

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

NURSING HOME ACTIVITIES: RESIDENT RIGHTS & THE ROLE OF ACTIVITIES STAFF FACT SHEET

Activities are an essential part of everyone's life, including that of nursing home residents. This is true for all residents, including those with dementia. Thus, the federal requirements are robust and explicit in respect to ensuring that all residents have activities that promote their physical, cognitive, and emotional well-being. Below are relevant standards with descriptions excerpted from the federal regulations, followed by some points for you to consider when you advocate on these issues.

Note: Information below is directly quoted or paraphrased from the Code of Federal Regulations (CFR),¹ federal guidance, or other resources (see footnotes). Federal standards are applicable to all residents in licensed U.S. nursing homes, including short-term, long-term, private pay, Medicaid, Medicare, or privately insured.

Activities [42 C.F.R. § 483.24(c); F679]

Activities refer to any endeavor, other than routine activities of daily living, in which residents participate that is intended to enhance their 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.

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.

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 two years of experience in a social or recreational program within the last five 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.

¹ <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.24>.

What Do the Experts Say About Nursing Home Activities?

- Recreational therapy activities “may provide residents with non-pharmacological behavior interventions, activities’ modifications to match functional levels, meaningful engagements and social interactions, maintenance and restoration of physical and cognitive abilities, and fall reduction.”²
- Unfortunately, as one study noted, “meaningful activities are a rarity.”³

Resident-Centered Advocacy Tips to Improve Access to Appropriate Activities

- **Write down the activities in which the resident is interested.**
 - This can be done by the resident, by a family member, and/or a member of the staff. It is useful to include both likes and dislikes. For instance, does the individual like watching certain types of tv shows or listening to certain types of music? Do they like painting or other crafts? Sitting outside?
 - Use LTCCC’s [Resident Preference Form](#) to easily identify and record this information (or a plain sheet of paper will do!).
- **Present information on the resident’s preferred activities to care staff, activities staff, and social work staff (as necessary).** Use the information on the federal requirements on the front of this fact sheet to support your advocacy for better activities. Whenever possible, use a positive approach: “these are my rights, how can you help me achieve them?”
- **Consider raising concerns at a meeting of the resident or family council.** There’s power in numbers!
- **Consider additional actions if the facility does not respond to individual or counsel concerns:**
 - File a grievance with the facility’s grievance officer;
 - Consult your local LTC Ombudsman for assistance;
 - File a complaint with the state health department.
- **Be aware of the levels of activities staff in your nursing home and use that information to advocate for improvement, if necessary.**
 - The federal rules require that activities “must be directed by a qualified professional” and the facility must have sufficient, appropriate staff to carry out a robust and beneficial activities program. Unfortunately, too many facilities do not.
 - Our research on non-nurse staffing levels found that, overall:
 1. For-profit facilities have less activities staff per resident than government-owned and non-profit facilities;
 2. Facilities with higher Five-Star Ratings and Nurse Staffing Ratings tend to have more activities staff per resident.

Visit www.nursinghome411.org for the latest staffing data. Our [Nursing Home Staffing Data](#) page includes information on nurse staffing and non-nurse staffing, including activities staff.

² Loy, T., DeVries, D., and Keller, M., “Recreational Therapy in Nursing Homes: History, Regulations, COVID-19, and Beyond,” *Therapeutic Recreation Journal*.

³ Morley, J., Philpot, C., Gill, D., and Berg-Weger, M., “Meaningful Activities in the Nursing Home,” *Journal of the American Medical Directors Association*.