## Sample Plan of Correction

### F248 483.15(f)(1): ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS

*Scope*: Pattern

*Severity*: Potential for more than Minimal Harm

*Corrected Date*: January 21, 2009

The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.

Based on observation, record review, and staff and family interviews conducted during the standard survey, it was determined the facility did not ensure an ongoing program of activities was provided to meet the needs of 2 of 30 sampled residents (Residents #21 and 30); did meet the needs of the 40 current residents on the special care dementia unit; and did not meet the activity needs of the 38 current residents on Unit 5. Specifically, the comprehensive care plan for Resident #21's activity needs was not implemented; the comprehensive care plan for Resident #30 was not based on the activity assessment; few activity programs were provided for residents on the special dementia unit, during survey; and residents on Unit 5 were observed in the unit dining room without stimulation or diversion activities during 3 days of the survey. This resulted in no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include:

1) Resident #21 had diagnoses including cerebral vascular accident (CVA) and dementia.

The resident's Minimum Data Set (MDS) assessment, dated September 12, 2008, documented the resident had severely impaired decision making skills, no indicators of anxiety, no behavioral symptoms, was totally dependent for staff assistance, and participated in activities 1/3 to 2/3 of the time.

The resident's comprehensive care plan, dated March 25, 2008, documented the resident should be encouraged to attend activities, specifically activities particularly music, parties, and games, and that the resident should receive socialization visits if the resident stayed in her bed or room. The comprehensive care plan, dated June 24, 2008, documented the resident should be involved in activities that did not require orientation and did not depend on resident's ability to communicate, including music, parties, and movies.

The Participation in Activities form, dated September and October 2008, documented the resident received visits from activities staff on 8 of 30 days in September 2008 (on September 2, 4, 7, 10, 18, 23, 26, and 29, 2008); and on 10 of 31 days in October 2008 (on October 1, 4, 6, 10, 14, 17, 21, 23, 28, and 30, 2008). There was no documented evidence the resident participated in activities outside of her room in September or October 2008. The Participation in Activities form, dated November 2008, documented the resident received visits from activities' staff 5 of the 17 days in November prior to survey (on November 3, 6, 11, 14,

and 17, 2008). There was no documented evidence that the resident participated in any activities outside of her room in November 2008.

Review of the Resident Care Record (guidance for direct care staff), dated November 2008, revealed the resident's suggested activities included TV, radio, reading, and visitors. This conflicted with examples of activities documented on the resident's comprehensive care plan that specified the resident would enjoy outside of her room.

The activity progress notes, dated November 17, 2008, documented the resident was limited in her participation in the activities' program, came to the dining room for parties/special events, liked to have her nails done, sat in the hallway, listened to TV/radio, and received 1:1 visits (of sensory stimulation), twice a week.

The resident was observed throughout the day and early evening on November 18, 2008 to be alone in her private room in bed (between 8:55 AM and 9:10 AM; between 10:40 AM and 11:00 AM; between 11:25 AM, 12:00 PM and 12:10 PM, as she moaned for 1 to 2 minutes; and between 12:20 PM and 12:35 PM. The resident was also observed that date in her gerichair in her room, between 5:10 PM and 5:20 PM; and calling out from her gerichair in her room between 5:30 PM and 5:40 PM.

On November 19, 2008, the resident was observed alone in her room, in bed and moaning between 7:40 AM and 7:50 AM; and alone in her gerichair in her room between 1:20 PM and 1:30 PM.

On November 20, 2008 at 9:15 AM, the resident was observed to be alone in her room, while in her gerichair.

During an interview on November 21, 2008 between 9:00 AM and 9:10 AM, the registered nurse (RN) manager stated the resident stayed in her room, as she had a history of behaviors, but behavior were not a concern for this resident recently. The RN manager stated the resident should be out of her room more often and thought the resident was out of her room once or twice that week, often sitting in the hallway near the nursing station. The RN manager stated that, because of the increased acuity of the residents on the unit, the certified nurse aides (CNAs) were more busy than they previously were, and were not as involved in resident activities.

In summary, the facility did not ensure Resident #21 received an activities program based on the comprehensive assessment, interests, and her physical, mental, and psychosocial well-being. Specifically, the resident was not involved in activities outside her room, specifically those she would enjoy, including music, parties, movies, and games.

2) On the special care dementia unit, on November 19, 2008 between 10:45 AM and 12 PM, between 12 to 20 residents were observed in and out of the lounge/dining room, without activity programming. The residents were placed at tables facing each other, with no staff remaining in this room during this time period to offer interaction or provide activity programming. Specific examples of these observations on November 19, 2008 between 10:45 AM and 12 PM include:
- At 11:05 AM, a certified nurse aide (CNA) entered the dining room and repositioned Resident #39. The CNA moved the resident from facing the wall, to facing the television, and asked if the resident wanted to watch television. A few minutes later, Resident #39 was removed from the dining room by an LPN and returned to the room at 11:10 AM. The CNA who brought Resident #39 back into the dining room, placed the

resident at a table facing the wall, but removed the resident a short time later. The resident was brought back to the dining room at 11:40 AM by the LPN, and seated again at a table facing the wall.
- Resident #38 was observed between 10:45 AM and 12 PM on the above date, as she wandered in her wheelchair throughout the dining room/lounge. The resident was heard to ask another resident at a table what there was to do. The resident also asked the surveyor when she would eat, and then continued to wander throughout the lounge.
- At 11:25 AM, Resident #16 was brought into the lounge by a staff member and seated at a table;
- At 11:30 AM, after sitting quietly at a dining room table with Resident #40, a family member stated he was taking Resident #40 downstairs for lunch. The family member was asked about the resident's previous interests and stated the resident formerly enjoyed bowling, but did not think bowling was available at the facility. The family member said that since Resident #40 usually took a nap in the afternoon, he did not participate in activity programs, as they were usually when the programs were scheduled.
- At 11:35 AM, 18 residents were observed in the unit dining room/lounge, when an activity aide was observed to enter the area, turn off the television, and turn on country music.
- Resident #41 was observed between 11:40 AM and 11:50 AM wandering in the hallway and was seen repeatedly shaking the door frame of another resident's room, for no apparent reason.
- At 11:50 AM, 20 residents were observed seated at tables in the dining room, wearing clothing protectors and awaiting the noon meal.
- At 12:12 PM, meal trays were served.

Review of the special care dementia activity calendar for November 19, 2008 revealed Catholic services were held in the first floor activity room at 10:30 AM and music was at 11:30 AM on the dementia unit.

In summary, there was a lack of activity programs to meet the individualized needs of the special care dementia residents during the morning of November 19, 2008. Concerns with the facility's activity program on the dementia unit involved:
- staff placing residents in the unit lounge for more than one hour, with staff not present to provide sensory and social stimulation to the residents;
- placing residents in the room facing the wall, not conducive to sensory and social stimulation;
- individual residents' schedules and needs were not addressed, as activities were scheduled off the unit, or during nap times, with no documented alternative programs evident.

3) Resident #30 was admitted to the facility on August 12, 2008, with diagnoses including a right hip fracture and cardiovascular disease.

The resident's comprehensive care plan, dated August 22, 2008, documented the resident established a preference for social activity, rather than physical or creative recreation pursuits. The care plan goals included for the resident to participate in activities 2 times per week that were other than those social in nature. The plan was to continue to offer physical activities including outings, board games, and exercises. No plans for social activities were included in the comprehensive care plan.

In summary, the comprehensive care plan for activities did not conform to the resident's interests.

10NYCRR 415.5(f)

Plan of Correction

| Task | Date to be Completed | Staff Involved | Audit Tool |
|---|---|---|---|
| Reassess residents 21 and 30 to ascertain specific leisure interests. Include but not limited to interviewing resident/family | 10 Days | Activities<br>Nursing<br>Resident<br>Family | Activities Assessment<br>Assessment Audit tool |
| Reassess residents 38, 39, 40, 41 to ascertain specific interests and needs. Include but not limited to resident, family, nursing staff, activities staff | 10 Days | Activities<br>Nursing<br>Resident<br>Family | Activities Assessment<br>Assessment Audit tool |
| Reassess all residents on "Special Care Unit" to ascertain specific leisure interests. Include but not limited to resident, family, nursing staff and activities staff | 30 Days | Activities<br>Nursing<br>Resident<br>Family | Activities Assessment<br>Assessment Audit tool |
| Institute a "Quality Assurance" Study to maintain meaningful activities for all residents on the "Special Care Unit" | 30 Days<br>Ongoing | Activities<br>QA<br>Committee | QA Tools<br>Assessment Audit Tool<br>Care Plans |
| Address specific leisure interests in Care plans for residents 21, 30,38, 39,40, 41 | 10 Days | Activities<br>IDCP Team | Care Plan Activities<br>Assessment Audit |
| Audit all residents Activities Care Plans to include specific leisure interests including but not limited to strength's, leisure interests, needs and interventions | 90 Days<br>Ongoing | Activities<br>IDCP Team | Care Plan Activities<br>Assessment Audit Tool |
| Educate Staff to include but not be limited to: Activities, Nursing, Housekeeping, Volunteers and Administrative Staff for residents' leisure interests and leisure needs. Including a component for Orientation as well as Re-orientation of staff and volunteers | 30 Days<br>Ongoing | Activities<br>Staff<br>Development | In-services<br>Activities Packet for Orientation<br>Activities Audit Tool for Educational Needs<br>Continuing Education sessions for Activities Staff and Direct Care Staff |

Activities Care Plan Audit Tool

| Resident | Care Plan Date | Needs, Interests, Strengths | Goals | Interventions |
|---|---|---|---|---|
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Signature_____ Date _____

Quality Assessment Tool Activities  Audit of 25% of Residents
Date_____

| Resident | Assessment/Care Plan (Review of Initial Assessment, Care Plan and MDS 3.0) | Participation Level (Review of Activities Attendance Log and Activities Calendar) |
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QA Activities Assessment Tool

1. Review 25% of the current resident population on a quarterly basis
    a. Their specific leisure needs and interests are being met
    b. Their Activities Initial Assessment reflects specific leisure needs and interests as well as interests in learning new leisure skills
    c. Their Care Plan reflects their specific leisure needs and interests as well as interests in learning new leisure needs. The Care Plan also includes interdisciplinary approach to assure residents ability to attend and participate in activities of interest.

2. Activities Participation Level
    a. Review on a monthly basis to ascertain the level of participation in activities that were designed to meet the specific leisure needs and interests of the residents

Report on a quarterly basis to the Facility Quality Assurance Team all findings to establish goals for Activities Department.

## Activities Assessment Audit Tool

Please fill in the number of residents that are interested in the following activities, based upon your assessments.

Family
_____ Family Gatherings
_____ Family Holidays
_____ Family Events
_____ Other
_____

Hobbies
_____ Gardening (type)
_____

_____ Pets (type)
_____

_____ Bird Watching
_____ Boating
_____ Camping
_____ Hunting
_____ Fishing
_____ Cooking
_____ Baking
_____ Computer
_____ Reading
_____ Traveling
_____ Newspaper
_____ Flower Arranging
_____ Letter Writing
_____ Nature Interests
_____ Poetry
_____ Collectibles (type)
_____
_____ Museums
_____ Movies
_____ Swimming
_____ Shopping
_____ Fixing Things
_____
___ Dancing

Spiritual Needs
___ Services (attends regularly)

___Bible Study
___ Meditation
___ Temple
___ Protestant Service
___ Catholic Service
___ Clergy Visit (1-1)
___ Other
_____

Sports
___ Baseball
___ Football
___ NASCAR
___ Basketball
___ Soccer
___ Horseshoes
___ Bocce Ball
___ Hockey
___ Horse Racing
___ Snow Sports
___ Olympics
___ Other
_____

Favorite Games
___ Crosswords
___ Bingo
___ Word Searches
___ Board Games
___ Trivia
___ Card Games (type)
_____
___ Group Games
___ Casino Games

Crafts
___ Knitting
___ Crocheting
___ Sewing
___ Painting
___ Ceramics
___ Scrapbooking
___ Woodworking
___ Journaling
___ Home Décor
___ Rubber Stamping
___ Model Making
___ Crafty Crafts
___ Art
___ Quilting
___ Holiday Crafts

Other
___ Self-Advocacy
___ Social Membership
_____
_____
___ Music (type)
_____
_____
___ TV (type)
_____
_____
___ Radio (type)
_____
_____
___ Politics
___ Restaurants
___ Theater
___ Community Events
___ Other
_____
_____
_____