Shamrock, Leprechaun & Blarney Stone

**THE MAGIC SHAMROCK**
Three is Ireland's magic number. Hence the Shamrock: Crone, Mother and Virgin. Love, Valour and Wit. Faith, Hope and Charity. Father, Son and Holy Spirit. Numbers played an important role in Celtic symbolism. Three was the most sacred and magickal number. It multiplies to nine, which is sacred to Brigit. Three may have signified totality: past, present and future OR behind, before and here OR sky, earth and underworld. Everything good in Ireland comes in threes.

The rhythm of story telling in the Irish tradition is based on threefold repetition. This achieves both intensification and exaggeration. Even today in quality pub talk, a raconteur can rarely resist a third adjective, especially if it means stretching a point. "Three accomplishments well regarded in Ireland: a clever verse, music on the harp, the art of shaving faces."

**THE LEPRECHAUN**
The Leprechaun is an Irish fairy. He looks like a small, old man (about 2 feet tall), often dressed like a shoemaker, with a cocked hat and a leather apron. According to legend, leprechauns are aloof and unfriendly, live alone, and pass the time making shoes. They also possess a hidden pot of gold. Treasure hunters can often track down a leprechaun by the sound of his shoemaker's hammer. If caught, he can be forced (with the threat of bodily violence) to reveal the whereabouts of his treasure, but the captor must keep their eyes on him every second. If the captor's eyes leave the leprechaun (and he often tricks them into looking away), he vanishes and all hopes of finding the treasure are lost.

Near a misty stream in Ireland in the hollow of a tree
Live mystical, magical leprechauns
who are clever as can be
With their pointed ears, and turned up toes and little coats of green
The leprechauns busily make their shoes and try hard not to be seen.
Only those who really believe
have seen these little elves
And if we are all believers
We can surely see for ourselves.
(Irish Blessing)

**THE BLARNEY STONE**
The Blarney Stone is a stone set in the wall of the Blarney Castle tower in the Irish village of Blarney. Kissing the stone is supposed to bring the kisser the gift of persuasive eloquence (blarney). The castle was built in 1446 by Cormac Laidhiv McCarthy (Lord of Muskerry) -- its walls are 18 feet thick (necessary to thwart attacks by Cromwellians and William III's troops). Thousands of tourists a year still visit the castle. The origins of the Blarney Stone's magical properties aren't clear, but one legend says that an old woman cast a spell on the stone to reward a king who had saved her from drowning. Kissing the stone while under the spell gave the king the ability to speak sweetly and convincingly. It's tough to reach the stone -- it's between the main castle wall and the parapet. Kissers have to stretch to their back and bend backward (and downward), holding iron bars for support.

Linda’s Notes

Dear Activity Professionals,

Thank you for your wonderful praises for *Activity Director Monthly*, the free facility newsletter, and *The Activity Director’s Office* (ADO) website. Sometimes we feel overwhelmed trying to maintain an up-to-date website and two popular monthly newsletters, then we receive a kind word of encouragement from you and the juices start flowing again.

A question often asked is “Do we make money from our website?” The answer is no...nothing at all. It is all free. Everything we sell through our affiliate companies brings back a small percentage to help support the site and the newsletters. But Bob and I make no money from the service. For us it is a hobby to help fellow workers in the profession we love.

Again, thanks for your support and have a great St. Patrick’s Day!

Sincerely,

Linda Lucas

Linda Lucas is the owner of *The Activity Director’s Office* website. She has been an Activity Director in Indiana since 1983. Readers may contact Linda at: admin@theactivitydirectorsoffice.com

http://www.theado.makesparties.com

*Courtesy of The Holiday Spot at http://www.theholidayspot.com/patrick/shamrock.htm*
Irish Toasts, Blessings, Sayings

Morning is the time to pity the sober. The way they're feeling then is the best they're going to feel all day.

Oh, he occasionally takes an alcohol-holiday. --Wilde

Thirst is a shameless disease so here's to a shameful cure.

An Irish youth proves his manhood by getting stuck in a pint, in a woman, and in a fish-in that order.

Daylight comes through the drunkard's roof the fastest.

A man takes a drink; the drink takes a drink; the drink takes the man.

Before you call for one for the road be sure you know the road.

Practice makes perfect, there's many do think, but a man's not too perfect when he's practiced at drink.

The truth comes out when the spirit goes in.

The devil invented Scotch whiskey to make the Irish poor.

Drink is the curse of the land. It makes you fight with your neighbor. It makes you shoot at your landlord-and it makes you miss him.

It's the first drop that destroys you; there's no harm at all in the last.

He'd step over ten naked women to get at a pint.

A narrow neck keeps the bottle from being emptied in one swig.

All good things must come to an end...(i.e. No party lasts forever!)

And the most famous blessing of all...

"May the road rise to meet you, May the wind be always at your back, May the sun shine warm upon your face, The rains fall soft upon your fields, And until we meet again, May God hold you In the palm of his hand."

Men are like bagpipes: no sound comes from them until they're full.

A man is a man when his woman is a woman.

A sea wind changes less often than the mind of a weak man.

A man's fame lasts longer than his life.

No man can prosper without his woman's leave.

Man can climb the highest summits, but he cannot dwell there long. -

(Continued on page 8)
Programming for the Short Term Resident

Many long term care facilities have devoted a portion of their beds to the short term or sub acute resident. These residents are admitted from the hospital and are in the recovery phase of an acute illness or injury. They have been deemed stable by the hospital, but not strong enough to go home. The sub acute resident is usually involved in a full schedule of therapy, designed to rebuild strength, lost skills and abilities. The recreational or activity needs of the short term resident are different than those admitted for long term care. In many cases, they do not want to mix with the general population because “they are not staying”. Additionally, it is difficult to find the right time to introduce programs to meet the needs of this population because when they are not in therapy, they are often tired and resting.

The activity department can adopt various methods of programming for the short term resident. One method would assume a diversional role, occupying the resident as needed, when they are not in therapy or resting. Arranging for room visits during times the resident may be on the unit or in their room is effective. A selection of magazines, puzzle books or various diversional tasks to occupy the resident during non therapy time can be offered. A portable TV/VCR/DVD, to be brought to individual rooms and a library of movies can be maintained on the unit for on-going availability. Or better yet, many facilities are investing in a closed circuit television system which would allow for specific movies to be shown at opportune times. For the diversional approach, the resident can be kept informed of special events, entertainment and religious programs which may be of interest on the weekends or during non-therapy time. Inviting the family member or visitors to attend with the resident also is a welcome diversion during the rehab process.

Another approach is to adopt a more active rehab role on the unit. In this role, the activity professional would be aware of rehab goals and introduce recreation and individual activities which would compliment the rehab process. If working on lower extremities and ambulation skills, involvement in an adaptive exercise program would be appropriate. If working on upper extremities, involvement in crafts, gardening or cooking programs might be appropriate. All these programs can be developed in coordination with the therapy departments. In many cases, the OT or PT aide can help conduct the program in coordination with the activity professional.

Another successful program for the short term unit is the “workshop” concept. Scheduling formal activities on the short term unit is difficult as the residents are not always available at the same time. They come and go, as they go to therapy appointments. Turning the common area on the unit into a workshop is an effective approach. Creating a welcoming environment with coffee, snacks and good music is a respite while waiting for therapy or resting after therapy. The room could be equipped with materials of interest to this population such as computers with internet access, more current games and crafts of interest to the short term resident. An activity professional or therapy aide could oversee the room during active use times.

Programs offered in conjunction with social services can be introduced to prepare the resident for a return home. Community reintegration topics can be introduced and discussed in weekly support groups. The social worker and activity professional can work together effectively, to address any concerns regarding adjustment and need for transitional activities and support. Conducted in a group setting provides support to each resident as they transition through the rehab process.

Some facilities introduce a supportive, pampering role for this unit. A welcoming gift bag or basket will be presented upon arrival to the unit. The gift basket holds simple amenities such as scented lotions, writing paper, snacks or other items to make the resident’s stay comfortable.

(Continued on page 11)
Looking Up!
April 12th is Look Up At the Sky Day!

Materials needed:
- Multicolored construction paper
- Pencils
- Markers

Preparation:
Develop a few questions to ask the participant to get them into the activity. Some examples are:
- What are some characteristics of the sky? Good and bad?
- How can the change of weather affect the way the sky looks?
- Did you ever have a bad experience with weather?
- Do you have a memory of what the sky looked like?

Steps to follow:
After asking all the questions, give them the multicolored construction paper, pencils, and markers. Then tell them to close their eyes and explain the first picture of the sky they see.

Then have them choose the colors they want and have them draw a picture of what they just imagined. Ask questions about their picture as they are going: What color were the clouds? Was the sun out? Were there birds? Were the stars out? How big was the moon?

An option to consider if the participant is unwilling to draw would be to have the participant explain to you in detail the picture they are imagining in their mind and you draw it.

Looking Up! Is based on information from our sample calendar on page 5.

ElderCare Activities Guide
The Added Value Activities Magazine!

Here’s what you get:
1. A calendar-based publication! The activities in each issue are based on a 2-month calendar period, to greatly help your effective planning! Big pullout calendars included!
2. FREE access to our Internet Activities Archives when you need additional activities!
3. FREE access to our “Activities Assist” personalized online help program, where our experts will help you pick specific activities for your own specific uses!
4. All activities in our unique “Easy-Tasking” step-by-step format, which saves you... and your volunteers... tons of time!
5. Certified Dementia Practitioner CEU credit articles!
6. New! Included in your free Online Activities Section: A special calendar just for Alzheimer’s activities! Now you can find specific activities, for the month’s special days, for your Alzheimer’s residents... including activities for both high-performing and low-performing residents! Many of these activities are specially-prepared just for ElderCare Activities Guide subscribers using current evidence-based research, to help ensure that they’re as effective as possible in improving quality-of-life issues, or cognitive abilities! This 2-month calendar is FREE for current subscribers to ElderCare Activities Guide who logon to our Internet site! And remember... you can modify all of our online calendars by typing in your own activities, and downloading them for your own use!

Save Now! Only $29.00!!

See example Calendar on page 5
ElderCare Activities Guide - Sample Calendar

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How to be Prepared for Changes to the Federal Interpretive Guidelines!

To prepare for the new changes to CMS Surveyor Guidelines for long term care and the activity department, it is recommended that you purchase Population Analysis and Calendar Analysis Tools available at www.activitytherapy.com web site. As we move towards Resident Centered Activities Vs Mathematical Models (staffing), you will need to conduct Population Analysis to determine the types of populations in your facility and current staffing levels in the activity department. The Calendar Analysis once completed will tell you what activities you currently offer.

Once you have determined the populations you serve, the needs of each of these groups, current staffing, locations of programs, types of programs and times of programs, the Activity Director will than implement changes to how the activity department is providing services. This will include increased staffing, other staff assisting with programs (CNA’s) and other staff assisting with transporting to programs, adaptive devices, shorter or longer programming times, additional programming, in-room programs, documentation, environmental changes, etc.

The Calendar Analysis tool will help you calculate how many programs you have, what you have too much of and what you don't have enough of for each population. For example, a high functioning calendar may not offer enough empowerment, wellness, educational, community programs and spiritual programs.

A dementia calendar may be non-existent or lack in areas of wellness, spiritual, reminisce, music and exercise programs. Dementia programs should be offered 7 days a week and change on the half hour. Please note that some programs may run longer. See activitytherapy.com for sample dementia calendars.

A sub acute calendar may be offering programs at a time that is not convenient to the resident's therapy schedules. Typically, we see programs for Sub Acute in the morning when they should be offered in the afternoon, evening and weekends as to not conflict with therapy times. Additionally, activity staff should be bringing activities to their room, such as games, computers, crafts, word games and reading materials. Activity Directors should be coordinating these programs with the Rehabilitation Director.

A low functioning program may be too difficult and not be success oriented and failure free. Typically these programs are not offered enough or may have programs scheduled that are too difficult for this population. This type of programming should be heavy in sensory and tactile programs, such as a sensory room, sensory programs, Wake Up, Sensory Stimulation Programs, Aroma Therapy, Pet Therapy, etc. We have many products available at activitytherapy.com such as Wake Up, Sensory Enrichment, Low Functioning calendars, relaxation videos, Pet Express and reminisce videos.

Additionally, there may not be programs for the room bound and bed bound. Many directors make the mistake of counting a visit such as delivering mail or just “popping in.” There has to be evidence of room visits. The room bound program should be tailored to their care plan interventions and the initial assessment that states their preferences. The in -room program should be a “real activity program.” For example, you may have a resident who is room bound and has stated their interest is gardening. For a high functioning

(Continued on page 12)
AGING IN STRIDE

By William A. Ruechel BS
Special Interest Group Trustee
National Association of Activity Professionals

What does HOME mean to you? What does aging successfully mean to you? These are two important questions, which are being asked of our seniors. Many difficult issues often come with getting older. We all age; there is no way around it. Each second we breathe in air, we age. We all have gifts and we need to use these gifts, so we can have a healthy aging.

Helping develop a Retirement Campus for our church, has led me to look at all areas of long term care. I am very familiar with long term care, as my mother was in a facility for 8 years, after she had a stroke. I have volunteered at an Assisted Living Center and I am on the board for a local Home Health Agency.

In working on the Retirement Committee, I began reading the book, “Aging In Stride”. Aging In Stride was written to help seniors better understand what it means to age well. We all want quality of life and quality of care, as we age. We need to answer the questions: Where do I want to live? What do I want to do? And how do I envision the rest of my life? All of these questions are addressed in this book.

Life is improved if we stay active. I don’t have to tell any activity professional this, as this is what they are doing for their residents, clients or participants, helping them attain quality of life. A recent study predicts that by the year 2030 one in every five Americans (20%) will be 65 or older (compared to 13% now).

I know how busy all activity professionals are, but please take time and go to www.ncoa.org/briefings. It is worth your time. You can sign up
(Continued on page 11)

MEMBERSHIP
WHY NOT JOIN NOW?

There are so many benefits when you belong to NAAP! Each member will receive a newsletter which will give the updated reports on Government Relations, Special Interests, International Updates, Professional Development, Nominations, Standards of Practice, Financial Updates and a Membership Report. Along with this comes an update from our President, Diane Mockbee, and our Executive Director, Charles Taylor.

Members will also receive a discounted rate at the Annual Conference which is held in March/April of each year.

Membership dues are only $70.00 per year. If you are a student in the 90 Hour Basic or Advanced Courses, your dues are only $50.00 for the first year.

Email us for more information at membership@thenaap.com.

Join Now! You can download and mail in this application with your payment or use our new online registration.

About NAAP

Founded by Activity Professionals for Activity Professionals...NAAP is the only national group that represents activity professionals in geriatric settings exclusively. NAAP serves as a catalyst for both professional and personal growth and has come to be recognized by government officials as the voice of the activity profession on national issues concerning long-term care facilities, retirement living, assisted living, adult day services, and senior citizen centers. NAAP is statewide in scope with a growing membership in Canada and Bermuda. The National Association of Activity Professionals recognizes the following values: The quality of life of the client/resident/participant/patient served is the primary reason for our services. The strength of NAAP lies in the diversity of its members. NAAP recognizes the rich cultural, and educational backgrounds of its members and values the variety of resources represented. The strength of NAAP also lies in the development and promotion of scientific research which further defines and supports the activity profession. NAAP values the development and maintenance of coalitions with organizations whose mission is similar to that of NAAP’s for the purposes of advocacy, research, education, and promotion of activity services and activity professionals. NAAP values members who become involved at the state and national level to promote professional standards as well as encourage employers to recognize them as professionals. NAAP affords Activity Professionals across the country the opportunity to speak with a common voice...NAAP successfully worked with members of Congress to secure a change in the nursing home reform title of the 1987 Omnibus Budget Reconciliation Act (OBRA). Through our efforts, it became mandatory that an activity program, directed or developed by a qualified professional, be provided in every nursing home that receives Medicare and/or Medicaid funds. NAAP was the only professional activity association to participate in HCFA’s workgroups that revised OBRA’s interpretive guidelines now in effect. NAAP provides assistance at the state level to promote certification of activity professionals, working toward uniform professional stan-

NAAP Mission Statement

To provide excellence in support services to activity professionals through education, advocacy, technical assistance, promotion of standards, fostering of research, and peer and industry relations.

Vol. 02, No. 03 http://www.theactivitydirectorsoffice.com March 2006
Mystery Auction

Everybody enjoys going to an auction. The thrill of winning a prize by out bidding everyone else is a terrific feeling. Well, you can have an exciting auction in your facility every couple of weeks. Here’s how you do it…

**Items Needed:**

1. An auctioneer
2. Lunch sacks (enough for every resident to win at least twice)
3. Monopoly Money
4. Numbered cards for the residents to bid with.
5. Items to place in the lunch bags (stuffed animals, chips, candy bars, jewelry, hair bow, baskets, cards, holiday decorations, figurines, all sorts of small (donated or Dollar General Store) items.
6. Place all of the closed bags on a cart.

**What to Do:**

1. Assemble residents in spacious area.
2. Give each resident the same amount of money (use hundred and five hundred dollar denominations if possible)
3. Each resident gets a bidding card (this helps those who have a hard time speaking up to make a bid)
4. Set three or four sacks on a table in front of the residents.
5. Start bidding.
6. The winner of the bidding gets to choose one of the sacks.
7. The winner pays for the sack and then opens it up for everyone to see.

This is great fun for everyone!

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(Continued from page 2)

Shaw

A man who is not afraid of the sea will soon be drowned. -Syne

The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. -Shaw

--Five frogs are sitting on a log. Four decide to jump off. How many are left? Answer: five.

Why? Because there's a difference between deciding & doing.

--Nature magically suits a man to his fortunes, by making them the fruit of his character. *Ralph Waldo Emerson

--If people only knew how hard I work to gain my mastery, it wouldn't seem so wonderful at all. *Michelangelo

--It's easy to have principles when you're rich. The important thing is to have principles when you're poor.

Bricks and mortar make a house but the laughter of children makes a home.

Blood is thicker than water -and easier seen.

Praise and scold in equal measure,

If your family you treasure.

An old man's child is hard to rear.

A family of Irish birth will argue and fight, But let a shout come from without and see them all unite.

The family that has no skeleton in a cupboard has buried it instead.

(Continued on page 14)
Wacky Days of: March
Provided by Activity Directors Network
Pennie Bacon, Site Owner
http://activitydirector.net

MONTHLY OBSERVANCES

Academy Awards Month
American Red Cross Month
Cataract Awareness Month
Frozen Food Month
Humorists Are Artists Month
Mental Retardation Month
Music in Our Schools Month
National "Talk With Your Teen About Sex" Month
National Chronic Fatigue Syndrome Awareness Month
National Craft Month
National Feminine Empowerment Month
National Flour Month
National Furniture Refinishing Month
National Hobby Month
National Noodle Month
National Nutrition Month
National Peanut Month
National Professional Social Work Month
National Sauce Month

National Women's History Month
Philatelic Literature Month
Poison Prevention Awareness Month
Rosacea Awareness Month
Spring Month
Youth Art Month
National "On Hold" Month

FAMOUS WEEKS

Week 1
American Camping Week
Chamorro Week (Guam)
Help Someone See Week
National Aardvark Week
National PTA Drug & Alcohol Awareness Week
National Volunteers of America Week
National Women's History Week
Return the Borrowed Book Week
Save Your Vision Week
Surfside Salutes Canada Week
Universal Human Beings Week

Week 2
American Camp Week
Bubble Gum Week
Chocolate Week

Cycle Week
Fun Mail Week
Garden Book Week
Girl Scout Week
Music in Our Schools Week
National Lutheran Schools Week
National Professional Pet Sitters Week
National Procrastination Week
National School Breakfast Week
National Surveyor's Week
Newspaper in Education Week

Week 3
American Chocolate Week
Camp Fire Boys & Girls Week
Children & Hospitals Week
National Free Paper Week
National Manufacturing Week
National Poison Prevention Week
National Wildlife Week
World Humanist Week

Week 4
American Chocolate Week
Art Week
National Agriculture Week

http://www.theado.makesparties.com
Clipart for March
Hospitality carts with flavored coffees and teas make rounds prior to morning therapy and during late afternoon. This provides the resident with special attention while they wait or recover from therapy services. On site massages, facials, pedicures and manicures are also available to residents on the unit.

The activity professional needs to determine their role on this unit. Many facilities adopt a less active role because of the impression that this type of resident does not want “activities”. Additionally, many facilities do not adequately staff the unit to effectively meet the needs of the population. If the activity professional wants to assume a more active role and introduce activities that would be of interest and appropriate for the short term resident, they may need to present a proposal for hours to be added to the department. Coordinating efforts with the rehab and restorative staff also might allot additional hours for such programming.

The short term resident often goes home which is a positive outcome. However, will they look back on their experience as a boring and depressing one or one where they experienced the full rehabilitation process including therapeutic and diversional activities. The activity professional can make that difference in the rehab experience through creative and integrative programming.

Being NAAP’s Special Interest Group Trustee for the last two years, I know that Retirement is one area that NAAP still needs to develop. I took early retirement at the age of 55, after teaching for 35 years. I want to be involved in what happens to me as I age. I want some say in what happens to me.

Going thru the book, “Aging In Stride” could help your residents’ families understand how they feel about aging. As Activity Professionals, I know you are always looking for good ideas, for support groups in your facility. Here is one that would be great for your facility. We are going to start one at my church and I hope you will look into this book and find it as useful, as I have. Happy Retirement to all.
client, it may be potting a plant. For a dementia client it might be a flower press book. For a low functioning resident it may be soft music and pictures of flowers. All room visits must be documented and follow the care plan... Just dropping in and delivering the mail or a short conversation is not enough stimulation.

Population and Calendar Analysis Tools should be completed together and at a minimum once as year as a Q/A.

Be sure to add a resident right to every calendar. We are now selling Resident Right Prints that are gorgeous. Each right is paired with a Norman Rockwell print. They can be purchased as a set or individually.

Now is the time to start beefing up your volunteer program. We have an excellent book, Volunteer Management Essentials for Long Term Care that has all the information you will need to implement a volunteer program. Volunteers can help with programming, transporting, walking programs, pet therapy and intergenerational programs.

For more information about the draft for Ftag 248 and Ftag 249, we recommend that you contact Cat Selman (HealthCare Communications (601 899 9250) or Rita Spak (see http://www.nccdp.org/ for a list of speaking engagements or attend any seminars that you see advertised dealing with CMS changes to come that specifically address Activities as a part of the seminar.

Additionally, contact Karen Schoeneman (kschoeneman@cms.hhs.gov) senior policy analyst and project officer for the CMS Division of Nursing Homes for dates or booking her for speaking on The New CMS Surveyor Guidelines... If, you are in New Jersey she is scheduled to speak at Alex Aidekman Family Jewish Community Campus on February 17th 2006. To register for this engagement contact Barbara Bridges Quinlan at Daughters of Israel http://www.doigc.org/ and click on Franzblau Institute as seating is limited.

As we have consulted for many long term care facilities and implemented the Calendar Analysis and Population Analysis tools for many years, it has shown to be an important tool in developing staffing levels and designing calendars and programs. We have written for many years in our newsletters about the need to have more than one calendar. You should have low functioning (sensory calendars) High Functioning calendars, Short Term Stay calendars and Alzheimer's and Dementia Calendars.

If you have not implemented sensory rooms, this would be the time to look at where you can open a sensory room for your low functioning residents as the sensory rooms provide programming at levels that allow this challenging population to succeed. The sensory room product line is ex-

(Continued on page 13)
The most important advice we can pass on to you is to increase programming and implement the programs, add more staff if the analysis proves that, (including CNA's), complete Population Analysis and Calendar Analysis and implement the findings from the analysis. Have this information ready to present to a surveyor and you will be well ahead of the surveyor’s questions. These analysis tools will be the written proof to show your administrator what your needs are.

The second piece of advice we can offer to pass survey (every day is survey day) is to document group attendance. Complete this for every single program. Simply, take your census document, at the top of the census form; write the name of program, program time, and date and activity assistants’ name. Take a highlighter and highlight each resident’s name who attended the activity program. Keep group attendance as well for all room visits conducted on a daily basis.

The third suggestion would be to begin documenting individual participation. There are many tools out there but the one that takes the least time for your staff is to simply take the activity calendar, place a resident's name on the calendar and highlight each activity they attend. This is your proof that residents are attending programs. If it’s a room visit, simply write 1-1 across the block for that date. On the back of the calendar, write the date and specifically what you implemented or completed with the client. You should be documenting how they participated, active or passive. If passive, you should note why? This simple way of documenting allows the surveyor to look at a monthly calendar and quickly see the activity patterns of a resident.

Make sure that the program a resident is attending is a program that the resident can be successful at. If they can not successfully complete the program, then they are in the wrong type of program. Use these four words to determine if a program is successful for a resident, Success Oriented, Failure Free, Purposeful and Meaningful. These four words should apply to every single program a resident is attending.

Lastly, the activity discipline should be noted the care plans. If, you don't have the Care Plan Cookbook, please see our site. This will help you in care planning appropriate interventions. Most of the care plans should have activity interventions. For example, you may have a client care planned for weight loss. If, for example, the care plan notes that snacks will be offered through out the day than the Activity Department would play a vital role in insuring the client receives the snack during activities or room visits. Additionally, there are other interventions that the Activity Department could add to this type of problem.

Conduct an inventory of all your products. You may not have enough supplies based on the calendar audit and population analysis. For example, your analysis shows you have 30 low functioning residents. Based on the inventory quality assurance, you may note that you do not have enough adaptive devices, sensory items or props for programs. Now would be the time to begin ordering supplies for your programs as you are required to have enough supplies for all those attending programs. You are required to accommodate their needs.

Know your current federal regulations and interpretive guidelines. It is not just FTAG 248 and 249 for nursing homes. Know your state regulations (nursing homes, assisted living and adult day care) and request new ones when they expire. Go to the CMS site and sign up for updates and newsletters. Stay involved in your state and local activity groups. Conventions. Take the time to visit www.nccap.org, The NAAP and ATRA web sites for information and changes to the regulations. We also recommend that you sign up for newsletters with those associations. Have current subscriptions to Creative Forecasting, www.activitytherapy.com, www.ncdp.org and Elder Care Activity Guides. Take the time to read thoroughly through these publications and advise your staff in weekly meetings of any changes that will affect residents and the activity departments. Another great source is nursinghomemagazine.com and read the articles by Reta Underwood ADC.

Activity Professionals should download or obtain these documents titled:
State Operations Manual Appendix PP "Guidance to Surveyors for Long Term Care Facilities" November 05 or type in the search box SOM at the CMS web site. Additionally, request the draft copy from your regional CMS site. The draft is called Draft Copy Intent F248 & F249 Activities and is 25 pages long. Also request
from the regional office, Psychosocial Outcome Severity Guide and Revised Long-Term Care Facility Resident Assessment Instrument User’s Manual January 2006. Don’t wait for the draft to be approved, begin implementing the changes now! Ask your administrator to review the draft and assist you in making changes to your activity department, for without his / her help, the process will be a lot harder to complete... We have not been advised when these draft interpretive guideline changes will go into effect, only that the document is awaiting final approval.


Respectfully,

Sandra Stimson CALA, ADC, CDP Executive Director

Lisa Reidinger LNHA, CSW, CTRS, ADC Executive Director

Alternative Solutions in Long Term Care

Attention: Activity Professionals

You are invited to submit articles of interest, poems, humor, photos and just about anything else for publication in Activity Director Monthly.

The only compensation we can offer you is credit for the submission. All submissions are subject to editing. We cannot guarantee that all submissions will be published. However, they definitely can't be published if you don't send them in. So be brave and fire your e-mail to us at: admin@theactivitydirectorsoffice.com.

Or you can mail your information to:

Attention: Editor
The Activity Director’s Office
113 Edgewood Dr., Ste. A
Attica, Indiana 47918

Main topic interests include: anything that will benefit Activity Directors; items which can be used in facility newsletters (i.e. original and/or public domain items); personal Activity Director/resident experiences.

Please send only copies of your submissions.

About Activity Director Monthly

Activity Director Monthly is a FREE monthly publication of The Activity Director’s Office website. Activity Professionals across the nation and around the world are invited to visit the website and subscribe to this publication.

Please visit us at:
http://www.theactivitydirectorsoffice.com

Our e-mail address is: admin@theactivitydirectorsoffice.com

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(Irish - Continued from page 8)

No son is as good as his father in his sister's eyes. No father is as good as his son in his mother's eyes.

Quotes from Oscar Wilde:

"Anybody can make history. Only a great man can write it."

"You give the criminal calendar of Europe to your children under the name of history."

"Children begin by loving their parents. After a time they judge them. Rarely, if ever do they forgive them."

"All women become like their mothers. That is their tragedy. No man does. That's his."

"Come home with me, I want to introduce you to my mother. We have founded a society for the suppression of Virtue."

"I should imagine that most mothers don't quite understand their sons."

(Activities - Continued from page 13)
The following four pages contain a pre-written facility newsletter which you may use as your own. It is intended to help make your departmental responsibilities time saving and cost effective. All you need to do is put your title on the front and your address on the back.

Suggestions for the Effective Use of Your Newsletter

This newsletter concept is the result of several years of preparation and the generous support of the sponsors whose advertisements are contained within its pages. Because all of the material in the newsletter is copyright free, you may feel assured that the publishing and distributing of your free newsletter is legal.

PREPRINT

After you have downloaded your newsletter you have several choices to make before printing it.

- First type or paste the title of your newsletter into the blank area of the front page mast.
- On the mailing page insert your facility’s name and address in the upper left corner where it says “From:”.
- Prepare any printed material you may have for insertion into the newsletter. At a minimum we suggest you prepare your monthly activity calendar on one side of an 8.5”x11” sheet or paper. On the other side you may enter residents facts and figures (new admissions, birthdays, residents who went home, deaths). Also, on the back of the calendar page you may want to advertise upcoming activities and events, a management roster and other items of interest specific to your facility.

PRINTING

- If you decide to print your newsletter on your facility copier you may print the newsletter on 8.5”x11” sheets of paper. However, it is far more professional looking to use 17” x 11” sheets (this size is larger than legal size paper, but can be hand fed into most modern printers).
- If you use a print shop have them print your newsletter on 17”x11” paper. They will have a variety of colors for both your paper and ink. You can expect to pay more for color ink. If you decide to print your newsletter on color paper, avoid using dark colors and extremely bright colors (e.g. fluorescents), they are too difficult to read.
- If you take it to the print shop they will also print and insert your extra material and fold your newsletter for you. One fold makes your newsletter ready for hand outs. Two folds prepares the newsletter for mailing.

MAILING

(an excellent activity for your residents)

- To prepare your newsletter for mailing, it must be folded twice so the mailing face is showing on the outside.
- Each piece you plan to mail must be sealed twice on the loose page edge. Use 1/2” pieces of transparent tape (you can purchase seals at most office supply stores if you wish).
- Write or stick your address labels where it says “To:”.
- Place postage in the upper right hand corner. First class postage will pay for your newsletter and at least two 8.5”x11” insertions.
- Your newsletter is now ready to mail. The Post Office appreciates it if you pre-sort your zip codes and bundle the newsletters with rubber bands.

BULK MAILING

With bulk mail you can save a bundle on postage. However, you must set up an account with the post office, mail at least 200 newsletters at a time, presort your mail, prepare a billing form and deliver the newsletters to the post office. Although it sounds complicated, it becomes routine after you have done it a couple of times.

DISTRIBUTION

For the most effective marketing of your facility, we recommend that you make an extensive mailing list including these listed below. The more newsletters you circulate, the more successful your marketing will be.

- All responsible parties
- Seniors at home
- Banks
- Hospital discharge planners
- Nursing homes
- Adult day care centers
- Churches
- Home health agencies
- Federal, State and local social service agencies
- Social organizations and clubs
- Business organizations
- Corporate headquarters
- Area schools
- Area radio stations
- Area television stations
- Area newspapers
- Area businesses

TIMING

For timely distribution, your newsletter will always be available to you at the first of the preceding month. It should be published by the last week of the month and mailed prior to the first of the month the newsletter is dated.
You Can Do It!
Medicare Part D Enrollment

(ARA) - If you have decided to sign up for Medicare Part D, here are some helpful hints from the Academy of Managed Care Pharmacy to help get you started choosing a prescription drug plan.

"The first thing to do," advises Judy Cahill, executive director of the Academy, "is make a list of all the prescription drugs that you currently take, either on a regular basis, or from time to time." If you have any questions, call your pharmacist or your doctor and make sure you know these basic facts:

* The drug's brand and generic names
* Why you take it
* The dose and the form (tablet, capsule, liquid)
* What each drug costs
* What you spent last year

Put that information on a sheet of paper and you will begin to get a picture of what kind of coverage you need. And remember-your needs may not be the same as your spouse's or your friends'. This information is different for each individual. If you spend part of the year in another location, shop for a plan that will cover your needs in both places. Record your thoughts and questions in a notebook as you read through plan literature.

If your drug use is small, consider a plan with low premiums and high copayments. You'll pay about the same, but you'll be protected in case of a sudden, serious disease. Cahill says, "The most important thing is to get into a drug plan now. If you miss the May 15, 2006 deadline, you will incur a penalty of 1 percent per month for each month that you delay." The next open enrollment begins Nov.15, 2006, so you will pay at least 5 percent more for your premium every month for the rest of your life. Cahill says, "This is insurance, like house or car insurance. Buy it now, and get peace of mind."

"It's like shopping for a car," Cahill says. "First, decide which features are important to you, and what you are willing to pay. Do you just want to get from point A to point B, or do you want all the options?" It's likely more than one plan will fit your needs, so don't become obsessed with finding the "perfect" plan. If your needs change, you can switch plans next fall.

The main thing to remember is that you have time, Cahill says. "You can sign up anytime before May 15, 2006, so don't feel rushed." And you can change your mind. Once you choose a drug plan, if you find one you like better, you can switch any time before your coverage begins in January, and once more between January and May.

Plan comparison information is available at 1-800-Medicare (800-633-4227) or on the Internet at www.Medicare.gov. You can also get help from a variety of community organizations, your local Social Security Administration office, the SSA Web site (http://www.ssa.gov/mediinfo.htm), your State Health Insurance Assistance Program (800-677-1116), or the SHIP Web site, www.medicare.gov/contacts/static/allStateContacts.asp.

"This is a lot of information to digest, so take your time," Cahill says. "You can do it!"

Courtesy of ARA Content

EDITORS NOTE: The Academy of Managed Care Pharmacy (AMCP) is a national professional association of pharmacists and other healthcare practitioners who provide a diversified range of clinical, educational and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit. More news and information about AMCP can be obtained on its Web site, at www.amcp.org.
Shamrock, Leprechaun & Blarney Stone

THE MAGIC SHAMROCK

Three is Ireland's magic number. Hence the Shamrock. Crone, Mother and Virgin. Love, Valour and Wit. Faith, Hope and Charity. Father, Son and Holy Spirit. Numbers played an important role in Celtic symbolism. Three was the most sacred and magical number. It multiplies to nine, which is sacred to Brigit. Three may have signified totality: past, present and future OR behind, before and here OR sky, earth and underworld. Everything good in Ireland comes in threes. The rhythm of story telling in the Irish tradition is based on three-fold repetition. This achieves both intensification and exaggeration. Even today in quality pub talk, a raconteur can rarely resist a third adjective, especially if it means stretching a point. "Three accomplishments well regarded in Ireland: a clever verse, music on the harp, the art of shaving faces."

THE LEPRECHAUN

The Leprechaun is an Irish fairy. He looks like a small, old man (about 2 feet tall), often dressed like a shoemaker, with a cocked hat and a leather apron. According to legend, leprechauns are aloof and unfriendly, live alone, and pass the time making shoes. They also possess a hidden pot of gold. Treasure hunters can often track down a leprechaun by the sound of his shoemaker's hammer. If caught, he can be forced (with the threat of bodily violence) to reveal the whereabouts of his treasure, but the captor must keep their eyes on him every second. If the captor's eyes leave the leprechaun (and he often tricks them into looking away), he vanishes and all hopes of finding the treasure are lost.

Nae were a misty stream in Ireland in the hollow of a tree
Live mystical, magical leprechauns
Who are clever as can be
With their pointed ears, and turned up toes and little coats of green
The leprechauns busily make their shoes and try hard not to be seen.
Only those who really believe have seen these little elves
And if we are all believers We can surely see for ourselves.
(Irish Blessing)

THE BLARNEY STONE

The Blarney Stone is a stone set in the wall of the Blarney Castle tower in the Irish village of Blarney. Kissing the stone is supposed to bring the kisser the gift of persuasive eloquence (blarney). The castle was built in 1446 by Cormac Laidhiv McCarthy (Lord of Muskerry) -- its walls are 18 feet thick (necessary to thwart attacks by Cromwellians and William III's troops). Thousands of tourists a year still visit the castle. The origins of the Blarney Stone's magical properties aren't clear, but one legend says that an old woman cast a spell on the stone to reward a king who had saved her from drowning. Kissing the stone while under the spell gave the king the ability to speak sweetly and convincingly. It's tough to reach the stone -- it's between the main castle wall and the parapet. Kissers have to stretch to their back and bend backward (and downward), holding iron bars for support.

MARCH OBSERVANCES

Academy Awards Month
American Red Cross Month
Cataract Awareness Month
Frozen Food Month
Humorists Are Artists Month
Mental Retardation Month
Music in Our Schools Month
National "Talk With Your Teen About Sex" Month
National Chronic Fatigue Syndrome Awareness Month
National Craft Month
National Feminine Empowerment Month
National Flour Month
National Furniture Refinishing Month
National Hobby Month
National Noodle Month
National Nutrition Month
National Peanut Month
National Professional Social Work Month
National Sauce Month
National Women's History Month
Philatelic Literature Month
Poison Prevention Awareness Month
Rosacea Awareness Month
Spring Month

Courtesy of The Holiday Spot at http://www.theholidayspot.com/patrick/shamrock.htm

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Programs Offer Arthritis Pain Relief

(ARA) - Physical activity is good for almost everyone. For many years it was thought that people with arthritis should not exercise because it would damage their joints. Now doctors and therapists know that people with arthritis can improve their health and fitness through proper exercise without hurting their joints.

If you have arthritis or a related condition, regular physical activity is especially important. Exercise is beneficial because it can help:

* keep your joints flexible;
* keep the muscles around your joints strong;
* prevent further deterioration of bone and cartilage;
* improve your ability to do daily activities; and
* improve your overall health and fitness by giving you more energy, helping you sleep better, controlling your weight, making your heart stronger, decreasing depression and improving your self-esteem and sense of well-being.

The Arthritis Foundation offers a series of exercise and health education programs designed to make it easier for individuals of all fitness levels to get active, lose weight and improve their overall health. The programs listed below were developed specifically for people with arthritis and are led by Arthritis Foundation certified instructors.

Each program incorporates findings from the latest arthritis research to ensure that all routines are safe and effective.

* Arthritis Foundation Aquatic Program - The buoyancy of water and the soothing warmth of a heated pool make a safe, ideal environment for relieving arthritis pain and stiffness. Gentle movements increase joint flexibility and range of motion, while restoring or maintaining muscle strength. The ability to swim is not required.

* Arthritis Foundation Exercise Program - This program features gentle, joint-safe exercises to help relieve stiffness and decrease arthritis pain. The low-impact class can be taken either sitting down or standing.

* Arthritis Foundation Self-Help Program - This in-depth program developed at Stanford University teaches knowledge and skills needed to better manage arthritis. Classes cover ways to reduce pain and stress, cope with fatigue, use medications wisely and benefit from exercise. It is perfect for the newly diagnosed as well as those whose arthritis requires more aggressive management.

Programs like these and many others are available for anyone looking to manage their arthritis and live a more active and healthier lifestyle. To find out about arthritis management programs in your community, contact the Arthritis Foundation at (800) 568-4045 or visit the Arthritis Foundation Web site at www.arthritis.org.

Courtesy of ARA Content

Irish Blessings...

Morning is the time to pity the sober. The way they're feeling then is the best they're going to feel all day.

Oh, he occasionally takes an alcohol-holiday.--Wilde

Thirst is a shameless disease so here's to a shameful cure.

An Irish youth proves his manhood by getting stuck in a pint, in a woman, and in a fish-in that order.

Daylight comes through the drunkard's roof the fastest.

A man takes a drink; the drink takes a drink; the drink takes the man.

Before you call for one for the road be sure you know the road.

Practice makes perfect, there's many do think, but a man's not too perfect when he's practiced at drink.

The truth comes out when the spirit goes in.

The devil invented Scotch whiskey to make the Irish poor.

Drink is the curse of the land. It makes you fight with your neighbor. It makes you shoot at your landlord and it makes you miss him.

It's the first drop that destroys you; there's no harm at all in the last.

He'd step over ten naked women to get at a pint.
“An Irishman was drinking at the pub…”

An Irishman was drinking at the pub all night. The bartender came up to him and told him that the bar was closing. So the Irishman stood up to leave and fell flat on his face. He tried to stand up one more time with the same result. So he figured he'd just crawl outside, hang out for a while, get some fresh air and hopefully that would sober him up.

Once outside he stood up and fell again - right on his face. He decided to crawl the four blocks to his home and when he arrived at the door he tried one more time with the same results. Exhausted, he then gave up and started crawling to the bedroom.

When he reached his bed he tried one more time to stand up. This time he managed to pull himself upright but he quickly fell right into the bed and fell sound asleep as soon as his head hit the pillow.

The next morning, he woke up with his wife standing over him shouting at him, "'So, you've been out drinking again!!'"

'What makes you say that?' he asked as he put on an innocent look.

"The pub called, you left your flaming wheelchair there!"