. There are numerous ideas for memory boxes including: weddings; Christmas; day at the beach; babies; christenings, office work, school, sewing, plumbing, etc.

EVALUATING EFFECTIVENESS OF ACTIVITY PROGRAMS



As residents change, so do the demographics of the center and activity program effectiveness should be reviewed. The frequency of program evaluation is dependent on the type of center. Short-term stay centers will need more frequent evaluations as the resident population turns over frequently. More stable resident populations found in long-term stay centers may need less frequent evaluations. Reviewing the effectiveness of each activity as they occur assists the team in continuously monitoring which activities the residents have an interest in and which activities may be ineffective.

As an example, if resident participation in a group sing-a-long is low or the residents do not participate, the reason should be evaluated and the program changed or discontinued based on resident responses (music not interesting, don't know the words, feels it's too juvenile, etc.). On the other hand, if Bingo is highly attended and only offered once per month, perhaps offering this activity more frequently would benefit the residents. Bingo is not just about the game, but about the opportunity to socialize with other residents and maybe win a prize!

Evaluating individual resident participation in activities should be completed quarterly in conjunction with the MDS Assessment. Areas to consider when evaluating activity participation and interest follows:



CURRENT ACTIVITY ENGAGEMENT

- What types of activities does the resident participate in? (List activities in terms of organized, individual, one-to-one, and self-directed)
- To what extent is the resident involved in each activity? (e.g., once, 2-3 times/month, daily per week, spontaneously)
- When is the resident's preferred time of day for an organized activity offered by the center? (e.g., morning, afternoon, evening, no preference)
- What is the resident's level of attention and engagement during activities? (e.g., dozing, not focused and distracted, passively engaged, actively engaged in the steps of the activity, assists with set up, leads the group etc.)

ROOM SET UP

- Does the resident have a preferred size of activity (small group, large group, 1:1)
- Does resident have preference in the place of activity? (e.g., own room, facility activity room/indoor, outdoor, no preference)
- Is an adjustment of sound necessary during an activity? (e.g., making sound louder for a resident with hearing difficulty)
- Is an adjustment of lighting required? (e.g., more light for a resident with a vision problem)

TAILORING ACTIVITIES (IF NECESSARY)

- What functional needs (e.g., cognitive, health status, physiological, and psychosocial) are affecting his/her engagement in activities?
 - What is required to address the functional needs of the resident in order to participate in preferred activities? (e.g., accessories, reminders, assistive devices, supplies, or modification of activity)
 - What assistance does the resident need in activities? (e.g., staff assistance to go to activity room, repeated instructions/reminders, 1:1 supplies)
 - Does resident need a transportation arrangement to attend a regular activity outside the center?
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ACTIVITY SATISFACTION

- Does the resident express positive or negative emotion and satisfaction verbally or nonverbally during an activity?
- What is the most preferred activity of resident?
- What is the least preferred activity of resident?
- What concerns has the resident expressed about participating in activities?
- Has the resident tried a new activity recently and how was the experience?
- Does resident express interests in continuing hobbies and activities that he/she previously enjoyed?
- What motivates resident's interest in doing activities?

From the answers to these questions, care plans and activity pursuits can be customized and adjusted to meet the resident's needs. Changes are expected as time goes on. The activity program should continue to be dynamic in order to meet the resident's needs and the overall facility demographics.



SUMMARY

In this manual many ideas and resources have been shared. Each center's activity program will look different because it is based on the interests and capabilities of its residents. Accommodation should be made to support the residents as they pursue activities of interest. Activities are not just entertainment, but a means of providing residents with opportunities to live a purposeful life. Whenever possible, activities should be broken down into smaller steps which allow residents to remain active in life pursuits despite physical or cognitive impairments. Finally, being creative, soliciting resident feedback, and building an active community will give residents a sense of community and belonging.



RESOURCES

Each hyperlink offers information, insight, how to's and/or videos to use to build or integrate into your activity program.

<https://www.edenalt.org/>

http://www.theactivitydirectorsoffice.com/Gina_ActivityIdeasThatWork_Home.html

<https://caloriebee.com/workout-routines/senior-exercise-ideas>

<http://www.notjustbingo.com/activity-calendars.html>

<http://www.notjustbingo.com/articles-and-resources/how-to-articles/fun-evening-activities.html>

<http://seniorplanet.org/everyday-moves-6-easy-routines-for-strength-and-balance/>

<http://amomwithalessonplan.com/indoor-snowball-activities/>

<https://www.nccdp.org/resources/>

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