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Written Plan of Operation
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Open Armes: A Continuing Care Retirement Community

Agency

I work at a continuing care retirement community with 100 beds. The levels of care at the facility are independent living, assisted living, and health care, with memory support offered in both assisted living and health care. Residents can choose to move between the levels based on their needs. Family, POAs, administrators, and doctors can also help make the decision as to which level a resident should live on. The therapeutic recreation department will also work closely with nursing, dining, social work, and wellness. The TR department serves approximately 85 residents.

Vision Statement

Helping older adults and their families feel more excited about their new home every day.

Mission Statement

The mission of Open Armes Therapeutic Recreation Department is to help older adults live well throughout the later stages of their lives by providing recreation, leisure, wellness, education, and fun.

Goals and Objectives

1. For quality improvement, the TR department will distribute and review the customer satisfaction surveys by August 1, 2015.
   a. The TR department will distribute surveys to independent living and assisted living, and will mail surveys to families in health care and memory care by June 1, 2015.
b. The TR department will remind residents in independent living and assisted living and families of residents in health care and memory care by July 1, 2015.
c. The TR department will read and review satisfaction surveys as they are received at weekly staff meetings.

2. For staff improvement, the TR department will promote continuing education of staff yearly.
   a. The TR department will hold in-service trainings for the staff two times per year.
   b. The TR department will provide payment for two staff members to go to annual conference one time per year.
   c. The TR department will meet to discuss plans for next year and change programs based on new knowledge on December 1, 2015.

3. The TR department will provide at least 15 programs every week for the calendar year of 2015.
   a. The TR department will make monthly calendar for each level of care by the 25th of each month in preparation for the next month.
   b. The TR department will discuss program changes, cancellations, and addendums at weekly staff meetings.
   c. The TR department will write down the plan for each program, in the case that another staff member has to fill in for that program.

**Scope of Care**

At Open Armes CCRC, we will use the Leisure Ability Model. It is important to me that the residents get the three stages: Functional Intervention, Leisure Education, and Recreation Participation. Also, when residents use intrinsic motivation, of choice, and flow to participate in recreation, they will be happier (Stumbo, 1998).

1. Jewelry Making Group
   a. Utilize creativity to make necklaces, bracelets, and earrings.
   b. Use fine motor skills to add beads to jewelry wire.
This is a program that addresses creativity, socialization, and fine motor skills. This group also helps residents to be proud of something they can create and show off.

Jewelry Making meets two afternoons per week for 60 minutes.

2. Morning Coffee
   a. Socialize with other residents over coffee, tea, and other beverages.
   b. Watch the local and world news.

This is a program that addresses socialization and relationship growth between residents. This is also a form of reality orientation as it addresses daily news topics in both the local and world news.

Morning Coffee meets every morning Monday-Friday for 30 minutes.

3. Arthritis Aquatics
   a. Improve overall joint health with exercises from the Arthritis Foundation
   b. Learn water safety skills

This is a program that addresses joint health for people with arthritis. This program also teaches basic water safety skills in order for the residents to get into the water and feel comfortable swimming and doing aerobics.

Arthritis Aquatics meets once a week for 60 minutes.

4. Growing Your Garden
   a. Learn about proper gardening techniques, skills, and tools.
   b. Grow different flowers, herbs, and vegetables.

This is a program that utilizes horticulture therapy to teach gardening skills, techniques, and tools. It also helps residents to feel proud of the items they can grow.

Growing Your Garden meets once a week for 60 minutes.
5. Bingo
   a. Use cognitive abilities to keep up with game and play appropriately.
   b. Utilize this activity to measure residents’ cognitive functioning.

This is a program that addresses residents’ cognitive functioning while being a fun game for them to win. It also helps residents feel proud of themselves for winning.

Bingo meets two mornings a week for 60 minutes.

6. Sports Talk
   a. Socialize with other residents.
   b. Learn about recent sporting events.

This is a program that addresses socialization and relationship growth between residents. It is aimed towards men to get together and feel as though they can still have their “man time.”

Sports Talk meets two evenings a week for 60 minutes.

Disabilities Served

- Dementia: Individuals with dementia display deficits in short and long term memory. In some cases, individuals display aggression, wander, or become easily agitated. Due to the wandering tendencies of individuals with dementia, they can sometimes reside in a locked residence. The level of functioning depends on how severe the disease is. Most individuals will need assistance with their ADLs.
- CVA: Individuals who have had a stroke may have a difficult time speaking and understanding speech. Based on the severity of the stroke, the individual might experience weakness, numbness, pain, or become paralyzed, especially on one side of the body. Individuals might have a hard time walking and may become wheelchair bound (Stroke, 2014).
- Parkinson’s Disease: Individuals who have Parkinson’s disease have tremors, usually starting in the limb and moving down to the hand and fingers. Individuals may also have slowed movement, rigid muscles, and impairment balance.
Individuals with Parkinson’s disease may have to start using a wheelchair (Parkinson’s Disease, 2014).

- Depression: Depression can affect any person at any time. However, older adults often face depression due to lack of family support, loss of friends and loved ones, and news of terminal illness. Individuals with depression are often difficult to motivate.

- ALS: Individuals with ALS typically see muscle weakness and atrophy in the hand and limb first. While ALS progresses individuals may develop problems with moving, swallowing, and speaking or forming words. Also, some symptoms of upper motor neuron involvement include spasticity and exaggerated reflexes including an overactive gag reflex can occur. Individuals with ALS are often in a lot of pain and have a difficult time leaving their bed. Recreation must often be brought to them (Amyotrophic, 2014).

**Policies and Procedures**

1. Program Cancellation
2. Attendance Policy
3. Severe Weather Procedure
4. Use of Vehicles
5. Lunch Breaks
6. Smoking Policy
7. Animal Assisted Therapy Policy
8. Volunteer Policy
9. Overnight Guest Policy
10. Outing Registration Procedure (for residents)
11. Medical Emergency Procedure
12. Code Red Procedure (gunman, suspicious person, etc.)
13. Intern Policy
14. Power Outage Procedure
15. Vacation and Holiday Policy

**Staffing**

- Ellery Pippin, CTRS: Manager of the TR department, full time. Ellery has worked in both long term care and community parks and recreation. She has been a CTRS for 7 years. Ellery got her BS in Therapeutic Recreation at Longwood University
Ellery is CPR/AED/First Aid certified and also has a certification in Arthritis Aquatics from the Arthritis Foundation.

- Madelyn Smith, CTRS: Full time. Madelyn has worked in long term care since the day she became a CTRS. She has been certified for 4 years and worked with Open Armes for 3 of those years. Madelyn got her BS in Recreation and Tourism Management with a concentration in Therapeutic Recreation from Old Dominion University (Academic Programs, 2014). She is currently working on a MS in Gerontology from Virginia Commonwealth University (Department of Gerontology, 2013). Madelyn is CPR/AED/First Aid certified. She is almost finished with her certification in Zumba Gold.

- Clark Matthews: Full time. Clark has recently graduated within the last 3 months and has not taken his NCTRC exam. However, he is signed up to take it next month. He has only worked with Open Armes for 2 months. Clark has done two internships; the first was at a psychiatric hospital and second with community parks and recreation. This is his first experience in long term care, but he is excited for the opportunity. Clark graduated with a BS in Therapeutic Recreation at Longwood University (Longwood University, 2014). He is CPR/AED/First Aid certified.

- Betty Miller, CTRS: Part Time. Betty retired within the last 4 years, but she has decided that she wants to come back part time for extra money. Betty has been certified for 35 years. In those 35 years, she has worked in physical rehabilitation, long term care, and veteran’s affairs. She graduated with a BS in Therapeutic Recreation from Virginia Commonwealth University. Betty is CPR/AED/First Aid certified. She also recently got her certification in Laughter Yoga.

- Andrea Spiller, MT-BC: Part Time. Andrea works both at Open Armes and at another CCRC in the area. She has worked at Open Armes for 5 years. Andrea graduated with a BS in Recreation and Tourism Management with a concentration in Therapeutic Recreation from Old Dominion University (Academic Programs, 2014). Andrea went
on to complete her Master of Music in Music Therapy degree from Shenandoah University (Shenandoah, 2010). Andrea is CPR/AED/First Aid certified.

- Therapeutic Recreation Intern: Seasonal. At Open Armes, we are always willing and excited to take on student interns. We take both junior and senior interns. Interns would be expected to run programs, make calendars, do 1:1s, go on outings, and any other tasks completed by other recreation therapists. Interns must be certified in CPR/AED/First Aid.

**Budget**

**Staffing**

2 Part time Therapists - $15.00/h = $15,840 x 2 = $31,680

2 Full time CTRSs - $42,000/y x 2 = $84,000

1 Full time CTRS Department Manager = $52,000

1 Recreation Therapy Intern = **Free**

Total Staffing Budget: **$167,680**

**Programming**

Marketing: flyers, invitations, newsletters, posters, websites, newspaper ads, etc. - **$3,500**

Equipment/Supplies: jewelry beads, pool equipment, gardening equipment, etc. - **$4,250**

Programming: outings, catering, room reservation, transportation, etc. - **$8,250**

Total Programming Budget: **$16,000**

**Miscellaneous**

In-service Trainings: hiring companies, catering lunches, etc. - **$2,000**
Continuing Education Units for Full Time Staff: Conferences, workshops, etc. - $3,500

Total Miscellaneous Budget: $5,500

TOTAL ANNUAL BUDGET: $189,180

At Open Armes CCRC we utilize the revenue and expense budget. It is important that we can look at what has happened in the past to shape and mold our future. While profit is not the number one goal, it would be nice to still make a profit. Each department turns in the amount they need for that year. With this type of budget, there is still room to move things around and to be more general when making the budget (Bailey, 2014).

Program Evaluation

For the programs at Open Armes CCRC, programs will always get evaluated. It is the number one way to know how effective a program is and who is attending the programs. In order to keep up with participation, each staff member will be in charge of their own programs. For example, if Clark runs the Bingo sessions every week, then he will be in charge of taking the participation log with him to Bingo and checking off people as they get there. He will also have to note if they were engaged, sleeping, agitated, or present but not engaged. For many of the programs, it will be up to the therapist running the program to keep up with observational notes. If they choose to do that in a notebook, binder, or mentally, that is their choice. Also, it will be up to that same therapist to put the notes formally into the computer for the day.

Participation binders will be checked at the end of every month to make sure if it still being recorded. If the therapists stop taking participation, then there is not much evidence when we talk to the families and POAs at care plan meetings. Formal notes put into the computer will be audited by the TR department every 6 months. Also, the TR department will send out customer satisfaction program evaluations once a year. Once the evaluations come back, the TR department will review them and act upon them as necessary.
References


