



Oklahoma State
Department of Health

Ad Hoc Activities and Social Directors Regulation Review Committee
Appointed by the Long Term Care Facility Advisory Board April 9, 2008
Special Meeting
May 8, 2008 – 1:30 p.m.
OSDH – 1000 NE 10th Street – Oklahoma City, OK – Room 507

AGENDA

Margaret Wallace, Chair

I. Review of Committee Charge

Margaret Wallace

The Long Term Care Advisory Board created an ad-hoc committee to assist the Department in developing criteria, to be adopted in rule, for the approval of training courses to qualify Activities and Social Services Directors for employment in Nursing Homes.

The rules for qualified Activities and Social Services Directors provide several avenues for qualification, one of which is successful completion of a Department approved training course.

310:675-13-8. Activities personnel

- (b) The activities director shall be qualified by training, or experience, under one of the following:
(3) Successful completion of a Department approved training course.

310:675-13-9. Social services personnel

- (b) The social services director shall be qualified by training, or experience, under one of the following:
(2) Successful completion of the Department approved training course.

Questions:

- A) What criteria will the Department use to approve a program?
- B) Will there be criteria for the entities offering a course?
- C) What is successful completion of the course?
- D) What is the process for requesting course approval?
- E) How long does approval last?
- F) Must changes to the course be approved in advance?

II. Overview of Federal Regulations for Activities and Social Services

What are the federal requirements for the positions and programs?

III. Review of Current Approved Programs

Oklahoma Association of Health Care Providers
Oklahoma Association of Homes and Services for the Aging
Department of Career Technology Centers



Oklahoma State
Department of Health

IV. Discussion and formulation of criteria and rule content.

Margaret Wallace

Review of questions in Item I and develop content for rule drafting.

V. Additional Research Request

Margaret Wallace

Is there additional information the committee would like researched and presented at the next meeting?

VI. Agenda and Date for Next Meeting

Margaret Wallace

The proposed date and actions to be taken at the next meeting.



Oklahoma State
Department of Health

Title 310. Oklahoma State Department of Health Chapter 675. Nursing and Specialized Facilities

310:675-9-10.1. Activity services

(a) **Activities program.** The facility shall provide an ongoing activities service designed to meet the resident's interests and physical, mental, and psycho-social needs based on a comprehensive assessment and care plan.

(b) **Activities director.** There shall be a designated staff member, qualified by experience or training, responsible for the direction and supervision of the activities service. The activities director shall develop appropriate activities for each resident with identified needs. Activities staff hours shall be sufficient to meet the resident's needs.

(c) **Clinical record.** The activities rendered shall be recorded in the clinical record. Progress notes shall be written at least monthly or when a significant change in the resident's condition occurs.

(d) Program requirements

(1) All activities shall be resident related.

(2) The program shall be designed to encourage rehabilitation and restoration to self care and normal activity.

(3) There shall be at least two organized group activities, daily, Monday through Friday and at least one organized group activity on Saturday and Sunday provided or coordinated by staff.

(4) The activities program shall recognize the resident's right to choose to participate in social, community and religious activities, as long as that choice does not interfere with other facility residents.

(5) Varied and specific programs shall be developed for all residents, including those that are room bound, comatose or who demonstrate symptoms of dementia, mental illness or developmental disabilities.

(6) Socialization and self-help skills shall be addressed in the care plan based on resident's needs.

(7) Provisions shall be made to address each resident's spiritual needs.

(8) The program shall provide remotivation, reality orientation or sensory stimulation programs to orient and stimulate residents.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 ok Reg 1639. eff 6-1-93]

310:675-9-11.1. Social services

(a) **Service.** The facility shall provide medically related social services to identify and meet the resident's social and emotional needs, and assist each resident and family in adjusting to the effects of the illness, treatment, and stay in the facility.

(b) **Director.** There shall be a designated staff member, qualified by training or experience, responsible for directing and supervising the social services. The social services director shall develop appropriate social services for each resident with identified needs.

(c) **Clinical record.** The social services rendered shall be recorded in the resident's record. Progress notes shall be written at least monthly, or when a significant change in a resident's condition occurs.

(d) **Program requirements**

(1) Assist the resident in identifying issues and conditions related to admission to the facility.

(2) Assist the resident in obtaining needed services within the facility or the community.

(3) Assist the resident in obtaining needed transportation.

(4) Assist the resident in maintaining and developing relationships with family and other significant persons.

(5) Assist the staff in understanding the resident's actions and behavior.

(6) Assist the staff in treating the residents with respect, and promote resident independence.

(7) Counsel with the resident and his family in securing and enhancing participation in the resident's care.

(8) Engage in related activities as determined by the resident's individual needs.

(9) Encourage the resident to express his/her rights as United States citizens.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10ok Reg 1639, eff 6-1-93]



Oklahoma State
Department of Health

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 675. NURSING AND SPECIALIZED FACILITIES**

310:675-13-8. Activities personnel

(a) The facility shall have sufficient, trained activities program staff, on duty, to meet the residents needs. There shall be at least twenty hours per week of designated activity staff.

(b) The activities director shall be qualified by training, or experience, under one of the following:

(1) An associate degree or a baccalaureate from an accredited university or college in art, music, physical education, recreational therapy, education, or similar program.

(2) A licensed occupational therapist or an occupational therapy assistant.

(3) Successful completion of a Department approved training course.

(4) One year experience in a recreational activity or long term care environment, and is enrolled within 180 days of employment, in a Department approved course for activities directors.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-13-9. Social services personnel

(a) The facility shall provide sufficient, trained social services staff to meet the resident's needs. There shall be at least thirty minutes per resident a week of designated social service staff based on the daily census. The facility shall have at least twenty hours per week, of designated social service staff, regardless of the number of residents.

(b) The social services director shall be qualified by training, or experience, under one of the following:

(1) A baccalaureate, from an accredited college or university, in social work or in a human services field including, but not limited to, sociology, special education, rehabilitation, counseling or psychology.

(2) Successful completion of the Department approved training course.

(3) One year experience in social work or long term care environment, and is enrolled within 180 days of employment, in a course approved by the Department.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

- Identifies how the facility will provide activities to help the resident reach the goal(s) and who is responsible for implementation (e.g., activity staff, CNAs, dietary staff).

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

Care Plan Revision

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

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

For the resident who refused some or all activities, determine if the facility worked with the resident (or representative, as appropriate) to identify and address underlying reasons and offer alternatives.

DETERMINATION OF COMPLIANCE (Task 6, Appendix P)

Synopsis of Regulation (F248)

This requirement stipulates that the facility's program of activities should accommodate the interests and well-being of each resident. In order to fulfill this requirement, it is necessary for the facility to gain awareness of each resident's activity preferences as well as any current limitations that require adaptation in order to accommodate these preferences.

Criteria for Compliance

The facility is in compliance with this requirement if they:

- Recognized and assessed for preferences, choices, specific conditions, causes and/or problems, needs and behaviors;

- Defined and implemented activities in accordance with resident needs and goals;
- Monitored and evaluated the resident's response; and
- Revised the approaches as appropriate.

If not, cite at F248.

Noncompliance for Tag F248

After completing the Investigative Protocol, analyze the information gained in order to determine whether noncompliance with the regulation exists. Activities (F248) is an outcome-oriented requirement in that compliance is determined separately for each resident sampled. The survey team's review of the facility's activities program is conducted through a review of the individualization of activities to meet each resident's needs and preferences. For each sampled resident for whom activities participation was reviewed, the facility is in compliance if they have provided activities that are individualized to that resident's needs and preferences, and they have provided necessary adaptations to facilitate the resident's participation. Non compliance with F248 may look like, but is not limited to the following:

The facility does not have an activity program and does not offer any activities to the resident;

- A resident with special needs does not receive adaptations needed to participate in individualized activities;
- Planned activities were not conducted or designed to meet the resident's care plan;

Potential Tags for Additional Investigation

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

- 42 CFR 483.10(e), F164, Privacy and Confidentiality
 - Determine if the facility has accommodated the resident's need for privacy for visiting with family, friends, and others, as desired by the resident.
- 42 CFR 483.10(j)(1) and (2), F172, Access and Visitation Rights

- Determine if the facility has accommodated the resident's family and/or other visitors (as approved by the resident) to be present with the resident as much as desired, even round-the-clock.
- 42 CFR 483.15(b), F242, Self-Determination and Participation
 - Determine if the facility has provided the resident with choices about aspects of her/his life in the facility that are significant to the resident.
- 42 CFR 483.15(e)(1), F246, Accommodation of Needs
 - Determine if the facility has provided reasonable accommodation to the resident's physical environment (room, bathroom, furniture, etc.) to accommodate the resident's individual needs in relation to the pursuit of individual activities, if any.
- 42 CFR 483.15(f)(2), F249, Qualifications of the Activities Director
 - Determine if a qualified activities director is directing the activities program.
- 42 CFR 483.15(g)(1), F250, Social Services
 - Determine if the facility is providing medically-related social services related to assisting with obtaining supplies/equipment for individual activities (if any), and assisting in meeting the resident's psychosocial needs related to activity choices.
- 43 CFR 483.20(b)(1), F272, Comprehensive Assessment
 - Determine if the facility assessed the resident's activity needs, preferences, and interests specifically enough so that an individualized care plan could be developed.
- 43 CFR 483.20(k)(1), F279, Comprehensive Care Plan
 - Determine if the facility developed specific and individualized activities goals and approaches as part of the comprehensive care plan, unless the resident is independent in providing for her/his activities without facility intervention.
- 43 CFR 483.20(k)(2), F280, Care Plan Revision

- Determine whether the facility revised the plan of care as needed with input of the resident (or representative, as appropriate).
- 43 CFR 483.30(a), F353, Sufficient Staff
 - Determine if the facility had qualified staff in sufficient numbers to assure the resident was provided activities based upon the comprehensive assessment and care plan.
- 43 CFR 483.70(g), F464, Dining and Activities Rooms
 - Determine if the facility has provided sufficient space to accommodate the activities and the needs of participating residents and that space is well lighted, ventilated, and adequately furnished.
- 43 CFR 483.75(g), F499, Staff Qualifications
 - Determine if the facility has employed sufficient qualified professional staff to assess residents and to develop and implement the activities approaches of their comprehensive care plans.

V. DEFICIENCY CATEGORIZATION (Part V, Appendix P)

Deficiencies at F248 are most likely to have psychosocial outcomes. The survey team should compare their findings to the various levels of severity on the Psychosocial Outcome Severity Guide at Appendix P, Part V.

F249

§483.15(f)(2) The activities program must be directed by a qualified professional who--

(i) Is a qualified therapeutic recreation specialist or an activities professional who--

(A) Is licensed or registered, if applicable, by the State in which practicing; and

(B) Is 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

(ii) Has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or

(iii) Is a qualified occupational therapist or occupational therapy assistant; or

(iv) Has completed a training course approved by the State.

INTENT: (F249) §483.15(f)(2) Activities Director

The intent of this regulation is to ensure that the activities program is directed by a qualified professional.

DEFINITIONS

“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 activities component of the comprehensive assessment; and contributing to and/or directing/delegating the contribution to the comprehensive care plan goals and approaches that are individualized to match the skills, abilities, and interests/preferences of each resident.

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 §483.15(f)(1), F248, 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 any one of the qualifications listed under 483.15(f)(2).

DETERMINATION OF COMPLIANCE (Task 6, Appendix P)

Synopsis of Regulation (F249)

This requirement stipulates that the facility's program of activities be directed by a qualified professional.

Criteria for Compliance

The facility is in compliance with this requirement if they:

- Have employed a qualified professional to provide direction in the development and implementation of activities in accordance with resident needs and goals, and the director:
 - Has completed or delegated the completion of the activities component of the comprehensive assessment;
 - Contributed or directed the contribution to the comprehensive care plan of activity goals and approaches that are individualized to match the skills, abilities, and interests/preferences of each resident;
 - Has monitored and evaluated the resident's response to activities and revised the approaches as appropriate; and
 - Has developed, implemented, supervised and evaluated the activities program.

If not, cite at F249.

Noncompliance for F249

Tag F249 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 to residents.

Noncompliance for F249 may include (but is not limited to) one or more of the following, including:

- Lack of a qualified activity director; or
- Lack of providing direction for the provision of an activity program;

V. DEFICIENCY CATEGORIZATION (Part V, Appendix P)

Once the team has completed its investigation, reviewed the regulatory requirements, and determined that noncompliance exists, the team must determine the severity of each deficiency, based on the resultant effect or potential for harm to the resident. The key elements for severity determination for F249 are as follows:

1. Presence of harm/negative outcome(s) or potential for negative outcomes due to a lack of an activities director or failure of the director to oversee, implement and/or provide activities programming.

- Lack of the activity director's involvement in coordinating/directing activities; or
- Lack of a qualified activity director.

2. Degree of harm (actual or potential) related to the noncompliance.

Identify how the facility practices caused, resulted in, allowed or contributed to the actual or potential for harm:

- If harm has occurred, determine level of harm; and
- If harm has not yet occurred, determine the potential for discomfort to occur to the resident.

3. The immediacy of correction required.

Determine whether the noncompliance requires immediate correction in order to prevent serious injury, harm, impairment, or death to one or more residents.

Severity Level 4 Considerations: Immediate Jeopardy to Resident Health or Safety

Immediate jeopardy is not likely to be issued as it is unlikely that noncompliance with F249 could place a resident or residents into a situation with potential to sustain serious harm, injury or death.

Severity Level 3 Considerations: Actual Harm that is not Immediate Jeopardy

Level 3 indicates noncompliance that results in actual harm, and may include, but is not limited to the resident's inability to maintain and/or reach his/her highest practicable well-being. In order to cite actual harm at this tag, the surveyor must be able to identify a relationship between noncompliance cited at Tag F248 (Activities) and failure of the provision and/or direction of the activity program by the activity director. For Severity Level 3, both of the following must be present:

1. Findings of noncompliance at Severity Level 3 at Tag F248; and
2. There is no activity director; or the facility failed to assure the activity director was responsible for directing the activity program in the assessment, development, implementation and/or revision of an individualized activity program for an individual resident; and/or the activity director failed to assure that the facility's activity program was implemented.

NOTE: If Severity Level 3 (actual harm that is not immediate jeopardy) has been ruled out based upon the evidence, then evaluate as to whether Level 2 (no actual harm with the potential for more than minimal harm) exists.

Severity Level 2 Considerations: No Actual Harm with Potential for more than Minimal Harm that is not Immediate Jeopardy

Level 2 indicates noncompliance that results in a resident outcome of no more than minimal discomfort and/or has the potential to compromise the resident's ability to maintain or reach his or her highest practicable level of well being. The potential exists for greater harm to occur if interventions are not provided. In order to cite Level 2 at Tag F249, the surveyor must be able to identify a relationship between noncompliance cited at Level 2 at Tag F248 (Activities) and failure of the provision and/or direction of activity program by the activity director. For Severity Level 2 at Tag F249, both of the following must be present:

1. Findings of noncompliance at Severity Level 2 at Tag F248; and
2. There is no activity director; or the facility failed to involve the activity director in the assessment, development, implementation and/or revision of an individualized activity program for an individual resident; and/or the activity director failed to assure that the facility's activity program was implemented.

Severity Level 1 Considerations: No Actual Harm with Potential for Minimal Harm
In order to cite Level 1, no actual harm with potential for minimal harm at this tag, the surveyor must be able to identify that:

There is no activity director and/or the activity director is not qualified, however:

- Tag F248 was not cited;
- The activity systems associated with the responsibilities of the activity director are in place;
- There has been a relatively short duration of time without an activity director; and
- The facility is actively seeking a qualified activity director.

§483.15(g) Social Services

F250

§483.15(g)(1) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

Intent §483.15(g)

To assure that sufficient and appropriate social service are provided to meet the resident's needs.

Interpretive Guidelines §483.15(g)(1)

Regardless of size, all facilities are required to provide for the medically related social services needs of each resident. This requirement specifies that facilities aggressively identify the need for medically-related social services, and pursue the provision of these services. It is not required that a qualified social worker necessarily provide all of these services. Rather, it is the responsibility of the facility to identify the medically-related social service needs of the resident and assure that the needs are met by the appropriate disciplines.

“Medically-related social services” means services provided by the facility's staff to assist residents in maintaining or improving their ability to manage their everyday physical, mental, and psychosocial needs. These services might include, for example:

- Making arrangements for obtaining needed adaptive equipment, clothing, and personal items;
- Maintaining contact with facility (with resident's permission) to report on changes in health, current goals, discharge planning, and encouragement to participate in care planning;
- Assisting staff to inform residents and those they designate about the resident's health status and health care choices and their ramifications;
- Making referrals and obtaining services from outside entities (e.g., talking books, absentee ballots, community wheelchair transportation);
- Assisting residents with financial and legal matters (e.g., applying for pensions, referrals to lawyers, referrals to funeral homes for preplanning arrangements);

- Discharge planning services (e.g., helping to place a resident on a waiting list for community congregate living, arranging intake for home care services for residents returning home, assisting with transfer arrangements to other facilities);
- Providing or arranging provision of needed counseling services;
- Through the assessment and care planning process, identifying and seeking ways to support residents' individual needs;
- Promoting actions by staff that maintain or enhance each resident's dignity in full recognition of each resident's individuality;
- Assisting residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions;
- Finding options that most meet the physical and emotional needs of each resident;
- Providing alternatives to drug therapy or restraints by understanding and communicating to staff why residents act as they do, what they are attempting to communicate, and what needs the staff must meet;
- Meeting the needs of residents who are grieving; and
- Finding options which most meet their physical and emotional needs

Factors with a potentially negative effect on physical, mental, and psychosocial well being include an unmet need for:

- Dental /denture care;
- Podiatric care;
- Eye Care;
- Hearing services
- Equipment for mobility or assistive eating devices; and
- Need for home-like environment, control, dignity, privacy

Where needed services are not covered by the Medicaid State plan, nursing facilities are still required to attempt to obtain these services. For example, if a resident requires

transportation services that are not covered under a Medicaid state plan, the facility is required to arrange these services. This could be achieved, for example, through obtaining volunteer assistance.

Types of conditions to which the facility should respond with social services by staff or referral include:

- Lack of an effective family/support system;
- Behavioral symptoms;
- If a resident with dementia strikes out at another resident, the facility should evaluate the resident's behavior. For example, a resident may be re-enacting an activity he or she used to perform at the same time everyday. If that resident senses that another is in the way of his re-enactment, the resident may strike out at the resident impeding his or her progress. The facility is responsible for the safety of any potential resident victims while it assesses the circumstances of the residents behavior);
- Presence of a chronic disabling medical or psychological condition (e.g., multiple sclerosis, chronic obstructive pulmonary disease, Alzheimer's disease, schizophrenia);
- Depression
- Chronic or acute pain;
- Difficulty with personal interaction and socialization skills;
- Presence of legal or financial problems
- Abuse of alcohol or other drugs;
- Inability to cope with loss of function;
- Need for emotional support;
- Changes in family relationships, living arrangements, and/or resident's condition or functioning; and
- A physical or chemical restraint.
- For residents with or who develop mental disorders as defined by the "Diagnostic and Statistical Manual for Mental Disorders (DSM-IV)," see §483.45, F406.

Probes: §483.15(g)(1)

For residents selected for a comprehensive or focused review as appropriate:

- How do facility staff implement social services interventions to assist the resident in meeting treatment goals?
- How do staff responsible for social work monitor the resident's progress in improving physical, mental and psychosocial functioning? Has goal attainment been evaluated and the care plan changed accordingly?
- How does the care plan link goals to psychosocial functioning/well-being?
- Have the staff responsible for social work established and maintained relationships with the resident's family or legal representative?
- [NFs] What attempts does the facility make to access services for Medicaid recipients when those services are not covered by a Medicaid State Plan?

Look for evidence that social services interventions successfully address residents' needs and link social supports, physical care, and physical environment with residents' needs and individuality.

For sampled residents, review MDS, section H.

F251

§483.15(g)(2) and (3)

(2) A facility with more than 120 beds must employ a qualified social worker on a full-time basis.

(3) Qualifications of a social worker. A qualified social worker is an individual with-

(i) A bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and

(ii) One year of supervised social work experience in a health care setting working directly with individuals

Procedures §483.15(g)(2) and (3)

If there are problems with the provision of social services in a facility with over 120 beds, determine if a qualified social worker is employed on a full time basis. See also F250.

