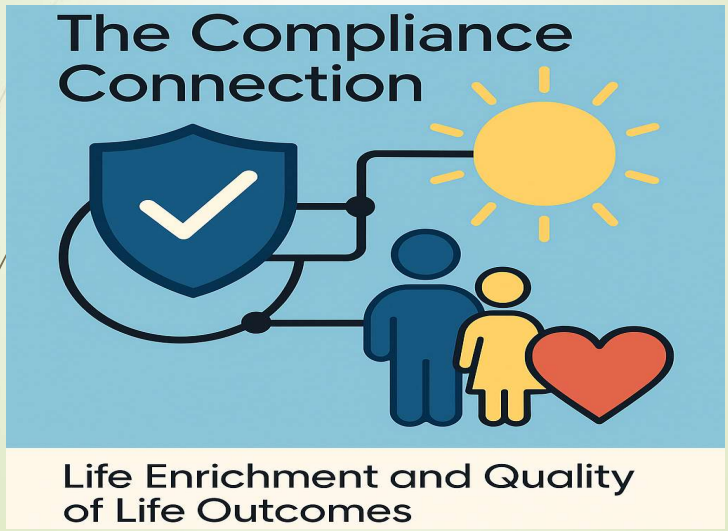
The Compliance Connection

Life Enrichment and Quality of Life Outcomes



1

Learning Objectives

- Understand life enrichment's role in survey readiness.
- Identify three critical CMS regulations impacting activities.
- Learn strategies for documentation and interdisciplinary collaboration.
- Explore Six Domains of Wellness as a foundation for engagement.
- Prepare for CMS survey expectations beyond the activity calendar.
- Observe Growth in Action

2

Overview of CMS Regulations

- 52 CMS regulations that are influence life enrichment and quality of Life.
- These rules protect resident rights, dignity, and engagement.
- Non-compliance can result in serious deficiencies.

3

	Isolated	Pattern	Widespread
Level 4 Immediate jeopardy to resident health or safety CMPs Required!	**J** POC Category 3 Required Cat. 1 & 2 Optional	**K** POC Category 3 Required Cat. 1 & 2 Optional	**L** POC Category 3 Required Cat. 1 & 2 Optional
Level 3 Actual harm that is not immediate	**G** POC Category 2 Required Cat. 1 Optional	**H** POC Category 2 Required Cat. 1 Optional	**I** POC Category 2 Required Cat. 1 & Temporary Management Optional
Level 2 No actual harm with potential for more than minimal harm that is not immediate jeopardy	**D** POC Category 1 Required* Cat. 2 Optional	**E** POC Category 1 Required* Cat. 2 Optional	**F** POC Category 2 Required* Cat. 1 Optional
Level 1 No actual harm with potential for minimal harm	**A** No POC No Remedies Not on 2567	**B** POC No Remedies	**C** POC No Remedies

*Required only when imposing remedy/remedies instead of or in addition to termination

Substantial Compliance

SQC – Any deficiency in § 483.13, § 483.15, or § 483.25 that constitutes: immediate jeopardy; pattern or widespread actual harm that is not immediate jeopardy; or no actual harm with widespread potential for more than minimal harm that is not immediate jeopardy

4

Federal Regulatory Groups for Long Term Care

***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**

**** Tag to be cited by Federal Surveyors Only**

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	Resident Rights	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F550	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Residents
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each Resident
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	483.25	Quality of Care
F557	Respect, Dignity/Right to have Personal Property	F608	*Reporting of Reasonable Suspicion of a Crime	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F609	*Reporting of Alleged Violations	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change	F610	*Investigate/Prevent/Correct Alleged Violation	F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	483.15	Admission, Transfer, and Discharge	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mobility
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/Devices
F563	Right to Receive/Deny Visitors	F622	Transfer and Discharge Requirements	F690	*Bowel/Bladder Incontinence, Catheter, UTI
F564	Inform of Visitation Rights/Equal Visitation Privileges	F623	Notice Requirements Before Transfer/Discharge	F691	*Colostomy, Urostomy, or Ileostomy Care
F565	*Resident/Family Group and Response	F624	Preparation for Safe/Orderly Transfer/Discharge	F692	*Nutrition/Hydration Status Maintenance
F566	Right to Perform Facility Services or Refuse	F625	Notice of Bed Hold Policy Before/Upon Transfer	F693	*Tube Feeding Management/Restore Eating Skills
F567	Protection/Management of Personal Funds	F626	Permitting Residents to Return to Facility	F694	*Parenteral/IV Fluids
F568	Accounting and Records of Personal Funds	483.20	Resident Assessments	F695	*Respiratory/Tracheostomy care and Suctioning
F569	Notice and Conveyance of Personal Funds	F635	Admission Physician Orders for Immediate Care	F696	*Prostheses
F570	Surety Bond - Security of Personal Funds	F636	Comprehensive Assessments & Timing	F697	*Pain Management
F571	Limitations on Charges to Personal Funds	F637	Comprehensive Assmt After Significant Change	F698	*Dialysis
F572	Notice of Rights and Rules	F638	Quarterly Assessment At Least Every 3 Months	F699	*(PHASE-3) Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F639	Maintain 15 Months of Resident A ssessments	F700	*Bedrails
F574	Required Notices and Contact Information	F640	Encoding/Transmitting Resident Assessment	483.30	Physician Services
F575	Required Postings	F641	Accuracy of Assessments	F710	Resident's Care Supervised by a Physician
F576	Right to Forms of Communication with Privacy	F642	Coordination/Certification of A ssessment	F711	Physician Visits- Review Care/Notes/Order
F577	Right to Survey Results/Advocate Agency Info	F644	Coordination of PASARR and Assessments	F712	Physician Visits-Frequency/Timeliness/Alternate NPPs
F578	Request/Refuse/Discontinue Treatment;Formulate Adv Di	F645	PASARR Screening for MD & ID	F713	Physician for Emergency Care, Available 24 Hours
F579	Posting/Notice of Medicare/Medicaid on Admission	F646	MD/ID Significant Change Notification	F714	Physician Delegation of Tasks to NPP
F580	Notify of Changes (Injury/Decline/Room, Etc.)	483.21	Comprehensive Resident Centered Care Plan	F715	Physician Delegation to Dietitian/Therapist
F582	Medicaid/Medicare Coverage/Liability Notice	F655	Baseline Care Plan	483.35	Nursing Services
F583	Personal Privacy/Confidentiality of Records	F656	Develop/Implement Comprehensive Care Plan	F725	Sufficient Nursing Staff
F584	*Safe/Clean/Comfortable/Homelike Environment	F657	Care Plan Timing and Revision	F726	Competent Nursing Staff
F585	Grievances	F658	Services Provided Meet Professional Standards	F727	RN 8 Hrs/7 days/Wk, Full Time DON
F586	Resident Contact with External Entities	F659	Qualified Persons	F728	Facility Hiring and Use of Nurse
		F660	Discharge Planning Process	F729	Nurse Aide Registry Verification, Retraining
		F661	Discharge Summary	F730	Nurse Aide Perform Review – 12Hr/Year In- service
				F731	Waiver-Licensed Nurses 24Hr/Day and RN Coverage
				F732	Posted Nurse Staffing Information

5

Federal Regulatory Groups for Long Term Care

***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**

**** Tag to be cited by Federal Surveyors Only**

483.40	Behavioral Health	F811	Feeding Asst -Training/Supervision/Resident	483.90	Physical Environment
F740	Behavioral Health Services	F812	Food Procurement, Store/Prepare/Serve - Sanitary	F906	Emergency Electrical Power System
F741	Sufficient/Competent Staff-Behav Health Needs	F813	Personal Food Policy	F907	Space and Equipment
F742	*Treatment/Svc for Mental/Psychosocial Concerns	F814	Dispose Garbage & Refuse Properly	F908	Essential Equipment, Safe Operating Condition
F743	*No Pattern of Behavioral Difficulties Unless Unavoidable	483.65	Specialized Rehabilitative Services	F909	Resident Bed
F744	*Treatment /Service for Dementia	F825	Provide/Obtain Specialized Rehab Services	F910	Resident Room
F745	*Provision of Medically Related Social Services	F826	Rehab Services- Physician Order/Qualified Person	F911	Bedroom Number of Residents
483.45	Pharmacy Services	483.70	Administration	F912	Bedrooms Measure at Least 80 Square Ft/Resident
F755	Pharmacy Svcs/Procedures/Pharmacist/ Records	F835	Administration	F913	Bedrooms Have Direct Access to Exit Corridor
F756	Drug Regimen Review, Report Irregular, Act On	F836	License/Comply w/Fed/State/Local Law/Prof Std	F914	Bedrooms Assure Full Visual Privacy
F757	*Drug Regimen is Free From Unnecessary Drugs	F837	Governing Body	F915	Resident Room Window
F758	*Free from Unnec Psychotropic Meds/PRN Use	F838	Facility Assessment	F916	Resident Room Floor Above Grade
F759	*Free of Medication Error Rate sof 5% or More	F839	Staff Qualifications	F917	Resident Room Bed/Furniture/Closet
F760	*Residents Are Free of Significant Med Errors	F840	Use of Outside Resources	F918	Bedrooms Equipped/Near Lavatory/Toilet
F761	Label/Store Drugs & Biologicals	F841	Responsibilities of Medical Director	F919	Resident Call System
483.50	Laboratory, Radiology, and Other Diagnostic Services	F842	Resident Records - Identifiable Information	F920	Requirements for Dining and Activity Rooms
F770	Laboratory Services	F843	Transfer Agreement	F921	Safe/Functional/Sanitary/ Comfortable Environment
F771	Blood Blank and Transfusion Services	F844	Disclosure of Ownership Requirements	F922	Procedures to Ensure Water Availability
F772	Lab Services Not Provided On-Site	F845	Facility closure-Administrator	F923	Ventilation
F773	Lab Svs Physician Order/Notify of Results	F846	Facility closure	F924	Corridors Have Firmly Secured Handrails
F774	Assist with Transport Arrangements to Lab Svcs	F847	Enter into Binding Arbitration Agreements	F925	Maintains Effective Pest Control Program
F775	Lab Reports in Record-Lab Name/Address	F848	Select Arbitrator/Venue, Retention of Agreements	F926	Smoking Policies
F776	Radiology/Other Diagnostic Services	F849	Hospice Services	483.95	Training Requirements
F777	Radiology/Diag. Svcs Ordered/Notify Results	F850	*Qualifications of Social Worker >120 Beds	F940	(PHASE-3) Training Requirements - General
F778	Assist with Transport Arrangements to Radiology	F851	Payroll Based Journal	F941	(PHASE-3) Communication Training
F779	X-Ray/Diagnostic Report in Record-Sign/Dated	483.75	Quality Assurance and Performance Improvement	F942	(PHASE-3) Resident's Rights Training
483.55	Dental Services	F865	QAPI Program/Plan, Disclosure/Good Faith Attempt	F943	Abuse, Neglect, and Exploitation Training
F790	Routine/Emergency Dental Services in SNFs	F866	(PHASE-3) QAPI/QAA Data Collection and Monitoring	F944	(PHASE-3) QAPI Training
F791	Routine/Emergency Dental Services in NFs	F867	QAPI/QAA Improvement Activities	F945	(PHASE-3) Infection Control Training
483.60	Food and Nutrition Services	F868	QAA Committee	F946	(PHASE-3) Compliance and Ethics Training
F800	Provided Diet Meets Needs of Each Resident	483.80	Infection Control	F947	Required In-Service Training for Nurse Aides
F801	Qualified Dietary Staff	F880	Infection Prevention & Control	F948	Training for Feeding Assistants
F802	Sufficient Dietary Support Personnel	F881	Antibiotic Stewardship Program	F949	(PHASE-3) Behavioral Health Training
F803	Menus Meet Res Needs/Prep in Advance/Followed	F882	Infection Preventionist Qualifications/Role		
F804	Nutritive Value/Appear, Palatable/Prefer Temp	F883	*Influenza and Pneumococcal Immunizations		
F805	Food in Form to Meet Individual Needs	F884	**Reporting – National Health Safety Network		
F806	Resident Allergies, Preferences and Substitutes	F885	Reporting – Residents, Representatives & Families		
F807	Drinks Avail to Meet Needs/P references/ Hydration	F886	COVID-19 Testing-Residents & Staff		
F808	Therapeutic Diet Prescribed by Physician	F887	COVID-19 Immunization		
F809	Frequency of Meals/Snacks at Bedtime	483.85	Compliance and Ethics Program		
F810	Assistive Devices - Eating Equipment/Utensils	F895	(PHASE-3) Compliance and Ethics Program		

6

Key F-Tags to Know

- F675: Quality of Life
- F679: Activities
- F680: Qualified Activity Staff

7

F675 – Quality of Life

- **Facilities** must maintain or enhance each resident's quality of life.
- Focus Areas:
  - Dignity and respect
  - Individualized care
  - Opportunities for resident choice

8

F679 – Activities

- Facilities must provide ongoing activities designed to meet each resident's interests and well-being.
- Key Requirements:
- • Activities must reflect resident preferences.
- • Address physical, cognitive, emotional, and spiritual needs.

9

F680 – Qualified Activity Staff

- **Facilities** must employ or consult with qualified activity professionals.
- Compliance Factors:
  - Proper credentials and training
  - Adequate staffing levels

10

Level J Deficiencies

- Definition:
- Widespread, serious harm or potential for harm.
- Examples:
  - Lack of resident choice
  - Absence of meaningful activities
  - Unqualified staff managing programs

11

Life Enrichment & Survey Readiness

- Surveyors want to see:
- Comprehensive assessments of resident preferences
  - THIS MEANS AN INITIAL ASSESSMENT OF ACTIVITY PREFERENCES IS NEEDED.
- Care plans integrated with activities
  - FOLLOW THROUGH FROM INITIAL, TO SECTION F, TO PROGRESS NOTES
- Documentation showing outcomes, not just attendance
  - HOW WELL THEY PARTICIPATED
    - Participated, Observed, Passive, Disruptive, Refusals.
      - This can be done by either activities or nursing that are observing from the outside.

12

Six Domains of Wellness

- Physical
- Cognitive
- Emotional
- Spiritual
- Social
- Vocational

- Additionally – Joy, meaning, purpose

13

Staff Education Strategies

- Train all staff on what qualifies as an activity
  - DEFINITION: ANYTHING OTHER THAN AN ADL
- Support resident participation at every level of care
  - FTAG 675, 679
- Use interdisciplinary teamwork for consistency

14

Documentation Best Practices

- Include resident voice and preferences
  - Example: When Assessing a resident for Activities we ask
    - What music do you like?
      - WE SHOULD ALSO ASK
        - How do you like to listen to your music
        - What is your favorite Song?
        - What makes this music important to you.
- Align activities with care plan goals
  - Care Plan, Progress Notes, Assessments, Section F of the MDS Must MATCH.
- Document outcomes, not just attendance
  - How well they Participate.

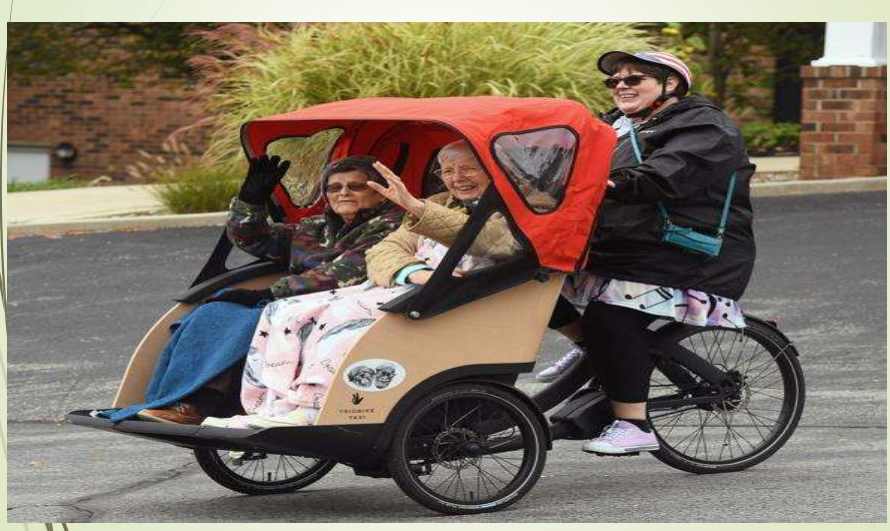
15

Special Programs

- Cycling Without Age – Outdoor trishaw rides reconnecting residents to the world
- The Dignity Program – Embedding resident voice, autonomy, and values into care
- Dementia Life Story Program – Personalized engagement through biographical planning
- Social Work Follow-Through – Ensuring continuity in psychosocial and enrichment support

16

CYCLING WITHOUT AGE



17

CYCLING WITHOUT AGE

Program that is designed to provide “an engaging and immersive outdoor experience” that offers residents “the opportunity to embark on scenic bike rides throughout the beautiful campus aboard a specially designed trishaw.

18

CYCLING WITHOUT AGE

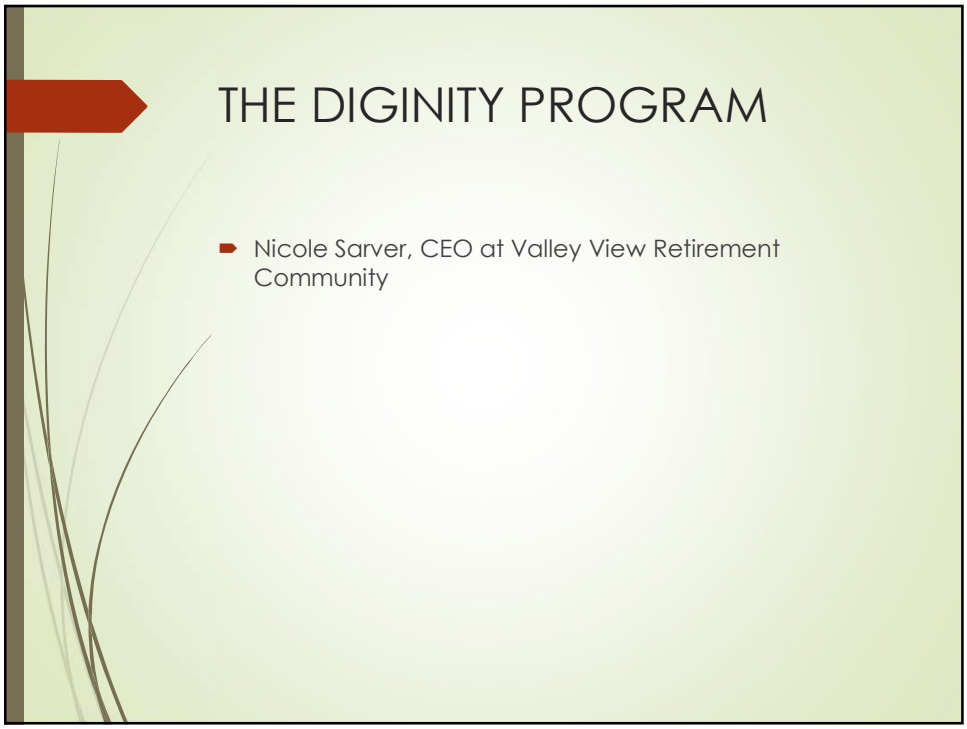
- POLICY AND PROCEDURE ARE CREATED FOR THE SAFETY OF THE RESIDENTS
  - This includes a training on the Trishaw
  - It also Includes Helmets being a must!
    - Residents are given the choice of whether they want to wear a helmet
  - Usually around 20- to 30-minute rides, with either one or two residents at a time.
    - Life Enrichment takes responsibility for getting sign-ups and scheduling the rides.
    - **BEST RIDE:**
      - A Couple on Campus used to ride bikes together. They would go to dinner on their anniversary after.
        - A Ride Was arranged on their anniversary
          - Then a dinner together.

19

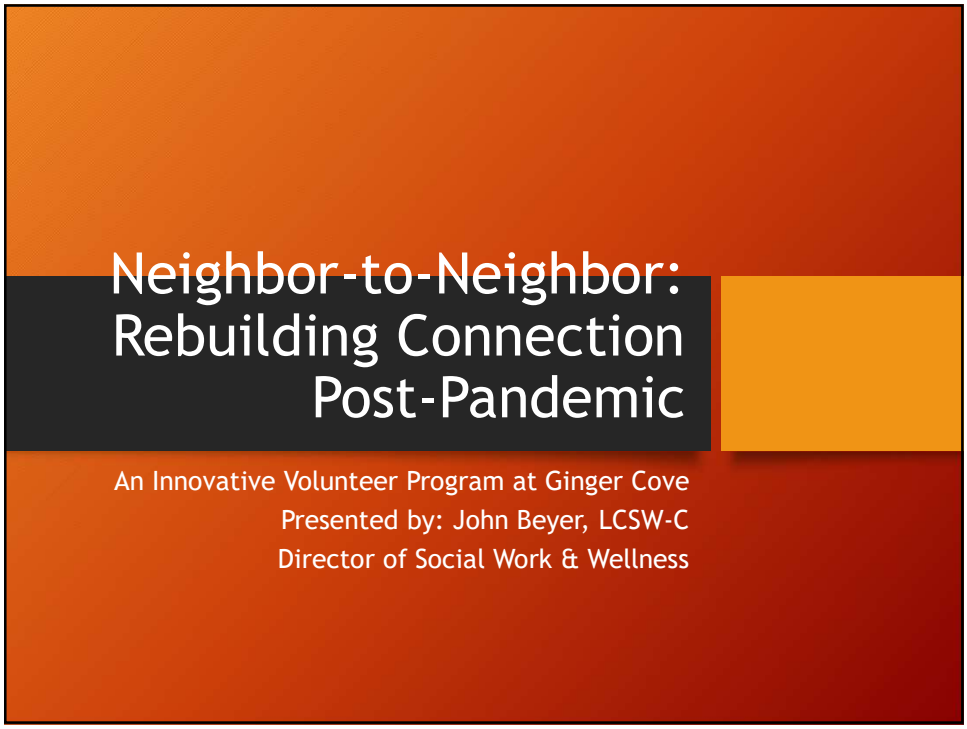
CYCLING WITHOUT AGE

- BENEFITS
  - Seeing the outside world in a new way
  - Connecting with other residents throughout the campus
    - Residents come out to say hi and wave at them
  - Staff member gets good exercise
    - NO WORRIES IT DOES HAVE PEDAL ASSIST FOR THE PENNSYLVANIA HILLS.

20


THE DIGNITY PROGRAM
Nicole Sarver, CEO at Valley View Retirement Community

21


Neighbor-to-Neighbor: Rebuilding Connection Post-Pandemic
An Innovative Volunteer Program at Ginger Cove
Presented by: John Beyer, LCSW-C
Director of Social Work & Wellness

22

The Pandemic's Impact on Connection

- Spouses separated across different levels of care
- Neighbors unable to visit neighbors
- Families distanced from loved ones
- Lingering effect: A sense of disconnection remained even after restrictions lifted

23

The Challenge

- Volunteer program disappeared during the pandemic
- Residents expressed fear and uncertainty:
- - 'What do I say?'
- - 'What if I say the wrong thing?'
- - 'When should I help—or not help?'
- Avoidance of neighbors and friends with memory loss
- Growing divide between independent residents and those with chronic illness/dementia

24

The Idea

- Light bulb moment: Dr. Jonah Ronch's 'Train the Trainer' dementia program for staff → Why not residents too?
- Goals:
- - Reduce fear and stigma
- - Build confidence and compassion
- - Empower residents to reconnect

25

The Program "Dementia in our Midst"

- "Dementia in our Midst"
- Three-Session Training Included:
- - Basics of dementia & Alzheimer's
- - What's happening in the brain
- - Practical communication strategies
- Peer-to-Peer Approach:
- - Two independent living residents trained to co-lead sessions
- - Built trust and relatability

26

The Outcome

- Neighbor-to-Neighbor Volunteer Program launched
- One-on-one visits and group activities
- Monthly support meetings for volunteers
- Increased comfort and willingness to engage across levels of care

27

The Impact

- Rekindled relationships: Friends reconnecting after years
- Residents who said 'I could never do that' → now committed volunteers
- Stigma around dementia melting away
- Stronger, more connected community

28

Why It Matters for Senior Living

- Pandemic taught us: Isolation is as harmful as disease
- Future of senior living = person-centered, connected, compassionate
- Education + Empowerment + Involvement = Culture of Care
- We don't just create volunteers—we create connection

29

Thank You

- Questions?
- Contact: John Beyer LCSW-C
- Director of Social Work & Wellness
- Ginger Cove Retirement Community
- (410) 573-2841
- jbeyer@gingercove.com

30

Social Work Services Throughout the Continuum – Ensuring continuity in psychosocial and practical support through transitions

Meg Clouser, Director of Health Services, Foxdale Village

31

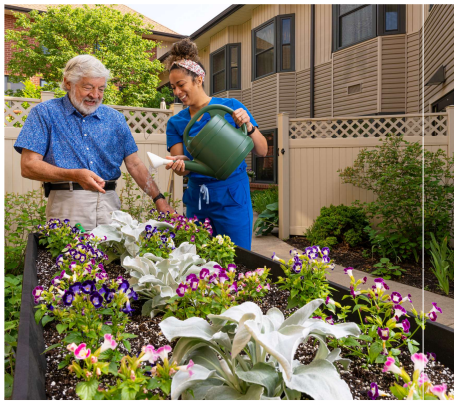
About us

Foxdale Village began in 1985 as the dream of some members of the State College Friends Meeting. Our community is modeled after other Quaker-directed communities in the southeast PA. Construction began in 1987 and was completed in 1990.

Today, Foxdale offers residential living in 148 cottage homes and 57-apartment-home building conveniently connected to the Community Center and an adjoining health center comprised of 55 personal care private rooms and 46 skilled nursing private rooms.

32

How our social service team was structured at the start



33

TEN YEARS AGO…

- **Social Service Structure:** Two social workers for community
  - One social worker (director) dedicated to all Independent living and half of our personal care
  - One social worker dedicated to half of our personal care and the entire skilled nursing residents
- **Resident needs:** Independent living residents rarely interacted with social worker unless they had a health care need
  - Residents and families open to the movement through the continuum as needs change
- **Families:** Most residents have family involved and support residents in moving process

34

Signs the times were changing

- Residents hiring in home care and support
- Transitional conversations changing
- 1/3 of resident over the age of 90
- Lack of census growth
- Increase of direct admissions into health care

35

Shifting our team

First step in our shift:

- Social workers stay with residents through all levels of living in the continuum
- Social workers maintained existing relationship with residents in health care
- Residents in Independent Living were divided equally between the two social workers

Second step:

- New position in the department clinical liaison
- Communication to the community
- Knowing Independent living resident from the beginning
- Figuring out how to identify timelines for resident's transitional needs
- Find a solution to show changes in residents over time

36

36

Admissions and transitions interdisciplinary meeting

- Social Services joining new admissions meeting for potential independent living residents
- Clinical liaison role
- Transitions sheet
- Annual Questionnaire

37

37

Samples..

KEY:	Active Transition
	3 Month Transition
	6 Month Transition
	Watch List
	Internal Move List

Car has been sold. Several things in place to try to support resident in her apartment. She is coming to the medical home daily to get meds and if she doesn't arrive by 1pm staff take meds to her. Private Care giver is working with resident on a weekly shower since 1/27/25. Resident came to AH 8/1/25 after a fall with arm pain, no fracture. Resident's goal is to return to her apartment at discharge but final plans are TBD.	Updated 8/4/25
Had a couple of recent falls but not felt to be a concerning pattern.	Updated 7/7/25
Cognitive decline wife unable to leave unattended. May look at quick transition to healthcare for him at some point but wife is not ready. Wife would remain in cottage.	Updated 6/2/2025
Memory support needed, medication challenges. Recent hospitalization for pneumonia and hypoxia. Back in cottage with private home aide and family support.	Updated 8/11/25
Concerns regarding cognition - team needs to slowly work on possibility of going to Darlington House	Updated 6/27/24

38

38

Samples..

Independent Living Resident Annual Acuity Assessment

Foxdale Village staff will perform assessments at least annually and for any resident who is experiencing a significant change or is transitioning between Independent Living and the Health Center

Residents Name: _____ Cottage/Apt#:_____

*Circle one appropriate resident ability in each defined category

Ambulation		
Residents' ability to move from one place to another without assistance	1. Ambulates with no assistive device 2. Ambulates with a walker outside of the home 3. Always ambulates with a walker 4. Utilizes Wheelchair independently 5. Utilizes Wheelchair with help	1 = 0 2 = 3 3 = 6 4 = 9 5 = 12
		Score____
Residents Fall Risk		

39

39

Thank you

40

Q & A

- OPEN FORUM STYLE Question and Answer session

41

THANK YOU

April Coval
Life Enrichment Connections Coordinator
Laurel View Village
814. 200. 3018
acoval@lvv1.com

42