

A RESOURCE FOR SENIOR LIVING

Vital Elder TV

Senior Living Regulatory Alignment Guide

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Meaningful programming. Stronger communities.

A regulatory alignment guide for administrators, clinical directors and life enrichment teams

How Vital Elder TV fits

Virtual classes can add accessible, repeatable opportunities for movement and connection to your community's activity program. This guide shows how to use them in ways that support resident preferences, individualized participation and quality of life.

A practical starting point: chair-based movement

Vital Elder TV begins with gentle movement from a chair, within a broader vision of vitality and flourishing for older adults aging in place or aging in community. In senior living, a class can become a regular invitation to participate, enjoy a shared experience and reconnect with others.

Use this guide to connect that invitation to your existing assessment, care planning and activity practices. Examples focus on chair-based classes; they do not assume that future offerings such as journaling or book groups are already available.

Designed for your team

Administrators: assess operational fit and value.

Clinical directors: review suitability, support needs and escalation procedures.

Activity and life enrichment leaders: select classes, facilitate participation and record resident response.

Scope: U.S. nursing homes and assisted living communities. Federal nursing-home requirements and state assisted-living rules have different applicability. Sources reviewed October 16, 2026.

Educational resource. Vital Elder TV is not CMS-approved or a guarantee of compliance. Alignment depends on the community's selection, delivery and documentation of the program.

01 The regulatory connection

The following crosswalk connects regulatory priorities to suggested use of Vital Elder TV. The implementation examples are recommendations, not agency determinations.

Regulatory anchor	Connection to Vital Elder TV	Community responsibility
Activities and quality of life 42 CFR 483.24(c)(1); F679 [1,2]	Offer an approved chair-based class as one option within a varied activity calendar.	Match opportunities to assessed interests and abilities; include individual and independent choices as well as groups.
Qualified program direction 42 CFR 483.24(c)(2); F680 [1,2]	Give the activity leader an additional resource to select and integrate.	Retain qualified program direction. Assign trained facilitators and appropriate support under facility policy and applicable rules.
Person-centered care planning 42 CFR 483.21(b) [3]	Use a resident-selected class as an approach toward an individualized participation goal.	Set appropriate goals, identify assistance and review the resident's response with the care team.
Resident choice 42 CFR 483.10(f) [4]	Invite residents to choose a class, a shorter session or another activity.	Respect preferences, schedules and decisions to decline; offer meaningful alternatives.
Activity preferences MDS 3.0, Section F [5]	Use assessed preferences to inform invitations and class selection.	Complete required interviews and coding using the current RAI instructions; attendance does not establish a preference.

Applies to certified nursing homes: These federal anchors relate to Medicare- and Medicaid-certified nursing facilities. Assisted living communities should use the state review process on page 4.

Playing a video alone does not demonstrate that an individual's needs have been met. A recorded class can be participatory when a resident chooses it and receives suitable support; two-way video is not a universal federal requirement. [1,2]

02 From a class to a resident experience

Make chair-based movement personal

Class use	Suggested approach	What to observe
Small-group class	Ask who enjoys movement with others. Introduce the session, provide the approved seating setup and allow breaks.	Comfort, chosen participation, assistance needed and interest in returning.
Individual session	Offer a resident who prefers quiet or cannot attend the group a suitable individual session, with support as assessed.	Whether the format suits the resident and whether access barriers remain.
Shorter participation	Use an approved portion of a class when the full session is unsuitable. Let the resident rest or stop.	Actual duration, fatigue, preference and whether a shorter option works better.
Memory-support setting	Have the care team review suitability. Use simple cues, a familiar routine and individual assistance where needed.	Nonverbal comfort or distress, response to cues and need for a different approach.

Suggested facilitation sequence

Before: preview the class; review relevant support needs; check visibility, sound, seating and space; explain the choice to participate.

During: welcome residents by name, model approved options, invite pauses and observe each participant. A screen does not provide supervision.

After: ask what residents enjoyed, invite conversation and record useful observations. Adjust the next invitation accordingly.

Example of an individualized approach

A resident says she misses exercising with friends. The team offers a chair-based Vital Elder TV class with a small group and her assessed assistance. Afterward, staff ask whether she would like to return. Her preference and observed response guide the next step.

Movement classes are general wellness activities, not a substitute for prescribed rehabilitation or individualized clinical treatment. Suitability must be assessed for each resident. Do not infer fall reduction, functional improvement or other clinical outcomes from attendance.

03 Use it safely in your setting

Clinical director review

- 1. Review the content.** Preview the intended class and movements before introducing it. Decide which residents, settings and modifications are appropriate; obtain individualized clinical input when indicated.
- 2. Identify support.** Review relevant movement restrictions, transfer and seating needs, fatigue, cognition, hearing and vision. Specify supervision and assistance. A seated format does not make every movement suitable for every resident.
- 3. Prepare staff.** Explain approved adaptations and the response to pain, dizziness, unusual breathlessness, distress or other concerning changes. Stop the activity and follow the community's clinical or emergency procedure as appropriate.
- 4. Review experience.** Share significant observations with the care team and revise the approach when needs or preferences change. Keep wellness participation distinct from therapy documentation and billing.

Assisted living: complete a state-specific review

Assisted living is primarily governed by state licensing or certification requirements. CMS F-tags and MDS requirements do not automatically apply to an assisted living residence. Memory care may have additional state requirements.

Check with your licensing authority	Record before launch
Activity and service-plan requirements	Applicable rule and section; how the class fits resident interests and the service plan.
Staffing, training and supervision	Required roles, facilitator training and assessed assistance during classes.
Memory care and accessibility	Any additional program requirements; communication, sensory and cognitive supports.
Documentation and resident rights	Required records, choice and refusal procedures, privacy practices and review dates.

Massachusetts example: Consult the current 651 CMR 12.00 and state assisted-living guidance. This guide does not certify compliance with Massachusetts or any other state's requirements. [6]

04 Document participation. Demonstrate value.

Printable logs and optional viewing tracker

Vital Elder TV offers printable tracking sheets to help staff record class use and resident participation. An optional virtual program viewing tracker can also help communities monitor which programs are watched. Use these tools alongside your approved resident records and documentation practices.

A useful note connects resident preference, the opportunity offered, support provided and actual response. Follow your facility's documentation policy. The example below is a suggested format, not a required CMS form.

Sample participation note - fictional example

Date/time: _____ Class/title: _____

Resident preference/goal: Enjoys movement with others; wants a small group.

Offer and choice: Accepted invitation to chair-based class.

Participation: Joined 12 minutes of the session with planned staff cueing; chose to rest for the remaining time.

Response: Smiled and spoke with a peer afterward; said she would like a shorter class next time.

Follow-up: Offer an approved shorter session. Report any clinical concerns through the usual process.

Staff name/role: _____

Record declines respectfully and ask about alternatives when appropriate. Record only what staff actually observed or the resident reported. Keep resident-identifiable information in approved systems; do not enter it into public video comments.

05 Evaluate the community benefit

A simple 30-day evaluation

Start with a suitable group and an agreed schedule. Collect a baseline where practical, then review whether the classes add value for residents and staff. These are suggested measures, not promised results.

Potential benefit	How to evaluate it
More consistent opportunities	Compare planned sessions with sessions actually delivered and record reasons for cancellations.
Resident enjoyment and connection	Ask residents whether they want to return; note meaningful interaction and individual preferences.
Useful support for staff	Track preparation and facilitation time, assistance required and staff feedback.
Better reach	Track whether residents who missed other activities were offered a suitable alternative.
Value for the community	Compare total program costs and staff time with participation, satisfaction and operational fit.

A viewing record shows program use; it does not by itself establish who participated, how they responded or whether a care-plan goal was met. Staff should add those observations. No automated MDS coding or clinical-record integration is implied.

06 Bring Vital Elder TV into your community

A well-chosen virtual class can give residents another reason to gather, participate and enjoy the day. Its value comes from the combination of engaging content, resident choice and thoughtful delivery by your team.

Your launch checklist

1. Designate the administrator, clinical reviewer and activity lead.
2. Confirm your applicable federal and state requirements.
3. Preview classes and select those suitable for your residents.
4. Invite residents based on their interests and assessed needs.
5. Prepare equipment, staff support and a meaningful alternative.
6. Record participation and response in your existing system.
7. Review the first 30 days and adjust the program.

Explore Vital Elder TV

Visit **vitalelder.tv** to explore the programming and discuss how it could fit your community's activity calendar.

Official references

[1] 42 CFR 483.24, Quality of life; activities requirements in subsection (c). [Open official source.](#)

[2] CMS State Operations Manual, Appendix PP: F679 and F680. [Open official source.](#)

[3] 42 CFR 483.21(b), Comprehensive person-centered care planning. [Open official source.](#)

[4] 42 CFR 483.10(f), Resident rights: self-determination. [Open official source.](#)

[5] CMS MDS 3.0 RAI Manual, Section F: Preferences for Customary Routine and Activities. CMS lists v1.20.11 as effective October 1, 2026. Use the version applicable to the assessment date. [Open official source.](#)

[6] Massachusetts: 651 CMR 12.00, Certification Procedures and Standards for Assisted Living Residences. [Open official source.](#)

Prepared by Vital Elder | October 2026. Regulatory references reviewed October 16, 2026. Requirements and guidance can change; verify current applicability before implementation. Educational information, not legal advice or an individualized clinical protocol.