



The Rec-Room

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Kim's Corner

Well, it has been quite the snow-filled February for us in the eastern parts of the United States. Bring on the SPRING!

I have an interesting article for you about the MDS 3.0. Please read it and share with me any comments you may have. It's still too early to do any MDS 3.0 training, but it's important for us to familiarize ourselves with it.

You'll see that I have some new webinars coming in March and April. Please be on the lookout for those. I'll be creating even more over the next few months as well so that there is a wide variety of topics and times that will be available for you, the busy recreation and activity professional!

Have you checked out my blogs yet? There are three blogs that you may find interesting my personal favorite being The Activity Swap Meet. This blog features great, innovative activity

A Closer Look at the MDS 3.0:

News and Overview for Activity and Recreation Professionals

By Kimberly Grandal, CTRS, ACC/EDU

The MDS 3.0 implementation date is scheduled for October 1, 2010. CMS highly recommends that everyone should hold back from training until after the "Train-the-Trainer" sessions have been completed. The Train-The-Trainer sessions are scheduled for the spring of 2010. Although it's still too early to start training the staff on how to complete the MDS 3.0, it's important to keep abreast of any MDS 3.0 news. The RAI User Manual is available for download. It's not too early to start reviewing these materials and familiarize yourself with the new terminology, form design and layout, and the process. This way you will be more prepared to ask questions when you are presented with specific training opportunities. I've begun reading various components of the RAI Version 3.0 Manual. The following is a summary of what I have gathered to date.

Advantages of the MDS 3.0

A 5-year CMS Nursing Home MDS 3.0 Validation Study suggests that the MDS 3.0 has many advantages such as:

- Increased resident's voice
- Increased clinical relevance for assessment
- Increased accuracy, both validity and reliability
- Increased clarity and efficiency
- 45% reduction in the average time for completion
- Supports the movement of items toward future electronic formats

Downloads

- The CMS website has the MDS 3.0 materials, forms, timetables, RAI User Manual, etc. available for download. Visit www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp. To download the MDS 3.0 RAI user manual scroll down the page and click on MDS 3.0 RAI Manual Jan 2010. The section for Customary Routine and Activities is called section F and is located in the

ideas that have been shared by other activity and recreation professionals. [Click here to visit this amazing blog.](#) If you would like to contribute an article to the Activity Swap Meet simply send me and email for more information.

Also, if you're on Facebook-please [look me up](#). You can ever have enough FRIENDS. I also have a group that I post interesting videos and information. You can join the [group here](#)

Enjoy the rest of February and I hope you have a festive March (I can't wait for my husband's annual corned beef and cabbage dinner!)

As they say in LOST,

Namaste!

Kim ☺



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Webinar News and Schedule

There are a couple of webinars still available in February. They are:

Thursday, February 18, 2010

Off to A Great Start: Employee Orientation Tips
11:00am to 12:30pm (EST)

Thursday February 25, 2010

Decreasing the Barriers to Recreation

Chapter 3 file folder. The section which refers to Recreation Therapy can be found in section 0, Special Treatments and Procedures.

- You can also download sections F and O at www.recreativeresources.com/MDS3.0.htm
- Other items to download on the CMS website include:
 - MDS 3.0 Item Subsets – A file that contains the various subsets of the MDS 3.0 assessment and tracking document such as admission, quarterly, annual, significant change, discharge, etc.
 - MDS 3.0 Item Matrix – This document identifies the items required for each type of assessment along with how the item is used (e.g. QMs, QIs, CATs, RUG-IV, or RUG-III).
 - MDS 3.0 Data Submission Specifications – Detailed data submission specifications for MDS 3.0.
 - MDS 3.0 CATs Specifications – This document provides Care Area Trigger (CAT) specifications for the MDS 3.0 items used in triggering the Care Area, the conditions for triggering, and Visual Basic code for triggering.

Education

CMS provided a webcast, entitled, MDS 3.0: Part 1 – An Introduction, on December 17, 2009. You can view this archived webcast for free at www.surveyortraining.cms.hhs.gov/pubs/Videoinformation.aspx?cid=1074

- This webcast was the first of a three part series focused on providing information about the MDS 3.0. The other webcasts in the series include:
 - 2nd Part: Coding the MDS 3.0 (late spring/early summer, 2010)
 - 3rd Part: CMS Programs impacted by the MDS 3.0 (summer, 2010)

Resident Assessment Instrument Overview

The Resident Assessment Instrument (RAI) version 3.0 is no different than the 2.0 version in that it is a structured, standardized approach for applying a problem identification process in nursing homes. Completion of the RAI includes: assessment, decision making, care planning, care plan implementation and evaluation.

Care Area Assessment

The Care Area Assessment (CAA) process provides guidance on how to focus on problems, concerns or important issues that are identified in the comprehensive and MDS assessment. There are 20 CAA-s which include:

- | | |
|-----------------------------|------------------------|
| 01. Delirium | 11. Falls |
| 02. Cognitive Loss/Dementia | 12. Nutritional Status |
| 03. Visual Function | 13. Feeding Tube |
| 04. Communication | 14. Dehydration/Fluid |

and Activity Pursuits Through Adaptation
11:00 a.m. to 12:30 p.m. (EST)

**Each session is NCCAP approved for 1.5 contact hours.
Cost is just \$21 a person**

These are live, interactive sessions!

[Click here to register for a webinar or just to learn more!](#)

March Webinars

The March schedule will be posted shortly. There will be some new THREE hour sessions which include instruction time in addition to an independent project. The new sessions are awaiting NCCAP approval.

[You can view the most current webinar schedule here.](#)

Celebrate Amazing Women

By [Christine Jennings](#)

Author of [Christine's Column](#) and [The Rec-Room](#)

Learn & Listen – In celebration of International Women's Day on March 8th and Women's History month today's discussion will be around amazing women. Start the activity off with some historical information about women from all areas of life such as the Bible, military, medical field, royalty or inspirational. Examples: Biblical – Mary, mother of Jesus, inspirational – Mother Teresa, etc...

Also find local community women in your area that are well known for their contributions to include in today's topic. Then talk about amazing women in each of their lives such as a mother, grandmother, aunt, sister, friend, teacher or someone that was a mentor to them that helped them throughout their life.

Game – Make a list of historical

05. ADL

Function/Rehabilitation Potential

06. Urinary Incontinence and Indwelling Catheter

07. Psychosocial well-being

08. Mood State

09. Behavioral Symptoms

10. Activities

Maintenance

15. Dental Care

16. Pressure Ulcer

17. Psychotropic Drug Use

18. Physical Restraints

19. Pain

20. Return to the Community Referral

The MDS 3.0 identifies the actual or potential problem areas and the CAA process provides for further assessment. Care Area Triggers (CATs) replaced the MDS 2.0 Resident Assessment Protocol (RAPs). The triggers identify those who have or are at risk for developing various functional problems in any of the 20 CAAs and directs staff to evaluate further. The Care Area Resources is a list of resources that may be helpful in performing the assessment of a triggered care area. The Care Area Summary (Section V of the MDS 3.0), provides a location for documentation of the care areas that have triggered from the MDS and the decisions made during the CAA process regarding whether or not to proceed with care planning.

Just as with the MDS 2.0, further documentation for each triggered CAA is required. Documentation for each triggered CAA should describe:

- The nature of the issue, concern or condition
- Causes and contributing factors
- Complications related to the specific care area
- Risk factors
- Need for referral or further evaluation by appropriate health care professionals
- What research, resources or assessment tools were utilized

There are four types of triggers which can change how the CAA is reviewed:

- Potential Problems
- Broad Screening Triggers
- Prevention of Problems
- Rehabilitation Potential

In terms of activities, the purpose of the CAA is to identify strategies to assist the resident in increasing their involvement in meaningful activities that have been of interest to them in the past and to help them find new or adapted activities of interest to accommodate their current level of functioning. The CAA for activities is triggered when there are indications

women and what they are known for in history. Ask residents to match the names with the accomplishment. Have at least 15 to 20 matches to make it challenging enough for the residents to want to participate while having fun remembering or learning some historical facts.

Exercise – During exercise time today play music only by women and point out during class any interesting facts about each of the singers to share with the group as they stretch and tone to some great songs by amazing musical women.

Facility activity – Make an announcement that you are holding a contest to celebrate three women that have made a big impact in their life. Set a nomination box at main points in the facility along with nomination slips and pen. Let all residents and staff members place one nomination each from 10:00 AM to 2:00 PM for a women within your facility that they consider to be an amazing women. This nomination can be for a resident or staff women. At 2:30 PM pick up the ballot boxes and total all the nomination slips. The most nominations will win 1st place, the next highest nominations will get 2nd place and the next will get 3rd place.

The winners will be announced during the social to “Celebrate Amazing Women”. If you happen to have a tie then place them in a bowl and let a voluntary draw them out with the first one being the 3rd place winner, then 2nd and the last being the 1st place winner.

Social – Decorate a cake to serve with something relating to the theme written on it such as “Celebrate Amazing Women”. Serve the cake with coffee and/or tea before announcing the winners to all

that the resident may have a decrease in involvement in social activities. The information from the assessment should be used to identify residents who may be uneasy in social relationships and activities. In addition, assessment information is to identify resident interests and identify possible causes or risk factors.

Chapter 4 of the CMS RAI Version Manual also addresses care planning. Tips for care planning are provided. The manual indicates six general care planning areas:

- Functional status
- Rehabilitation/Restorative Nursing
- Health Maintenance
- Discharge Potential
- Medications Daily Care Needed

When residents trigger for activities, the CMS RAI Version 3.0 manual states that the focus of the care plan should be to address the underlying cause(s) and the development of the inclusion of activity programs customized to the resident’s interests and his or her abilities. Activities should focus on helping the resident fulfill his/her wishes, use cognitive skills and provide enjoyment as well opportunities for socialization with others.

Preferences for Customary Routine and Activities (Section F)

A section with significant revisions is the “Preferences for Customary Routine and Activities”. The customary routine staff assessment is replaced by the MDS 3.0 Preference Assessment Tool. Residents are to be interviewed for their activity interests and routine preferences. The RAI Version 3.0 Manual suggests various ways for the interviewer to phrase the questions, probe for clarification of residents’ responses and to utilize adaptive techniques such as cue cards, an interpreter, opportunity to write out answers, etc. The residents are to rate the level of importance by using the following codes:

1. Very important
 2. Somewhat important
 3. Not very important
 4. Not important at all
 5. Important, but can’t do or no choice (meaning the resident finds it important but feel he/she cannot do that at this time because of health or because of nursing home resources or scheduling.
9. *No response or non-responsive* (resident, family or significant other refuses to answer or doesn’t know, if the resident does not respond to the question, or provides a nonsensical response. A nonsensical response is defined as, “any unrelated, incomprehensible or incoherent response that

residents and staff. Present a special award to the women who won 1st, 2nd and 3rd place. In order to recognize all the amazing women in your facility give each woman attending a single flower in honor of how special they are.

Movie – Suggestions (note – as always preview the movie to see if it appropriate for your residents)

*Amelia Earhart movies – several to choose from such as:

Following Amelia Earhart: Heroines of the Sky

Biography – Amelia Earhart

National Geographic: Where’s Amelia Earhart?

Other movie ideas include:

Not for Ourselves Alone – The Story of Elizabeth Cady Stanton and Susan B. Anthony (1999). This documentary is an accurate story for their fight for women’s right to vote. No rating listed and if you can’t find it at the video story Amazon.com has it for sale.

The Miracle Worker – The story of two extraordinary women, teacher Annie Sullivan and her deaf and blind student Helen Keller.

For more great March programming ideas and other theme-related activities, visit [Christine’s Column](#). Do you enjoy these free activity themes? Please take a moment to share your comments with [Christine](#).

Irish Proverbs

Proverbs are wise sayings passed down from generation to generation.

is not informative with respect to the item being rated”.

When coding the activity preferences interview, no look back is provided. The resident is to respond to their current preferences while in the facility. Family members and significant others may be the primary respondent to the interview questions if the resident is unable to do so. In this case, the family member or significant other may have to consider past preferences if they are unsure of current preferences and the resident is unable to communicate.

There is a series of questions that relates to the resident’s preferences for daily routine such as bathing, bedtime, clothing, etc. The questions relating to activities include:

- How important is it to you to have books, newspapers, and magazines to read?
- How important is it to you to listen to music you like?
- How important is it to you to be around animals such as pets?
- How important is it to you to keep up with the news?
- How important is it to you to do things with groups of people?
- How important is it to you to do your favorite activities?
- How important is it to you to go outside to get fresh air when the weather is good?
- How important is it to you to participate in religious services or practices?

For residents who cannot answer the questions and a family member or significant other is not available to answer on behalf of the resident, a staff assessment of activities and daily preferences is conducted. Staff is instructed to observe the resident’s response during activity programs. A variety of routine and activity preferences are listed and staff is to check off each item as it applies in the last 7 days. The items listed are as follows:

A. Choosing clothes to wear	L. Reading books, newspapers, or magazines
B. Caring for personal belongings	M. Listening to music
C. Receiving tub bath	N. Being around animals such as pets
D. Receiving shower	O. Keeping up with the news
E. Receiving bed bath	P. Doing things with groups of people
F. Receiving sponge bath	Q. Participating in favorite activities
G. Snacks between meals	R. Spending time away from the nursing home
H. Staying up past 8:00 p.m.	
I. Family of significant other involvement in care discussions	

They are often short phrases that use metaphors and rhymes. Here are some great Irish proverbs:

- *A light heart lives long.
- *When the belly is full, the bones like to stretch.
- *Good sense is as important as food.
- *The wine is sweet, the paying bitter.
- *If you lie down with dogs, you'll rise with fleas.
- *A good beginning is half the work.
- *You'll never plow a field by turning it over in your mind.
- *Many hands make light work.
- *Long churning makes bad butter.
- *It is not a secret if it is known by three people.

Products, Services & Info.

- *Free Job Post
- *Activity and TR Resources
- *Forms and Manuals
- *Recreation Department Review Manual
- *Interdisciplinary Approach to Quality of Life In-Service
- *Guest Book (*Please say hi!*)
- *Activity Resource Center
- *Re-Creative Resources' Blog
- *The Rec-Quest (Q&A Forum)
- *Activity Swap Meet (cool ideas)
- *News and Announcements
- * Who's Who

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*Visit our website
www.recreativeresources.com

J. Use of phone in private
K. Place to lock personal belongings

S. Spending time outdoors
T. Participating in religious activities or practices
Z. None of the above

In a sample of individuals that completed the revised Preferences for Customary Routine and Activities (Section F), findings indicated that:

- 81% rated the interview items as more useful for care planning
- 80% found that the interview changed their impression of resident's wants
- 1% felt that some residents who responded didn't really understand the items
- More likely to report that post-acute residents appreciated being asked

Special Treatments and Therapies (Section O)

The RAI Version 3.0 Manual states that recreational therapy is not a skilled service according to the Social Security Act however, for purposes of the MDS, providers should record services for recreational therapy when the conditions for the provision of recreation therapy are as follows:

- The physician orders recreation therapy that provides therapeutic stimulation beyond the general activity program;
- The physicians order must include a statement of frequency, duration and scope of treatment;
- The services must be directly and specifically related to an active written treatment plan that is based on an initial evaluation performed by a therapeutic recreation specialist;
- The services are required and provided by a state licensed or nationally certified therapeutic recreation specialist or therapeutic recreation assistant who is under the direct supervision of a therapeutic recreation specialist; and
- The services must be reasonable and necessary for the resident's condition.

The assessor records the number of days and the minutes that recreation therapy was administered over the 7 day look back period. Sessions must be at least 15 minutes in length. The RAI Version 3.0 Manual states that therapy logs are not a MDS requirement but is standard of good clinical practice by all therapy professionals.

It's also important to note that when two clinicians work together, which may be common with a recreational therapist and an occupational therapist, the clinicians must split the time between the two disciplines.

Music Therapy is included under Recreational Therapy as well.

Recommendations

- Visit the CMS website regularly using the link I provided above.
- Download and print the items that are available on the CMS website and put it in a binder.
- Read the RAI User Manual and review all MDS 3.0 materials.
- Write down your questions as you read the manual. Have these questions available during formal training sessions.
- Please share what you have learned with others. You can email me and I will post news and information at

<http://www.recreativeresources.com/MDS3.0.htm> as I receive it. I will also address MDS 3.0 issues on my Facebook group page at www.tiny.cc/ReCreativeResourcesonFacebook



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