CMS - Top 10 Most-Cited Deficiencies for Activities

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F679 Activities

§483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

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F679 Activities - Definitions

"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.

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F679 Activities - Guidance

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).

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F679 Activities - Guidance

- Research findings and the 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.

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F679 Activities - Guidance

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

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F679 Activities - Guidance

- **Activity Approaches for Behavioral Symptoms**
  - **The facility may have identified a resident's pattern of behavioral symptoms and may offer activity interventions, whenever possible, prior to the behavior occurring. Once a behavior escalates, activities may be less effective or may even cause further stress to the resident (some behaviors may be appropriate reactions to feelings of discomfort, pain, or embarrassment, such as aggressive behaviors exhibited by some residents with dementia during bathing).**

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Most-Cited Activity Deficiencies

1. **Failure to provide a comprehensive activities program - not offering a variety of activities that cater to resident's physical, mental, and social needs.**
   - **Deficiencies occur when the facility does not provide diverse options such as exercise programs, games, arts and crafts, music therapy, religious services, and social outings.**
   - **Activities should be based on identified resident interests and preferences.**
   - **Some facilities rely too heavily on passive activities (like watching TV) rather than active engagement.**

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Most-Cited Activity Deficiencies

2. **Lack of Individualized Activities – Failing to tailor activities to each resident's preferences, cognitive abilities, and physical limitations.**
   - Each resident has unique interests, past experiences, and abilities that should be reflected in the activities provided.
   - A common deficiency is offering a one-size-fits-all program that does not accommodate different cultural backgrounds, mobility levels, and cognitive functions.
   - Facilities may fail to adjust activities for residents with physical limitations, such as those in wheelchairs or with arthritis.

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Most-Cited Activity Deficiencies

3. **Inadequate Staffing for Activities – Not having enough activity staff to provide meaningful engagement for all residents.**
   - CMS regulations require facilities to have qualified and sufficient staff to carry out meaningful activities for all residents.
   - A deficiency occurs when there are too few activity directors, recreation therapists, aides, or other staff leading to inadequate engagement.
   - Lack of staff training in leading activities effectively or adapting them for residents with special needs can also be cited.

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Most-Cited Activity Deficiencies

4. **Failure to Document and Assess Resident Interests – Not conducting proper assessments of residents' hobbies, interests, and past experiences.**
   - **Nursing homes must assess each resident's preferences, past hobbies, and abilities upon admission and periodically thereafter.**
   - **Deficiencies occur when no formal assessment is conducted, or the facility fails to update activity plans as a resident's condition changes.**
   - **Poor documentation can result in missed opportunities to engage residents in meaningful ways.**

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Most-Cited Activity Deficiencies

5. **Limited Activities for Residents with Dementia or Cognitive Impairments – Not providing appropriate, stimulating activities for those with memory loss or dementia.**
   - **Many facilities fail to provide specialized, structured activities designed for residents with Alzheimer's or other cognitive impairments.**
   - **Deficiencies arise when activities are too complex or unstructured, leading to frustration or disengagement among memory-impaired residents.**
   - **Sensory stimulation activities, music therapy, and simplified tasks should be incorporated but are often missing.**

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Most-Cited Activity Deficiencies

6. **Insufficient Group and One-to-One Activities – Relying too much on group activities and neglecting individualized engagement.**
   - **Group activities are essential, but some residents prefer or require one-on-one interaction.**
   - **A deficiency occurs when facilities focus only on large-group activities, leaving residents who are shy, non-verbal, or bed-bound without engagement.**
   - **The best programs offer a balance of group and individualized activities.**

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Most-Cited Activity Deficiencies

7. **Lack of Weekend or Evening Activities – Only offering activities during weekday business hours, leaving residents without engagement during evenings and weekends**
   - Many nursing homes provide activities **only during weekday business hours**, leaving residents without structured engagement on weekends and evenings.
   - This can lead to **social isolation, boredom, and behavioral issues**, especially for residents who are more active later in the day.
   - A strong program should include weekend outings, movie nights, and family-inclusive events.

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Most-Cited Activity Deficiencies

8. **Inappropriate or Unsafe Activities – Engaging residents in activities that pose risks due to their medical conditions or cognitive impairments.**
   - ✳ Some facilities fail to adapt activities to residents' medical and physical conditions, leading to safety risks.
   - ✳ Examples include:
     - ✓ Games that require **fine motor skills** that residents may lack.
     - ✓ Physical activities that **increase fall risk** for frail individuals.
     - ✓ Loud activities that can **agitate** residents with sensory sensitivities.
   - ✳ Proper risk assessments should be conducted before implementing activities.

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Most-Cited Activity Deficiencies

9. **Failure to Encourage Participation – Not adequately motivating or assisting residents to join activities, leading to social isolation.**
   - ✳ **Simply offering activities is not enough; staff must actively encourage and assist residents in joining.**
   - ✳ **A deficiency occurs when:**
     - ✓ **Residents are not reminded of scheduled activities.**
     - ✓ **Those with mobility or cognitive impairments are not assisted in getting to the activity.**
     - ✓ **No effort is made to understand why certain residents decline participation and adjust accordingly.**
   - ✳ **Encouragement should be personalized and engaging to maximize participation.**

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Most-Cited Activity Deficiencies

10. **Poor Quality or Repetitive Activities – Offering low-quality, monotonous activities that do not change or evolve based on resident feedback.**
    - ✴ Facilities that provide **the same few activities** on repeat (e.g., bingo every day) fail to keep residents engaged.
    - ✴ Deficiencies occur when activities are:
      - ✓ **Boring or unstimulating**, leading to low participation.
      - ✓ **Too basic** for residents who need more challenging cognitive engagement.
      - ✓ **Not evaluated or updated** based on resident feedback.
    - ✴ A high-quality program continuously **introduces new activities** and adjusts based on resident interests.

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Example Citations

Failure to Provide Individualized Activities:

- ✴ A resident with a history of painting and art was not offered any art-related activities, leading to disengagement and signs of depression.
- ✴ A resident with a background in gardening was not offered any horticulture-related activities, leading to disengagement and decreased quality of life.

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Example Citations

- **Inadequate Provision of Individualized Activities:**
  - ✓ During the annual survey conducted on [Date], it was observed that the facility failed to provide a comprehensive activities program tailored to the individual needs and preferences of its residents. Specifically, Resident #45, who has a documented interest in music and previously participated in weekly music therapy sessions, reported that these sessions had been discontinued without alternative arrangements. Additionally, the facility's activity calendar for the month of [Month] showed a lack of diverse offerings, with repetitive activities such as daily bingo and no options scheduled for evenings or weekends. Interviews with five other residents corroborated the lack of engaging and varied activities, leading to reports of increased feelings of isolation and boredom. This deficiency in the activities program does not comply with the requirements set forth in F-Tag 679, which mandates that facilities provide ongoing programs of activities designed to meet the interests and physical, mental, and psychosocial well-being of each resident.

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Example Citations

- **Inadequate Staffing for Activities:**
  - ✓ The facility employed only one activities coordinator for over 100 residents, resulting in limited activity offerings and insufficient resident engagement.

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Example Citations

- **Lack of Activities for Residents with Dementia:**
  - ✓ Residents with cognitive impairments were observed sitting idle for extended periods, with no specialized activities provided to meet their needs.

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Example Citations

- **Insufficient Weekend and Evening Activities:**
  - ✓ The facility's activity schedule was limited to weekdays from 9 AM to 5 PM, leaving residents without structured activities during evenings and weekends.

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Example Citations

- **Failure to Encourage Participation:**
  - ✓ Staff did not make efforts to involve less assertive residents in activities, leading to social isolation for some individuals.

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Example Citations

- **Lack of Culturally Relevant Activities:**
  - ✓ During the annual survey conducted on [Date], it was observed that the facility did not provide individualized activities tailored to residents' preferences. Resident #12, with a documented interest in knitting, was not offered any knitting materials or related activities. Interviews revealed that the resident felt disengaged and expressed a decline in overall satisfaction. The facility's failure to accommodate Resident #12's interests does not comply with the requirements set forth in F-Tag 679.

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Example Citations

- **Failure to Update Activities Based on Resident Feedback:**
  - ✓ The survey conducted on [Date] revealed that the facility did not adjust its activity offerings based on resident feedback. Resident council meeting minutes from the past three months indicated multiple requests for more outdoor activities. Despite these requests, the facility's activity schedule remained unchanged, lacking outdoor options. This oversight indicates non-compliance with F-Tag 679, which emphasizes the importance of resident input in activity planning.

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Common Themes Across Deficiencies

- Staffing and training: Many activity deficiencies stem from a lack of sufficient staffing, inadequate training, and high turnover, which can lead to poor implementation of activity plans.
- Person-centered care: A failure to incorporate person-centered approaches, where activities reflect individual preferences, abilities, and cultural needs, is often a critical factor.
- Monitoring and documentation: Inadequate documentation of resident participation, assessment of activity effectiveness, and lack of individualized care plans can contribute to deficiencies.

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Special Note from CMS:

Once a behavior escalates, activities may be less effective or may even cause further stress to the resident.

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Alternatives for residents who become anxious

- **Utilize pet therapy in your workplace. The calming effects of pets have been widely documented.**
- **Make "busy boxes" an integral part of your unit. These are boxes/bags/aprons that are full of familiar items for residents experiencing confusion to keep their hands busy. These tasks have been shown to reduce the resident's level of anxiety.**

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Alternatives for residents Who become anxious

- Utilize music. It has been shown to have a calming effect on many residents. Keep headphones and radios on hand to use when residents become anxious or agitated.
- Encourage family members to send photos, a cassette recording of their voices talking to the resident. This will, at times, reduce a resident's anxiety level.

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Alternatives for residents who become agitated

- First, rule out the possibility of infection, always consider an acute illness.
- With neurological diseases, such as Alzheimer's, you don't usually see abrupt changes in a resident's condition; so a sudden change signifies that something else is happening.
- For residents who are nonverbal, the only cue that they are in pain may be their acting out.

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Alternatives for residents who become agitated

- Recent medical studies have shown that a whiff of lavender, or exposure to bright light might be enough to relieve some of dementia's most disturbing symptoms, including agitation, aggression, depression, and sleep disturbances.
- Three recent studies have indicated that the use of aromatherapy, specifically lemon balm and lavender oil, reduced agitation and improved the resident's quality of life.

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Alternatives for residents who become agitated

- Bright light, known to be effective in treating seasonal affective disorder, was also used in the studies.
- Studies have shown that full-spectrum light can also reduce the effects of sundowning.

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Validation Therapy

- The idea behind validation therapy is to join residents on their mental journeys to the past instead of vainly trying to snap them back to the present.
- The result is better communication with less frustration and agitation for both residents and the staff.

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Validation Therapy

- Affecting the resident's environment to reflect a time period or event with which they are comfortable assists with this process.
- The idea behind validation therapy is to validate, or accept, the values, beliefs, and "reality" of the resident who has dementia.

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Proven Research Results

- **A regular, early evening walking program for physically active residents with dementia found a 30% reduction in incidents of aggression.**
- **"Statistically significant" reduction in restlessness immediately after residents experienced multi-sensory environments. This type of intervention stimulates a person's senses through the use of lighting, tactile surfaces, meditative music and aromatherapy.**
- **Also "limited" evidence that exercise therapy and aroma therapy reduce wandering.**

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Wandering – Possible Reasons

Searching for something – are often looking for something or someone familiar

- **Trying to satisfy a basic need, such as hunger or thirst, but have forgotten where to do, or don't know where to go**
- **Some are looking for a bathroom**
- **Escaping from something**
- **Can be a result of stress, anxiety or too much stimulation, such as multiple conversations in the background or even the noise of pots and pans in the kitchen**

Reliving the past

- **If wandering occurs at the same time every day, it might be linked to a lifelong routine.**

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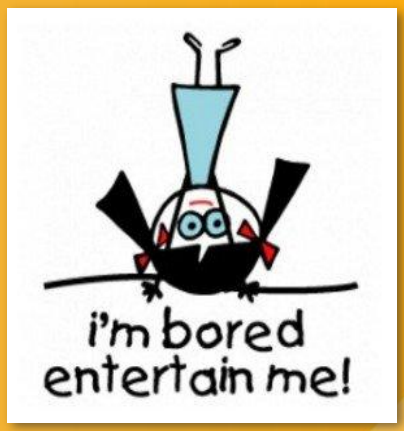
Wandering – Possible Reasons

- Disorientation
- Visual cortex changes (difficulty in interpreting three-dimensional structures)
- Toileting
- Hunger
- Pain
- Thirst
- Boredom
- Medications
- Environmental Factors
- Memory Loss



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Wandering

1. Address potential triggers
   - Offer a snack, glass of water, or use of bathroom
   - Encourage physical activity to curb restlessness and promote better sleep

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Wandering

2. Provide visual cues
   - Post descriptive photos on the doors to various rooms (bathroom, bedroom, dining room)
   - Encourage exploration of immediate environment as often as necessary

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Wandering

3. Plan activities and other distractions
   - If wandering occurs at same time each day, plan an activity at that time
   - Have familiar activities, distraction items available to all staff 24/7

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Wandering

4. Provide a place to wander safely
   - If wandering is not associated with distress or a physical need, provide a safe place for walking and exploration

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Wandering (CMS recommendations)

- Providing a space and environmental cues that encourage the resident to rest such as a garden, seating areas spaced along a walking path, or a room with a calming atmosphere, e.g., using music, light, and rocking chairs;
- Reducing extraneous stimulation (e.g., noise, clutter) in the environment in which the activity is taking place;

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Wandering (CMS recommendations)

- Using one-to-one activities, such as reading to the resident or looking at familiar pictures and photo albums;
- Providing aroma(s) that is/are pleasing and calming to the resident;
- Offering rhythmic activities such as music (possibly using headphones);

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Wandering (CMS recommendations)

- Modifying the environment to decrease exit behavior;
- Validating the resident's feelings and words;
- Engaging the resident in conversation about who or what they are seeking; and
- Encouraging physical exercise (to use excess energy).

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Constant Shouting or Hollering

Possible Reasons:

- **Medical conditions including:**
  - ✓ **Pain**
  - ✓ **Urinary Tract Infections**
  - ✓ **Constipation**
  - ✓ **Thyroid Disease**
- **Drug-drug interactions**
- **Any condition that leads to mental status changes in the elderly**

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Constant Shouting or Hollering

Possible Reasons:

- **Changes in the psychosocial and environmental situation of the resident**
- **Depression**
- **Need for attention**
- **Perserveration**

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Constant Shouting or Hollering

Suggested Interventions:

- **Try to identify and remove stressors (take the time to stop and interact)**
- **Actively engage resident with a task or activity of familiarity**
- **Repetitive motion activities work well**
- **Fabric/texture books**
- **Photo albums of family**
- **Headsets with music or recorded books**

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Constant Shouting or Hollering

Suggested Interventions:

- **Increased social stimulation**
- **Reduction of social stimulation**
- **Control of environment (avoid loud, disruptive environments; proactive interventions regarding soiled underwear, hunger, discomfort from continued positioning)**

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Catastrophic Reactions (Uncontrolled Anger/Crying)

CMS Recommendations

- Involving in smaller groups or one-to-one activities in a calm, familiar environment;
- Keeping activities short and be able to stop the activity if the resident gets overwhelmed;
- Avoiding messy activities such as finger painting;

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Catastrophic Reactions (Uncontrolled Anger/Crying)

CMS Recommendations

- Offering activities in which the resident can succeed, and break activities down into steps if necessary;
- Offering activities with repetitive actions;
- Involving in familiar occupation-related activities (Residents can do work-related activities if desired, and they are care planned)

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Goes Through Others' Belongings

- Offering sorting activities (e.g., sorting socks, ties or buttons);
- Involving the resident in organizing tasks (e.g., putting activity supplies away);
- Using normalizing activities such as stacking canned food onto shelves, shining shoes, or folding laundry, including children's clothes;

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Goes Through Others' Belongings

- Providing rummage areas in plain sight, such as a dresser;
- Providing locks to secure other resident's belongings;
- Using non-entry cues, such as "Do not disturb" signs or removable sashes, at the doors of other residents' rooms.

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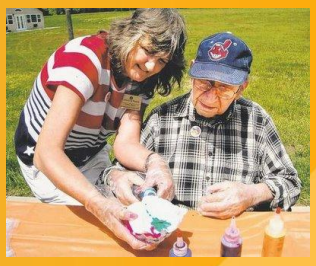
Disrupts Group Activities with Behaviors

- Avoiding large group activities and include in smaller group or one-to-one activities;
- Inviting to participate in physical activities such as walking, exercise or dancing;
- Using failure free activities that are short, simple, and have few verbal instructions;



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Disrupts Group Activities with Behaviors

- Using games or projects requiring strategy, planning, and concentration, such as model building, hand-held computer games, and card games (e.g., bridge);
- Involving in creative programs (e.g., music, art, dance);
- Involving in individual activities such as using the computer.

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Withdrawn from previous activity interests/ customary routines and isolates self

- **Providing activities just before or after meal time and where the meal is being served;**
- **Providing in-room volunteer visits;**
- **Providing in-room music or videos of choice;**

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Withdrawn from previous activity interests/ customary routines and isolates self

- **Encouraging volunteer-type work that begins in the room and needs to be completed outside of the room;**
- **Developing a smaller group activity in the resident's room, if the resident agrees;**
- **Inviting to special events with a trusted peer or family/friend;**
- **Providing humor.**

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Exhibits withdrawn behavior caused from a feeling of being worthless

- **Using failure-free activities, such as simple structured crafts and listening to music;**
- **Inviting to work on a craft or other activity with a friend; ask the resident to assist another person;**

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Exhibits withdrawn behavior caused from a feeling of being worthless

- **Engaging in activities that give the resident a sense of value (e.g., intergenerational activities that emphasize the resident's oral history knowledge)**

- **Inviting resident to participate on facility committees, such as a welcoming committee or if the resident is a gardener, ask the resident's advice about the facility garden program;**

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Exhibits withdrawn behavior caused from a feeling of being worthless

- **Involving in spiritual activities (e.g., meditation, prayer, gospel singing, guided imagery);**
- **Inviting the resident outdoors or expose the resident to bright lights;**

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Exhibits withdrawn behavior caused from a feeling of being worthless

- **Involving in gross motor exercises (e.g., aerobics, light weight training) to increase energy and uplift mood;**
- **For residents who cannot tolerate rewards (e.g., compliments), using structured, non-competitive, non-decision making, non-gratifying activities, e.g., sorting objects and folding towels.**

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Exhibits Fear

- Using non-threatening activities (e.g., staff reading from newspaper or magazine);
- Playing music of the resident's choice that is calming to her/him;

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Exhibits Fear

- Involving in planning pleasurable activities;
- Eliminating exposure to activities that cause fear (e.g., certain movies or animals).

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Sexual Behavior

Interventions:

- **STAFF EDUCATION & TRAINING**
- **Look for indicators that could lead to inappropriate behavior (jokes with sexual innuendos)**
- **Before providing care, identify who you are and what you are going to do**
- **Be sure touch is appropriate**
- **Do not negatively label or punish the resident**
- **Try re-labeling the behavior**

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Sexual Behavior

Interventions:

- **Try to redirect the behavior.**
- **Don't encourage unwanted behaviors**
- **Do not be afraid to ask for help**
- **Do not just ignore the problem**
- **The resident's needs may not be sexual.**
- **Residents should have sufficient emotional stimulation**
- **Staff should protect residents from seeing sexually explicit images**

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Inappropriate Behavior Toward Self or Others

- Using structured tasks such as folding, sorting, and matching;
- Engaging in exercise and movement activities;

- Redirecting to structured, familiar activities;
- Providing a calm, non-rushed environment;
- Helping resident to find a private space such as the resident's room;

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Inappropriate Behavior Toward Self or Others

- Exchanging self-stimulatory activity for a more socially-appropriate activity that uses the hands, if in a public space;
- Providing positive attention for socially-appropriate behavior, such as smiling or giving positive feedback to peers or staff;
- Providing oral stimulation (e.g., ice chips, gum).

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Excessively Seeks Attention From Peers or Staff

- Including in social programs (e.g., parties, outings);
- Giving praise at appropriate times;
- Giving opportunities for leadership;

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Excessively Seeks Attention From Peers or Staff

- Involving in smaller groups (e.g., for games and discussion);
- Structuring individual, on-going craft projects;
- Engaging in service projects.

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Lacks Awareness of Personal Safety

- Observing closely during activities;
- Taking precautions with materials used during activity (e.g., use only objects that are too large to be put into one's mouth);
- Involving in smaller groups or one-to-one activities;

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Lacks Awareness of Personal Safety

- Reducing environment cues that would cause the resident to do unsafe acts;
- Keeping the resident occupied with safe activities (e.g., folding towels or baby clothes, putting together PVC tubing).

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Self-Destructive & Tries to Harm Self

- Observing closely during all times and at all activities;
  - Avoiding using materials during activities that resident can use to injure self (e.g., sharp objects);
  - Using items such an apron with pockets containing familiar objects for the resident to manipulate;

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Self-Destructive & Tries to Harm Self

- Focusing attention on activities that are emotionally soothing, such as listening to music or talking about personal strengths and skills, followed by participation in related activities;
- Focusing attention on physical activities, such as exercise;
- Involving in spiritual activities (e.g., meditation, prayer, gospel singing, and guided imagery).

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Has delusional and hallucinatory behavior that is stressful to her/him

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

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Exhibits aggressive behavior and is sensitive to too much stimulation

- **Providing low lights;**
- **Playing soft music;**
- **Reducing environmental stimulation (e.g., turn off TV/music, minimize use of overhead paging);**

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Exhibits aggressive behavior and is sensitive to too much stimulation

- **Involving the resident in rocking or swinging motions, including a rocking chair;**
- **Involve the resident in drumming;**
- **Involving the resident in repetitive tasks (e.g., folding towels or sorting);**

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Exhibits aggressive behavior and is sensitive to too much stimulation

- **Using physically resistive activities, such as kneading clay, hammering, scrubbing, sanding, using a punching bag, using stretch bands, or lifting weights;**
- **Using predictable tasks (i.e., no surprises);**

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Exhibits aggressive behavior and is sensitive to too much stimulation

- **Involving the resident in slow exercises (e.g., slow tapping, clapping);**
- **Maintaining an organized environment;**
- **Using structured, familiar activities.**

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Dependent on Others for Sensory Stimulation

- **Using arhythmical and unpredictable activities;**
- **Providing added stimuli in the environment (e.g., special stimulus rooms or equipment);**

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Dependent on Others for Sensory Stimulation

- Using alerting/upbeat music (e.g., swing music, jazz, rock and roll, and movement to music);
- Using alerting aromas
- Providing fabrics or other materials of varying textures.

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Outcomes

The outcome for the resident, the decrease or elimination of the behavior, either validates the activity intervention or suggests the need for a new approach.

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