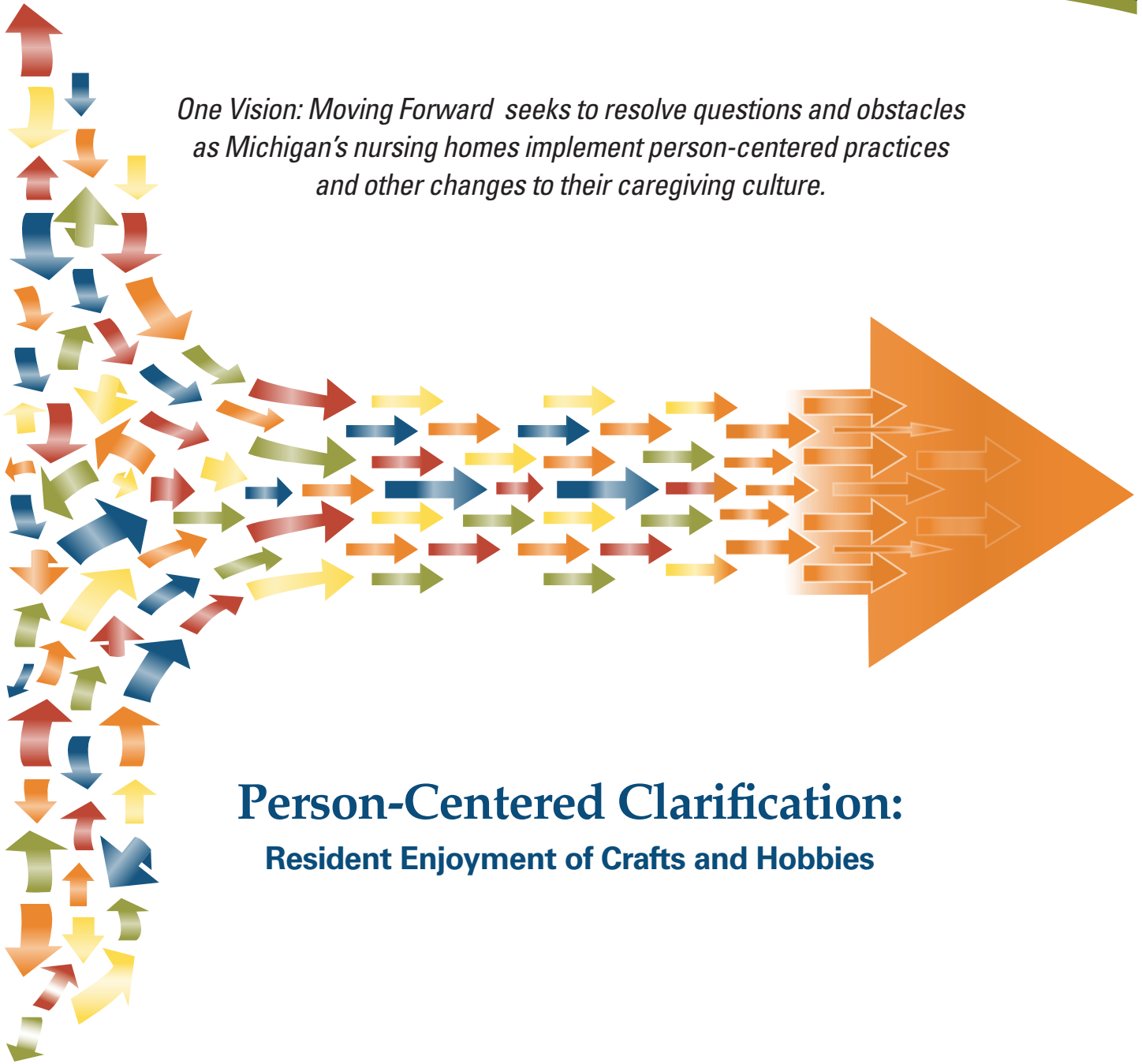


# One Vision: Moving Forward

*One Vision: Moving Forward seeks to resolve questions and obstacles as Michigan's nursing homes implement person-centered practices and other changes to their caregiving culture.*



## **Person-Centered Clarification:** **Resident Enjoyment of Crafts and Hobbies**

# One Vision: Moving Forward

## OneVision: Moving Forward Stakeholders:

Advancing Excellence in  
America's Nursing Homes,  
Michigan LANE

Alzheimer's Association –  
Greater Michigan Chapter and  
Michigan Great Lakes Chapter

Health Care Association of  
Michigan

LeadingAge Michigan

Medical Services Administration  
Michigan Department of  
Community Health

Michigan Department of  
Licensing and Regulatory  
Affairs

The Bureau of Health Systems  
The Bureau of Fire Services

Michigan Alliance for Person  
Centered Communities

Michigan Campaign for Quality  
Care

Michigan County Medical Care  
Facilities Council

Michigan Office on Services to  
the Aging

Michigan Star Forum

Michigan State Long Term Care  
Ombudsman

MPRO

NADONA-Michigan Chapter

*“They all wanted to move the field forward, but no one wanted to take the risks of doing it.”*

– University of Pennsylvania Alzheimer's researcher

One Vision: Moving Forward seeks to resolve questions and obstacles to implementation of person-centered practices and other culture change initiatives in Michigan's nursing homes, and to address aspects of the wide array of culture change initiatives that pose challenges to the state's regulatory roles and responsibilities.

With the support of civil monetary penalty funding granted by the Michigan Department of Community Health, PHI<sup>1</sup> has been facilitating a work group of committed stakeholders — representing resident advocates, government agencies, provider associations, employee organizations, and culture change champions.

The stakeholders have, through consensus, developed a framework that is being used to address, clarify, and resolve current and future challenges to a person-centered approach in Michigan's nursing homes. As the results of this effort unfold, the stakeholder group is sharing them with the larger long-term supports and services community in documents such as this.

The ultimate goal of the One Vision: Moving Forward initiative is to make it possible for all Michigan's nursing home residents to experience more person-centered caregiving practices and for homes to improve the quality of care, exceeding the already high regulatory standards established by the State of Michigan.

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<sup>1</sup> PHI ([www.PHInational.org](http://www.PHInational.org)) is a national nonprofit working to transform eldercare and disability services. We foster dignity, respect, and independence – for all who receive care, and all who provide it. The nation's leading authority on the direct-care workforce, PHI promotes quality direct-care jobs as the foundation for quality care.

## Person-Centered Clarification: Resident Enjoyment of Crafts and Hobbies

*Date of Consensus Agreement: February 3, 2014*

This clarification seeks to resolve questions and obstacles to implementation of person-centered practices and other culture change initiatives in Michigan's nursing homes. It was developed through a consensus process involving Michigan state agencies, nursing home organizations, resident advocates, organizations that serve nursing home staff, and organizations promoting person-centered services and culture change. This document is not meant or designed to cover every possible example or scenario. This information is shared with the intent of supporting and promoting high quality person-centered services in Michigan's nursing homes.

### **Topic or question from resident's point of view and clarification questions:**

Engaging in crafts and hobbies can provide residents with intellectual stimulation, comfort, and identity as well as offering opportunities for residents to feel productive and creative. Residents may take pride in their efforts and share their handiwork with loved ones and the nursing facility community, thus enabling them to feel generous and to maintain longstanding gift-giving traditions.

While hobbies and crafts will offer some residents a connection to their past and the opportunity to continue life patterns, these activities can also provide residents with a chance to develop new skills and talents. The opportunity to participate in hobbies and crafts may be offered in formal and informal activities by staff and open to all residents or set up individually.

Engaging residents in hobbies and crafts of their choice is consistent with facilities' obligations to promote quality of life and to ensure residents are able to continue to pursue important facets of their lives. According to F-246, Accommodation of Needs, a resident has the right to reside and receive "accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered." Similarly, F-242 provides key support for ensuring residents can pursue hobbies and crafts of interest in stating that "the resident has the right to (3) make choices about aspects of his or her life in the facility that are significant to the resident." And F-248 is of particular relevance and importance when it states, "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." While some hobbies and crafts might be offered as activities organized by the staff for multiple residents, the facility must also enable residents to participate individually in hobbies or crafts that help that individual maintain life patterns or represent meaningful choices.

At the same time, there is an expectation that nursing homes provide a safe environment and that dangers and risks are minimized. While some hobbies like stamp collecting or sketching may pose very modest safety concerns, other activities such as woodworking or cooking may involve greater risk to the resident engaging in the activity and/or other residents in the facility. Facilities may be under a false impression that residents may not engage in activities with any discernible potential danger. With appropriate safeguards and supervision, however, facilities can accommodate most hobbies and crafts, thus ensuring that residents' needs and preferences for meaningful activities are honored and supported.

### **The following clarifications are sought:**

- **How do homes accommodate and promote a resident's desire to participate in the hobbies or crafts of their choice?**
- **What kind of hobbies and crafts may require special accommodations to assure the safety of all?**
- **To best accommodate and actualize individual resident hobbies and activities, what needs to be considered in the assessment and care planning process?**

### Clarifications of person-centered practices and approaches:

#### 1. How do homes accommodate and promote a resident's desire to participate in the hobbies or crafts of their choice?

As part of the assessment and person-centered care planning process, facilities will identify each resident's interests and offer the resident the opportunity to be involved in an ongoing program of activities that appeal to the resident and enhances his or her well-being. While no regulation mentions hobbies or crafts specifically, they fall within a facility's obligation to offer activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence. Desired activities will likely be adapted to the resident's abilities, historical interests, customs, and talents. Thus, while some hobbies and crafts may be offered as a larger group activity, hobbies and crafts may also be individualized to the resident's preferences and needs.

The keys to assuring residents have opportunities to engage in meaningful hobbies and crafts of their choice are assessment and care planning. Through this individualized process, facilities can identify the activities that are most meaningful to the resident and establish with the resident a plan for safe opportunities to engage in these activities. The care planning process also provides opportunities to determine if the resident will need any special adaptations.

For example, a resident with impaired vision or limited fine motor skills who loves to sew may require larger needles or better lighting in the area where he or she will engage in this activity. For most hobbies and crafts, after determining the resident's interest in pursuing an activity, the facility staff will have to assess if there is a need to provide safe storage of materials, where the activity can most safely take place, and whether particular residents will need supervision to protect themselves and others while engaging in the activity. Ongoing assessment is required to determine if the residents' needs, abilities, or preferences have changed, thus modifying the person-centered care plan to reflect new or different accommodations. The critical question should generally be, "How can we enable the resident to engage in or continue engaging in this craft or hobby," rather than "Is the resident allowed to do this?"

#### 2. What kind of hobbies or crafts may require special accommodations to ensure the safety of all residents?

The infinite range of interests, experiences, and abilities that residents bring to facilities will likely require some measure of accommodations to ensure safety. Some hobbies or crafts such as sketching, origami, or knitting will pose few safety concerns for residents. Other hobbies or crafts may require more ingenuity and supervision.

For example, it is the facility staff's responsibility to ensure a safe environment wherein the tools, materials, and equipment used for the hobbies and crafts do not pose a danger for other residents. There are residents who are cognitively impaired or may have limited safety skills. If residents wish to use a sewing machine, staff may have to keep the machine and its parts (bob bins, needles, etc.) in a safe place when not in use and assure that residents who could not use the machine safely, even with supervision, do not have access to it.

Residents who want to engage in building or construction using a wide array of materials and tools may need to keep some small pieces and tools and supplies, such as glue or epoxy, in a locked place but have ready access to them when they wish to participate in this activity. Painting may require safe storage of paints and turpentine, and needlework may require keeping track of pins, needles, and other supplies that could pose a danger to residents with cognitive deficits. Wood working and cooking will likely require supervision for some residents.

If safety concerns require that the tools or supplies be stored or that the activity be supervised, the facility must ensure that the activity is made available to the resident on a regular basis consistent with the resident's needs and preferences.

### 3. To best accommodate and actualize individual resident hobbies and activities, what needs to be considered in the assessment and care planning process?

Assessment and person-centered care planning are essential to ensuring the safe enjoyment of hobbies and crafts. Clearly, the individual resident's desired activities, hobbies, routines, and preferences are the priority. The goal of assessment and person-centered care planning is also to ensure the resident can continue to enjoy her/his routines, hobbies, and crafts. The following checklist may be helpful in developing opportunities for the resident's safety and enjoyment of hobbies and crafts:

#### Care Planning Checklist

- vision
- hand and eye coordination
- hand dexterity
- hearing
- strength
- cognitive functioning

#### Special Hazards

- Are there UL approved electrical cords that could pose a tripping hazard?
- Are there small parts?
- Is any open flame required? Remember, no open flame is allowed inside the facility.
- Are chemicals, solvents, or toxins used? Always consider non-toxic alternatives.
- Are there fumes or gases that could pose a danger?
- Are any power tools required?
- Are sharp objects involved?

#### Safeguards and Accommodations

- Where can the craft or hobby equipment be stored to ensure no one is endangered?
- Can dangerous aspects of the hobby be adapted to better suit the resident or environment?
- Has the resident been assessed to ensure he or she has the capacity to appreciate the dangers inherent in the hobby or craft and to act appropriately to prevent harm?
- Are assessments repeated at reasonable intervals to ensure the resident retains capacity to engage in the activity?

#### Resources and tools to better actualize resident preferences or needs within the intent of the regulatory standards:

##### State Person-Centered Planning Definition and Elements:

*“Person-centered planning’ means a process for planning and supporting the individual receiving services that builds upon the individual’s capacity to engage in activities that promote community life and that honors the individual’s preferences, choices, and abilities.” MCL 330.1700(g)*

The Michigan Department of Community Health (MDCH) and the Department of Licensing and Regulatory Affairs (LARA) hope to facilitate innovation that will increase individual quality of life and satisfaction with service delivery by implementing person-centered planning across all long-term care supports and services. The elements of Person-Centered Planning (PCP) as adopted by the departments are:

- **Person-Directed** –The individual controls the planning process.
- **Capacity Building** – Planning focuses on an individual's gifts, abilities, talents, and skills rather than deficits.
- **Person-Centered** – The focus is continually on the individual's life with whom the plan is being developed and not on fitting the person into available services and supports in a standard program.
- **Outcome-Based** –The planning process focuses on increasing the experiences identified as valuable by the individual during the planning process..
- **Presumed Competence** – All individuals are presumed to have the capacity to actively participate in the planning process (even individuals with cognitive and/or mental disabilities are presumed to have capacity to participate).
- **Information** – A PCP approach must address the individual's need for information, guidance, and support.
- **Facilitation** – Individuals may choose to have an independent advocate/champion to act as facilitator. Facilitation may include pre-planning and conducting the planning meetings. This may be done more effectively by someone outside of the provider organization.
- **Participation of Allies** – For most individuals, person-centered planning relies on the participation of allies chosen by the individual, based on who they feel is important to be there to support them.
- **Health and Welfare** –The needs of the individual must be addressed in a person-centered manner; strategies to address identified health and welfare needs must be supported to allow the individual to maintain his/her life in the setting of his/her choice.
- **Documentation** –The planning results should be documented in ways that are meaningful to the individual and useful to people with responsibilities for implementing the plan.

More clarifications about residents' right to participate in meaningful activities and maintain control are available to assist residents, their families and advocates, facilities and others are available. Go to: [www.phinational.org/onevision](http://www.phinational.org/onevision).

### Related Federal and State provisions:

#### **Federal Regulation 42 CFR 483.15** **42 CFR 483.15 - Quality of life**

42 CFR 483.15 (f) Activities. (1)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.

#### **Surveyors Guidelines, Appendix PP, F248** **Intent: §483.15(b)**

The intent of this requirement is to specify that the facility must create an environment that is respectful of the right of each resident to exercise his or her autonomy regarding what the resident considers being important facets of his or her life. This includes actively seeking information from the resident regarding significant interests and preferences in order to provide necessary assistance to help residents fulfill their choices over aspects of their lives in the facility.

Interpretive Guidelines: §483.15(b)

Many types of choices are mentioned in this regulatory requirement. The first of these is choice over “activities.” It is an important right for a resident to have choices to participate in preferred activities, whether they are part of the formal activities program or self-directed. However, the regulation at §483.15(f) Activities, F248 covers both formal and self-directed activities. For issues concerning choices over activities, use Tag F248.

Procedures: §483.15(b)

During resident and family interviews, determine if the resident is able to exercise her/his choices regarding personal activities, including whether the facility provides assistance as needed to the resident to be able to engage in their preferred activities on a routine basis.

If the resident is unaware of the right to make such choices, determine whether the facility has actively sought information from the resident and/or family (for a resident unable to express choices) regarding preferences and whether these choices have been made known to caregivers.