



# *TLC for Frail Elders*

*from health care workers and volunteers  
to prevent neglect*

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The Kansas Health Foundation**

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# Introduction

TLC (tender loving care) is used in this booklet to describe the actions of giving needed and desired attention to frail elders. Frail elders live in many settings, but those who live in institutional settings, such as nursing homes, live with the uncomfortable reality of impending neglect; they feel abandoned.

How are institutionalized frail elders neglected? They are routinely forgotten about or neglected by both paid and volunteer caregivers, and even by the community in general. The neglect is many times accidental and not meant with malicious intent.

Neglect by paid caregivers is documented by the Kansas Department on Aging (KDOA). They have an "abuse and neglect hotline" which regularly logs in 300 to 350 complaints per month.

These are some examples of neglect found in nursing homes:

- failure to administer medications
- resident, who is left unattended on toilet, tries to get up and falls, causing skin tears and bruising
- failure to follow a resident's prescribed dietary plan, resulting in weight loss, choking episodes and even death
- failure to provide CPR to a choking resident
- leaving a resident in a urine-soaked bed, with the window open.

Neglectful practices can also be caused by community volunteers. This type of neglect - lack of community involvement with and attention to frail elders - can be described as a tolerance for ignoring frail elders in nursing homes.

This booklet attempts to help all types of caregivers (paid and volunteer) better understand what can be done to avoid neglectful actions towards our frail elders. The booklet includes: state regulations pertaining to neglect and accompanying signs and examples; how to respond to suspected neglect (reporting suggestions); guidance on preparing for meaningful interactions and effective communications; and suggestions for appropriate activities for all types of frail elders, including confused residents.

# Regulations about Neglect

**The Kansas Department on Aging is responsible for licensure and regulatory enforcement in all Kansas licensed long-term care facilities. There are very specific regulations regarding abuse, neglect and exploitation that facilities must follow. *The following text is taken directly from Kansas State Regulations KAR 28-39-150:***

(c) Abuse. Each resident shall have a right to be free from the following:

- (1) verbal, sexual, physical, and mental abuse;
- (2) corporal punishment; and
- (3) involuntary seclusion.

(d) Staff treatment of residents. Each facility shall develop and implement written policies and procedures that prohibit abuse, neglect, and exploitation of residents. The facility shall:

(1) Not use verbal, mental, sexual, or physical abuse, including corporal punishment, or involuntary seclusion;

(2) not employ any individual who has been identified on the state nurse aide registry as having abused, neglected, or exploited residents in an adult care home in the past;

(3) ensure that all allegations of abuse, neglect, or exploitation are investigated and reported immediately to the administrator of the facility and to the Kansas Department on Aging;

(4) have evidence that all alleged violations are thoroughly investigated, and shall take measures to prevent further potential abuse, neglect and exploitation while the investigation is in progress;

(5) report the results of all facility investigations to the administrator or the designated representative;

(6) maintain a written record of all investigations of abuse, neglect, and exploitation; and

(7) take appropriate corrective action if the alleged violation is verified.

# Definition, Signs and Examples of Neglect

Freedom from abuse, neglect and exploitation is a basic legal right of all adult care home residents. Abuse and exploitation are usually more clear-cut and easier to detect than neglect. **NEGLECT “is the failure or omission by one’s self, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness,”** according to Kansas Statutes Annotated (K.S.A.) 39-1430.

Neglect may or may not be intentional. For example, a careful nurse aide, who is inadequately trained to work with confused residents, may not know how to provide proper care. A community volunteer may not understand how to interact with frail elders.

## ***Signs of neglect:***

- ◆ Loss of weight due to lack of proper help with eating
- ◆ Dirt under fingernails, matted hair, body odor, or heavily soiled or stained clothing due to failure to provide proper personal care
- ◆ Reduced ability to walk due to infrequent assistance with walking
- ◆ Skin breakdown due to lack of proper incontinent care
- ◆ Recent or sudden changes in behavior
- ◆ Unjustified fear
- ◆ Unwarranted suspicion
- ◆ Unwillingness to communicate
- ◆ New or unexplained depression
- ◆ Lack of interest
- ◆ Change in activity level.

## ***General examples of neglect:***

- ◆ Incorrect body positioning can lead to limb contractures and skin breakdown
- ◆ Lack of toileting or changing of disposable briefs can cause (1) incontinence and residents sitting in urine and feces, (2) increased falls and agitation, (3) indignity and (4) skin breakdown
- ◆ Lack of help with eating and drinking can lead to malnutrition and dehydration
- ◆ Lack of help with walking can lead to loss of mobility and muscular strength
- ◆ Lack of assistance with bathing can lead to indignity, and poor hygiene
- ◆ Poor hand washing techniques (by the caregiver and elder) can lead to infection
- ◆ Lack of assistance with participating in activities of interest can lead to withdrawal and isolation
- ◆ Ignoring call bells or cries for help
- ◆ Purposefully withholding food or other items
- ◆ Not assisting a resident whom you know needs help with eating
- ◆ Knowingly postponing incontinent care
- ◆ Not delivering mail or messages promptly to a resident
- ◆ Anything that an individual postpones or does not do, for the frail elder, because of a personal activity, such as a personal phone call, etc.

# Examples of incidents found to be neglect

**The following are examples of actual calls received by the State's complaint hotline (800-842-0078) concerning incidents of resident neglect, and are provided as reported by a committee working on neglect policy.**

1. "Resident developed pressure ulcer while in facility which eventually required surgical repair. Resident was incontinent and appropriate skincare was not provided. Family was not notified about ulcer until day of surgery."
2. "Resident was reported to have difficulty breathing. Three days later he was admitted to hospital for pneumonia. Family stated that resident was not properly assessed. Family had to insist that physician be notified."
3. "Resident fell out of wheelchair while being pushed by nurse aide. Wheelchair was not equipped with foot rests. Resident placed feet on floor and was propelled forward. Injuries included laceration to head and injury to right wrist which required physician intervention."
4. "Resident admitted to hospital with signs and symptoms of dehydration. Reporter stated that the resident had poor oral intake for over one week, poor skin turgor, and swollen dry cracked lips. Diagnosis at admission to hospital was sepsis, dehydration and malnutrition."
5. "Resident was new admission to facility. Medication orders were phoned to two different pharmacies. Medications were not delivered due to a holiday weekend. Resident clinically unstable. Several medications were not administered. Resident admitted to hospital the day after the holiday, and died the next day."
6. "Resident fractured his pelvis after several falls in the facility. A special cushion was to be placed in the resident's wheelchair to prevent falls. Resident fell. Cushion was not in place and wheelchair was not locked."
7. "Staff left resident outside in an enclosed patio and she developed a sunburn which required treatment with silvadene. This was the second sunburn the resident experienced in one year. Resident also had large bruise of unknown origin on right foot."
8. "Resident reported as being agitated. Facility called durable power of attorney for health care and requested permission to take her to the emergency. Resident had a fecal impaction which took several days to resolve. Resident had a history of constipation."
9. "Resident admitted to the emergency room for a large bruise and swelling on the left side of chest. The area on the chest was the size of a football. Resident stated that someone hit her. Resident had diagnosis of dementia."
10. "Nurse aide noticed resident was crying when she pushed away from the dining table. The resident stated she had spilled coffee in her lap. There were red areas on her thighs that developed blisters. Post treatment included insertion of a Foley catheter. Caller was concerned that staff was not monitoring this resident while eating."
11. "Resident was given the wrong medication. The indication for the medication

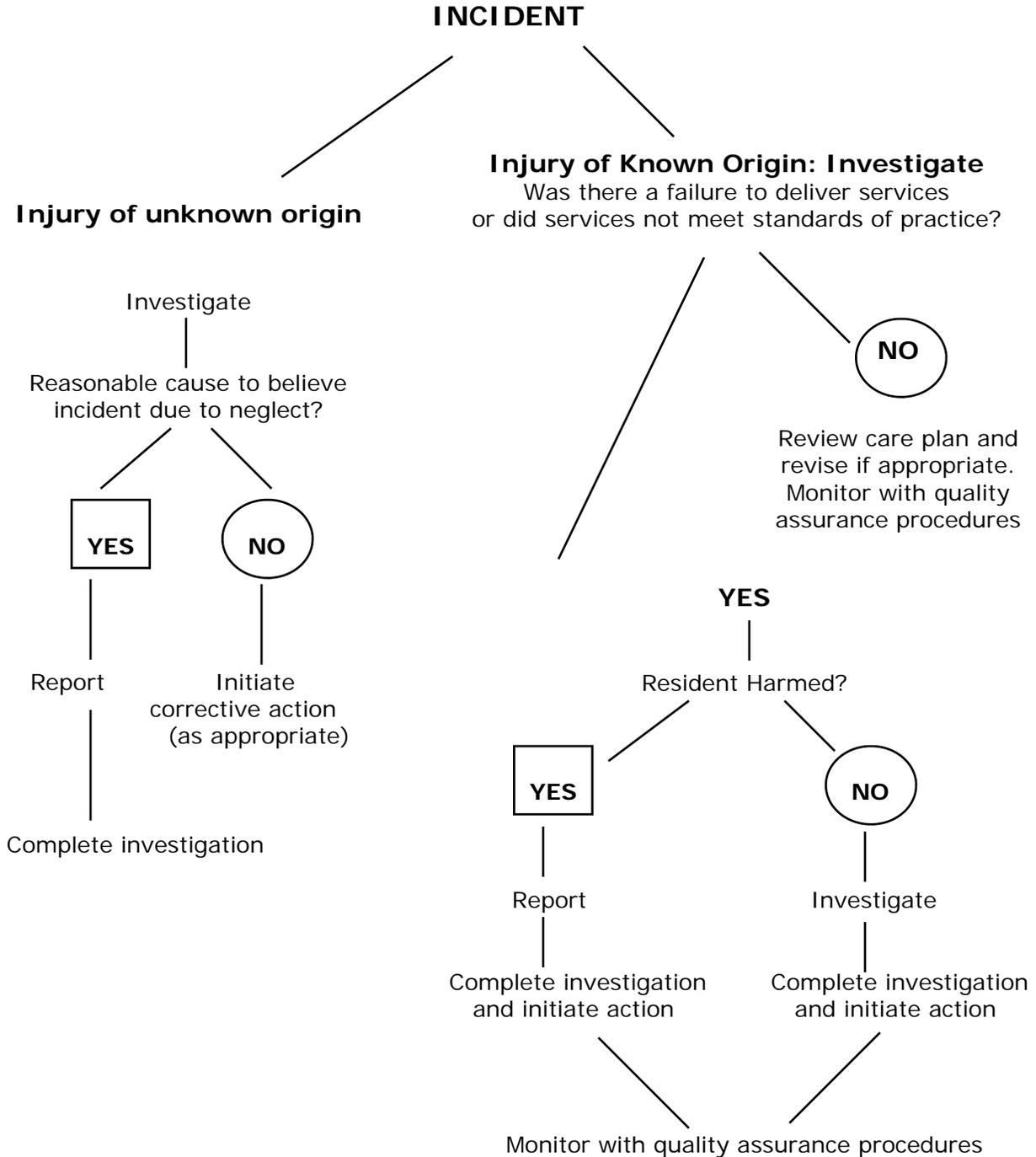
## Examples of incidents found to be neglect (*continued*)

given in error was to slow the heart rate. The resident had a clinical condition which resulted in a slow heart rate. Facility faxed information about the incident to the physician at 7:30 AM. The physician responded at 10:30 AM."

12. "Facility did not ensure that laboratory tests were performed to monitor Coumadin dosage. Resident was hospitalized because of an unrelated change in condition. After laboratory work was completed, Vitamin K was administered. Night nurse had marked through resident's name on list for laboratory work."
13. "Resident often saturated with urine. Dressing changes not performed as ordered by physician. Not repositioned in good alignment with pillows. Roommate reports that position not changed. Resident will require surgery for pressure ulcers which developed during stay in facility."
14. "Resident was dropped to floor during a transfer by an aide from a staffing agency. Resident sustained fracture of humerus."
15. "Resident found on floor in her room. Sustained a 3 centimeter laceration on bridge of nose, which required suturing. Wheelchair was turned over. First incident of this type."
16. "Resident fell shortly after admission. On medication which would affect her balance and decision making ability. Sustained a fractured hip. No witness to the fall. Second resident fell in her room and fractured hip. No witness. Both instances occurred in the space of 7 days."
17. "Resident's plan of care indicated that a mechanical lift was to be used for transfers. Two nurse aides lifted resident, unable to complete transfer, lowered resident to the floor, then by grasping resident's extremities lifted resident into a chair. Resident sustained bruising on arms and legs and a skin tear on right toe."
18. "Aide was walking resident to bathroom without a gait belt as required by care plan. While aide was opening bathroom door, resident fell backwards and hit head on dresser. Head wound required suturing."
19. "Resident attempted to get back into bed after going to the bathroom. He felt he was going to fall, so sat himself on the floor. Resident checked his watch. It was 1:30 **PM**. The incident report stated that he was found at 4:30 **AM**."
20. "Resident was found tangled in the side rails at 6:15 when staff when in to provide care. Resident was deceased. Autopsy indicated large abrasion over left eye, cut at bridge of nose, and a dept indentation on her neck which matched the side rails."
21. "Resident is 100 years old. Nurse inappropriately applied a second Fentanyl patch after 24 hours rather than 72 hours as ordered by physician. Resident also received an injection of Demerol. Resident became unresponsive. Resident was reported to have had no food or fluids over the weekend. He was admitted to hospital with severe dehydration."
22. "Nurse administered an overdose of morphine due to a calculation error. Staff did not record efforts to monitor for symptoms of overdose."

# Decision Tree

To properly resolve suspected neglect, a nursing home should use a decision tree as a guide for gathering information. If you suspect neglect, first, report it to someone in authority. If the problem is not resolved, call the State hotline at 800-842-0078. Remember, the burden of proof lies with the State, not the reporter.



# Steps to Prevent Neglect

Preventing neglect of frail elders requires more than merely learning about the legal definition of neglect and examples of neglectful practices. Knowing what neglect is, and understanding how to avoid causing neglect are two different responsibilities of caregivers. Neglect can be avoided by using a proper approach to frail elders, so that any interactions are initiated from the point of view of the frail elder. When using a proper approach, by looking at the world from the frail elder's point of view, caregivers will recognize the need for effective communications toward the frail elder, and the need to observe the frail elders' behaviors, which are their ways of expressing themselves. Then, preparing for activities can help ensure that the interactions will be appreciated and successful.

According to the Kansas Long-Term Care Interpretation #93-51, "Volunteers can be an important supplement in meeting the needs of residents in adult care homes. The decision to delegate a task to a volunteer must be done in a manner which assures that the task will be performed safely and appropriately and the resident is willing to have a volunteer perform the task. K.S.A. 39-936(c)3, which sets forth the requirement for direct care staff training, is limited to employees, and therefore volunteers are not required to hold a nurse aide training certificate. Facilities do have a responsibility to assure volunteers can perform direct care tasks safely. Staffing requirements must be maintained at all times, regardless of the level of volunteer support."

## Communication - a first step to prevent neglect

The initiation of communication usually lies with the caregiver. This section uses parts of the "Kansas Adult Care Home Nurse Aide Curriculum" to emphasize the preferred manner of interacting with staff, residents and volunteers in the nursing home setting. In general, use common sense when communicating with frail elders.

- Look at the resident; make eye contact and block out other distractions.
- Hold the resident's hand.
- Express acceptance of the resident and his/her thoughts.
- Repeat back what the resident has said to summarize and validate.
- Concentrate on the resident's needs, not on your own needs.
- Use a gentle touch to gain the resident's attention.
- Approach the resident in a slow, non-hurried manner from the front.
- Listen to tales of past, or family experiences.
- Allow resident to touch you.
- Call residents by names they request.
- Encourage discussions about people and places important to resident.
- Offer choices.
- Encourage discussion of accomplishments.
- Praise resident, even if he/she can't talk.
- Avoid talking over one resident to talk with someone else.
- Respect property.

## Observe Behaviors - a second step to prevent neglect

If you observe **new onset or a change in behavior**, rule out underlying causes such as:

- drug toxicity
- eyes/ears, sensory impairment
- metabolic disturbance or endocrinopathy
- emotional disturbances, especially depression
- nutrition deficiency
- tumors, trauma to the head
- infection
- arteriosclerosis, including vascular disease.

*Source: Alzheimer's Association, 2004*

If you observe **wandering behavior**, request someone in authority to initiate the following safeguards:

- Place night lights throughout the facility.
- Place locks out of reach or out of sight. (Install slide bolts at top or bottom of doors. A simple change in a door latch may be enough to stop wanderers.)
- Use dead bolt locks, or a double bolt lock but keep the key handy in case of emergency.
- Cover door knobs to make turning more difficult. The cover should fit loosely, so that only the cover turns, not the knob itself.
- Place warning bells above doors.
- Keep medications and toxic substances out of sight.
- Put hedges or a fence around patio or yard, and place locks on gates.
- Use safety gates to bar access to stairs or outdoors.
- Consider using bean bag chairs, recliners, or geriatric chairs for sitting and resting. (They are comfortable, yet restrictive to the body because of difficulty getting out without assistance.)

## Observe Behaviors, *continued*

- Reduce noise levels and confusion, especially during shift change, meal times, and housekeeping activities.
- Develop indoor and outdoor areas that can be safely explored.
- Augment the person's wardrobe with brightly colored clothing, or sew bicycle reflectors onto jacket sleeves.
- Clearly label all doors. Use signs or symbols to explain the purpose of each room. Discourage entry into a room by labeling "Do Not Enter" or "NO".
- Camouflage doors by painting them the same color as walls.
- Cover doors with curtains or removable screens.
- Paint a 2-foot black threshold in front of the door. It may be perceived as a hole, and a place to be avoided.
- Keep a photo or videotape of the wanderer, for identification purposes.
- Some people will not go out without a purse, glasses, etc. Hide the article to discourage wandering.
- "Gadgets" that beep or whistle when one claps may help when trying to find a missing person.
- Remove all "EXIT" signs.
- Unused exit doors and windows should be locked.
- Check the neighborhood for potentially dangerous areas, such as ponds, tunnels or open stairwells. Check these places first if someone is lost.

*Source: Alzheimer's Association, 2004*

When caring for or visiting **someone with dementia** and you observe confusion, try to follow these suggestions.

- Don't ask "Don't you remember?"
- If a person demonstrates a new difficult behavior, check physical status (dehydration, infection, hearing loss, etc.). If the person's physical status is normal, check his comfort level (hot, dirty, hungry, etc.)
- Provide a safe/simple/calm/consistent environment.

## Observe Behaviors, *continued*

- Make a task/communication easier by presenting it in simple steps.
- Provide structured routine (especially activities he/she enjoyed in the past.) Include exercise in the daily routine.
- Don't argue with the person; his reality will never be your reality.
- Understand that you may need to accept behavior and be flexible.
- Distract the person with other activities - have a cup of tea, or go for a walk.
- Reassure the person and praise him - this will reinforce the behavior and make it more likely to happen again.
- Employ good communication techniques. Allow enough time, make eye contact, repeat statements and questions exactly, use touch, be aware of your non-verbal. Give two choices only: "Do you want coffee or tea?"
- Approach from the front. Do not surprise the person from behind.
- Don't take the behavior personally. The person is not in control of his behavior and is likely to forget the incident altogether.
- Note what happens just before the behavior that may trigger it, e.g., an open door causes the person with dementia to want to go outside. Modify the trigger - close the door or camouflage it so the person forgets it is there, and will not be stimulated to go outside. Also note what happens just after the behavior and the effect on the person. Does the caregiver scold the person or reassure him? What effect does this have on the person?
- Take care of yourself. You cannot give good care to the person with dementia unless you take care of yourself.

*Source: Alzheimer's Association, 2004*

If you observe a person who is having **hallucinations**, be careful and conservative in responding. If the hallucination doesn't cause problems for you, the person, or others, you may want to ignore it.

## Observe Behaviors, *continued*

- **Respond with caution.** Don't argue with the person about what he or she sees or hears. Unless the behavior becomes dangerous, you might not need to intervene.
- **Offer reassurance.** Gentle patting may turn the person's attention toward you and reduce the hallucination.
- **Look for reasons or feelings behind the hallucination** and try to find out what the hallucination means to the individual. For example, you might want to respond with words such as these: "It sounds as if you're worried" or "I know this is frightening to you."
- **Use distraction.** You might try to turn the person's attention to other activities, such as listening to music, conversation, drawing, looking at photos or pictures, or counting coins.
- **Respond honestly.** Keep in mind that the person may sometimes ask you about the hallucination. For example, "Do you see him?" or "Can you hear the children laughing?" You may want to answer with words such as these: "I know that you see something, but I don't see it." In this way, you're not denying what the person sees or hears or getting involved in an argument.
- **Check out the reality of the situation.** Ask the person to point to the area where he or she sees or hears something. Glare from a window may look like snow to the person and dark squares on tiled floor may look like dangerous holes.
- **Modify the environment.** Check the environment for noises that might be misinterpreted, for lighting that casts shadows, or for glare, reflections, or distortions from the surfaces of floors and walls
- If the person insists that he or she sees a strange person in the mirror, you may want to cover up the mirror or take it down. **The person may not recognize his or her own reflection.**
- On other occasions, you may want to **turn on more lights and make the room brighter.**

*Source: Alzheimer's Association, 2004*

## Prepare for Activities — a third step to prevent neglect

Visiting a nursing home can sometimes be overwhelming. To make visits a meaningful experience for you and the frail elder:

- ♥ Ask the nursing home administrative staff for an introduction to an isolated resident, unless you already know someone there.
- ♥ Knock on the resident's door before entering and identify yourself.
- ♥ Keep communication eye-to-eye, if possible. Unless the resident is lying in bed, always strive for ways to talk with each other at eye level.
- ♥ Use adult language and tone when speaking to the resident.
- ♥ Respect the privacy of the resident's roommate if there is one. Always ask before turning off a TV or radio.
- ♥ Be kind to every resident, not just the one you are visiting. A simple wave and hello can brighten someone's day.
- ♥ Visits don't have to last a long time. Just showing that you care enough to stop by is itself the most important part of the visit.
- ♥ Refer to this general list of things to do during a visit
  - ⇒ Read one story from the newspaper
  - ⇒ Open mail (only if asked)
  - ⇒ Give the person a hand massage, or hold hands
  - ⇒ Help with a chore, such as dusting off the family pictures
  - ⇒ Sing a song together
  - ⇒ Ask permission to bring a pet
  - ⇒ Share a snack
  - ⇒ Feed or watch the birds
  - ⇒ Water the plants or enjoy the gardens
  - ⇒ Browse through a photo album
  - ⇒ Put together a small jigsaw puzzle
  - ⇒ Create an ongoing craft project to work on a little bit at a time
  - ⇒ Write a letter to a family member - continue it on the next visit.

Source: NCCNHR

# Activities for Persons Who Have Alzheimer's Disease

The following activities are suggestions provided by the Alzheimer's Association, Heart of America Chapter located at 3846 W. 75th, Prairie Village, Kansas (913-831-3888).

- ♥ Clip coupons
- ♥ Sort poker chips
- ♥ Rake leaves
- ♥ Use the carpet sweeper
- ♥ Read a story, poem or newspaper out loud
- ♥ Look up names in a phone book
- ♥ Ask a friend, neighbor, or church acquaintance with a baby or young child to visit
- ♥ Listen to music the resident prefers
- ♥ Plant seeds indoors or out
- ♥ Look at family photographs
- ♥ Toss a ball
- ♥ Color pictures
- ♥ Make homemade lemonade
- ♥ Wipe off the table
- ♥ Have a spelling bee
- ♥ Read from the Reader's Digest
- ♥ Weed the flower bed
- ♥ Fold clothes
- ♥ Cut pictures out of greeting cards
- ♥ Wash silverware
- ♥ Sort objects by shape or color
- ♥ Sing Christmas carols
- ♥ Say "Tell me more" when they start talking about a memory
- ♥ Put silverware away
- ♥ Make a Valentine collage
- ♥ Take a ride
- ♥ Take a walk
- ♥ Remember the first day of school
- ♥ String Cheerios to hang outside for the birds
- ♥ Sweep the patio
- ♥ Color paper shamrocks green
- ♥ Fold towels
- ♥ Have afternoon tea
- ♥ Remember great inventions
- ♥ Play *Pictionary*
- ♥ Cut out paper dolls
- ♥ Identify states and capitols
- ♥ Make a family tree poster
- ♥ Color a picture of our flag
- ♥ Grow "magic rocks"
- ♥ Reminisce about a first kiss
- ♥ Play horseshoes
- ♥ Dance
- ♥ Sing favorite hymns
- ♥ Force bulbs for winter blooms
- ♥ Make Christmas cards
- ♥ Sort playing cards by color
- ♥ Dress in red on football Saturday
- ♥ Pop popcorn
- ♥ Name the presidents
- ♥ Give a manicure
- ♥ Make paper butterflies
- ♥ Make a May basket
- ♥ Finish famous sayings
- ♥ Look at pictures in a National Geographic
- ♥ Sand wood
- ♥ Rub in scented hand lotion
- ♥ Decorate paper place mats
- ♥ Arrange fresh flowers
- ♥ Remember famous people
- ♥ Straighten underwear drawer
- ♥ Finish nursery rhymes
- ♥ Wipe off patio furniture
- ♥ Take care of a fish tank
- ♥ Trace and cut out leaves
- ♥ Ask simple trivia questions
- ♥ Finish Bible quotes
- ♥ Paint with string
- ♥ Cut out pictures from magazines
- ♥ Read classic short stories
- ♥ "Sew" lacing cards
- ♥ Clean out a pumpkin
- ♥ Reminisce about a favorite summer

# Activities for Men with Dementia

Activities for men are more difficult to arrange than activities for women. Women have traditionally been trained as nurturing, social beings who cared for home, family and community. On the other hand, the center of a man's life revolved around his work or profession. Men are traditionally more task oriented. As dementia develops, men experience losses of role, independence and control. Activities for men should be designed to help men deal with these losses and to experience a sense of purposeful involvement and self-esteem. (*Information provided by Heart of America Chapter of the Alzheimer's Association, Prairie Village, Kansas, 913-831-3888.*)

## HANDYMAN

### *Sanding*

- Unpainted furniture
- Antiques that need refinishing

### *Sorting*

- Nuts, bolts, washers, tool box (*not appropriate if swallowing and/or individual does not understand the purpose of object*)

### *Painting*

- Stain unpainted furniture (use nontoxic stain/paint)
- Model ships, cars, etc.

### *Yard work*

- Raking
- Sweeping
- Painting

## MUSIC

### *Play instruments*

- Piano, tambourine, bongos, drums, harmonica. (not important how well played)

### *Listening*

- Quiet background music - should be part of all activities throughout the day
- Reminisce
- Offer food, such as tea, cheese, snacks.
- Encourage movement/dance

## OCCUPATIONAL

### *Physician*

- Provide "tools of the trade" - stethoscope, prescription pad, blood pressure cuff, doctor bag (preferably his), old files
- Reminisce about each item
- Make him the expert

### *Accountant/Office worker*

- Briefcase full of papers, forms and/or schedules, desk calculator, junk mail

## LEISURE

### *Golf*

- Clean golf balls and clubs
- Play golf with son and friends
- Golf pictorials: "Great Golf Courses of the World"
- Reminisce about past games, scores, achievements

### *Reading*

- Large print books
- History books - Use pictorials and/or movies/videos
- Talking books
- Reading becomes more difficult as dementia progresses
  1. Can't remember plot
  2. Can't understand letters and words
  3. Difficulty concentrating

# Activities for Men with Dementia, *continued*

## *Computer games*

- Encourage competition
- Golf games
- Card games

## **REMINISCE**

### *Photo albums*

- Wedding pictures
- Children's pictures
- Travel albums
- Favorite places
- Parent's pictures

## **FOOD PREFERENCES**

- Deli, coffee, eggs (caution with hot items)
- Encourage participation in meal preparation, consumption, and clean up
- Classical music in background
- Simplify meal: choices, items on table
- Reduce distractions

## **PERSONALITY**

- Competitive: Make activities competitive
- Offer incentives
- Pleasant: Use humor, ask for "help" or "advice"

## **OTHER ACTIVITIES**

- Golf Tournament
- Exercise - walking, stretching, relaxation breathing, raking leaves, gardening
- Games - dice games, dominoes, cards, Velcro dart board, shuffleboard, pool
- Videos:
  - ~ Golf
  - ~ Classical Concerts
  - ~ Lawrence Welk
  - ~ Historical Features

Excursions-sunshine & fresh air are a plus!

- Golfing
- Fishing
- Musical instruments
- Lunch/dinner/breakfast
- Social gatherings - have a party for no reason

## **REMEMBER**

- Activities are trial and error, keep trying
- Be patient
- "Everything is an activity"
- Break everything down into steps
- Always evaluate the success of an activity
- Modify and/or simplify it based on effectiveness
- Sometimes people don't want to do activities: re-approach after 20 minutes
- Allow time for rest

## **PROBLEMS YOU MAY ENCOUNTER**

### Aphasia

- Expressive: difficulty with word-finding
- Receptive: difficulty understanding incoming words
- Approaches:
  1. Avoid verbal activities such as in-depth conversation and discussion groups;
  2. Encourage activities that involve non-verbal communication:
    - ~ Art
    - ~ Music
    - ~ Work with hands

### Agnosia

- Difficulty understanding the purpose of objects: Give answers, tell him what he is seeing, provide prompt, do not correct him if he uses the wrong words.

# Intergenerational Activities

In January 2002, KABC initiated a survey of all nursing home administrators and activity directors, requesting information about the nature and characteristics of their existing intergenerational programs. More than 100 nursing homes responded.

This section includes descriptions of selected innovative/successful intergenerational activities programs across Kansas. KABC appreciates the efforts these facilities make to enhance and improve the lives of their residents, as well as children and youth in their communities. We encourage every nursing home to initiate at least one intergenerational activity.

The examples are listed in order by age categories: college, high school, junior high school, scouts, grade school, preschool.

## Intergenerational Activities with College Students

- ♥ Twice a week, students from a local college visit the facility, and work with residents using two computers that were acquired through the college. *Working on-on-one with residents, the students teach games, letter-writing skills, how to use other programs. **For more information call Smoky Hill Rehabilitation in Salina at (785) 823-7107.***
- ♥ College students visit once or twice a week, for one-on-one interaction with their special resident. 22 of the residents have formed close bonds with the students. Residents frequently invite their student to visit outside the normal activity time. *Activities include playing games, taking walks, sharing an activity program, caring for a bird, or just visiting. Many of the resident's family members comment on the positive aspects of this program, saying the student talks often of how they enjoy the residents, and feel needed. College students come in on their own, to connect with the residents as part of their extended families. **For more information call Parkside Homes in Hillsboro at (620) 947-2301.***

# Intergenerational Activities, *continued*

## Intergenerational Activities with High School Students

- ♥ “Seniors with Seniors” is a college level psychology class of high school seniors who meet once a week with nursing home residents. This program has taught students and residents alike that the residents still have a lot of wisdom and experience that can be of benefit to the youth. ***For more information call Spring View Manor in Conway Springs at (620) 456-2285.***
- ♥ Weekly Scrabble games with about five high school students occur November through May for 8 to 10 residents. ***For more information call Bethany Home in Lindsborg at (785) 227-2721.***
- ♥ High School girls from a “Families Today” class visit weekly, and have formed friendships with residents. ***For more information call Schowalter Villa in Hesston at (620) 327-3418.***

# Intergenerational Activities, *continued*

## Intergenerational Activities with Junior High School Students

- ♥ 7th and 8th grade students from the Citizenship class of the local junior high school visit twice a week. The same students interact with 20 to 30 residents, playing games such as 'The Price is Right' and comparing prices "then and now". **For more information call Attica Long-term Care Facility at (620) 254-7898.**
- ♥ *Each Thursday evening, members of the Junior and Senior High School bands give a 20 to 30 minute "performance" for residents. For more information call Minneola Nursing Home at (620) 885-4238.*
- ♥ *Junior high school volunteers visit daily during the summer, reading to residents, sharing photographs and pets, and interacting as the residents' ability allows. Residents also enjoy a regular game of "Wheel of Fortune". More than 50 residents and children participate in activities two or three times a week during the year. Activities occur throughout the school year and summer. For more information call Prairie Senior Living Complex in Colby at (785) 462-8295.*

## Intergenerational Activities with Scouts

- ♥ Since 1997, "Celebration of Ages" brings Scouts to the facility grounds for a yearly "campout" the first week of May. *About 70 scouts participate with resident, playing Bingo, taking walks, sing-a-longs and a cookout. In addition, residents families and staff participate in the fun, and the public is now invited to the picnic. For more information call Friendly Acres in Newton at (316) 283-4770.*
- ♥ "Adopt-a-grandparent" activities are one-on-one, lasting from 30 to 60 minutes each week. *Other activities include Girl and Boy Scout visits to make bird feeders. For more information call Woodhaven Care Center in Ellinwood at (620) 564-2337.*

# Intergenerational Activities, *continued*

## Intergenerational Activities with Grade School Students

- ♥ Every Tuesday morning during the school year, the sixth grade class students spend 30 minutes with residents baking cookies, churning butter, playing Bingo with spelling words, making crafts and visiting with residents in their rooms. ***For more information call Bethesda Home in Goessel at (620) 367-2291.***
  
- ♥ Approximately 20 to 50 residents and more than 50 children participate in activities programs twice a week throughout the year. *4th grade students interact weekly in the "Adopt a Grandparent" program with 20 residents, February through May. The students stay about 30 minutes each week. For more information call Bethany Home in Lindsborg at (785) 227-2721.*
  
- ♥ Programs such as "Walk in My Shoes" give the children opportunity to learn about a different generation by sharing experiences and participating in activities that will help them realize what it feels like to get older. It also helps address the facts and myths about aging, while children begin building relationships with their senior "helpers." *"LifeStories Game" links residents and children, and encourages everyone to share past experiences, present influences, future plans and goals. This is an excellent opportunity to share life views, and learn more about each other. For more information call Parsons Presbyterian Manor at (620) 421-1450.*

# Intergenerational Activities, *continued*

## Intergenerational Activities with Preschool Children

- ♥ The local preschool visits the facility as a group once a week during the school year. Children and residents join in planting a garden in spring, and share responsibility for the garden's care during the summer. Often, residents family members help maintain the garden in summer. In the fall, vegetables are harvested; in winter, more seeds are planted inside to prepare for spring. Each winter, the children construct quilts with the residents. ***For more information call Andbe Home in Norton at (785) 877-2601.***
- ♥ Infants and toddlers visit the Special Care Unit every week. Residents can hold and watch the children play. Preschool classes (4 and 5 year olds) share games and crafts weekly with their adopted grandparents. Toddler groups visit weekly with the healthcare residents to play games and listen to residents read to them. ***For more information call Schowalter Villa in Hesston at (620) 327-3418.***
- ♥ Twelve preschool students from Sunshine Academy Daycare with 8 to 10 residents every week on Tuesday morning make a "theme calendar" a year in advance, to help determine activities. Each weekly activity theme consists of a craft project, learning session, and a listening and discussion period. Activities are based on a number, a shape, a letter of the alphabet, and a color. Before leaving the facility, the daycare children give three hugs to residents. ***For more information, call Kansas Christian Home in Newton at (316)-283-6600, ext. 123.***

## In closing...

Kansas Advocates for Better Care's mission is "promoting quality long-term care" for the residents of all licensed long-term care facilities. For 30 years, our goal has been to improve that care, by helping consumers and professional caregivers become better educated about how to provide improved quality of care to frail and elderly residents.

Caregivers - professionals and volunteers - are an important part of frail elders' well-being. Visitors can improve a resident's outlook on life, and children of all ages generally bring smiles when they engage in meaningful activities with residents.

Just because someone is living in a nursing home does not mean they forfeit the right to a dignified life, full of joy and free choice. It is our hope that this booklet has increased your understanding about the needs of residents, raised your awareness of potentially neglectful actions and situations, and provided you a variety of activities for young and old alike.

## Sources

- Alzheimer's Association ([www.alz.org](http://www.alz.org)), 2004
- "Family Guide to Long-Term Care Placement-Optimizing Relationships", Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK), 2004 ([www.ksu.edu/peak](http://www.ksu.edu/peak))
- Kansas Advocates for Better Care, "Intergenerational Innovations in Kansas Nursing Homes", 2003.
- Kansas Department of Health and Environment Adult Abuse-Nursing Homes hotline, 800-842-0078 (now operated by the Kansas Department on Aging), 2002. ([www.agingkansas.org/kdoa/index.htm](http://www.agingkansas.org/kdoa/index.htm))
- Kansas Department of Health and Environment Nurse Aide Curriculum. ([www.kdhe.state.ks.us/hoc/](http://www.kdhe.state.ks.us/hoc/))
- National Citizens' Coalition for Nursing Home Reform (NCCNHR), June, 2003 ([www.nccnhr.org](http://www.nccnhr.org))



## About Kansas Advocates for Better Care

Founded in 1975 as *Kansans for Improvement of Nursing Homes*, the mission continues to be "promoting quality long-term care for residents of licensed adult care homes." KABC is a 501 (C) (3) non-profit organization, funded by members, contributors and grants for special purposes.

For information on becoming a member of KABC, for guidance about a licensed care home issue, or to order consumer reports, call toll-free:

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