



Golden Years

Strength & Mindfulness Orientation

CMS Grant 2025

Agenda

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II. Wellness Offerings - Four Wellness Pillars & Programming

III. Preparing for Success

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- c. Staff Needed
- d. Schedule
- e. Access to Important Links
- f. Golden Years Support
- g. Contingency Plan for Unexpected Issues
- h. Boosting Participant Engagement
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Golden Years

With over 20 years of experience, we provide personalized wellness services for employers & employees, individuals & families, and older adults & caregivers.

Golden Years embeds evidence-based fitness and wellness practices throughout the week to bring structure, connection and vitality to every day.



Why did we write this grant?

To support residents, by:

- Enhancing their QoL - by decreasing social isolation, anxiety and depression
- Increasing strength and mobility - therefore decreasing fall risk

We also want to support YOU by providing a reliable, impactful, & fun daily activity



Wellness Offerings



Golden Years Program

Our program consists of four wellness pillars.

1



Daily Activity –
7 days a week

2



Monthly Wellness
Tips Newsletter

3



Quarterly
Educational Class

4



On-Demand
Wellness Library

Golden Years Program

We've crafted a unique program to address the challenges nursing homes face in North Carolina.



Daily Activity

- **What:** Chair-based, live-streamed class (movement, breathwork & mindfulness)
- **Why:** Community, fall prevention & focus on mental health
- **When:** 7x a week, 10:30 - 11am EST
- **Accessibility:** Reduced cadence, closed captioning & flexibility to play from multiple screens



Tips Newsletter

- **What:** Published tips focused on the latest wellness research
- **Why:** Support lifelong learning & caregiver support
- **When:** Monthly
- **How:** Sent via email to staff members and posted in the Wellness Library

Golden Years Program

We've crafted a unique program to address the challenges nursing homes face in North Carolina.



Educational Class

- **What:** Educational wellness-based masterclasses
- **Why:** Support lifelong learning & caregiver support
- **When:** Last Thursday of the quarter, 1 - 1:30pm EST



Wellness Library

- **What:** Digital hub of resources for residents, family, and staff
 - 30 min daily activity videos
 - Quick videos on stretching & other activities
 - Tip newsletters
 - Educational classes
 - Golden Years calendar of activities
- **Why:** On demand access to resources

Preparing for Success



Technology Needed

Access to the Internet and reliable Wi-Fi, and TV or screen for viewing

Classes delivered via Vimeo (via a Vimeo link) - no Vimeo account needed

TV or screen for Vimeo

Laptop or mobile device for connecting the Vimeo to the TV

Playing the Vimeo on the TV:

Via wired connection: HDMI cable to connect laptop to TV

OR via wireless connection: Smart TV or ability to mirror screens via Chromecast, Roku, or Apple TV



Daily Activity Checklist

Daily Activity Logistics

- Classes are chair-based. Please assure the room is set up ahead of time
- There will be a “pre-roll” from 10-10:30 AM so that the screen is not blank
- The daily activity will be anonymous for residents because it will be live streamed, and therefore...
- Residents will not be able see or hear each other; and the teacher will not be able to see or hear the residents.

Each day a staff member should:

Bring residents the viewing location 10 minutes or less before the start of class

Ensure the TV is able to broadcast the Vimeo (see *Technology Needed* section)

Click the Vimeo link to begin the class



Facility Checklist

Staff Needed

- A staff member will be needed to turn on and off the activity every day
- We will email the Wellness Tips Newsletter to our contact at your facility each month. A staff member should be designated to email the newsletter out to residents, staff, families, caregivers and/or post a printed copy in the facility.
- A staff member will be needed to turn on and off the quarterly educational class (Vimeo).

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Is your facility contact up to date?
Please update PC if that he/she changes.

Who is responsible for turning on and off the daily activity?

Who are two other people that will be available to run the daily activity if the designated staff member is out of office?

Who will have access to the daily activity Vimeo link?

Who will disseminate the monthly tips newsletter to residents?

Staff Check-In Survey: We will email a class survey after the first few weeks of classes.

Michael is available at any time for feedback or questions about the program.

Schedule

Daily Activity: 7-days a week: 10:30-11:00AM ET

Monthly wellness tips newsletter: mailed first Thursday of each month

Quarterly educational class: last Thursday of each quarter: 1-1:30pm ET

Educational Class Dates

- 3/27/25
- 6/26/25
- 9/25/25
- 12/18/25
- 3/26/26
- 6/25/26
- 9/24/26
- 12/17/26
- 3/25/27
- 6/24/27
- 9/30/27
- 12/16/27

DAILY



Strength & Mindfulness Training

10:30 - 11:00 AM ET

MONTHLY



Wellness Tip

First Thursday of the month

QUARTERLY



Education-Based Class

Last Thursday of the quarter
Time 1-1:30pm ET

Access to Important Links

- The daily activity Vimeo **link will be the same every day**, and can be found in the Wellness Library or stored where it is convenient for your team.
- **Please designate a staff member** to be in charge of facilitating playing the daily activity, and have **two back-ups** if they are out of office.
- The **Wellness Library** link where you can find the Vimeo link as well as previous class recordings is: <https://years.heyitsgolden.com/nc-home>



Contingency Plan for Unexpected Issues

Technical Issues:

- If the Vimeo is not beginning or loading, check your WiFi connection.
- If the technical issues are not resolved in 3-5 minutes, please email or call Michael, and describe the issue you are experiencing.

Facility Personnel Issues:

- If the staff member in charge of running the Daily Activity is unexpectedly out, the facility should be prepared with a back-up staff member who is familiar with this manual.

Boosting Participant Engagement

- **Word of Mouth:** Talk to your residents, staff, and family about the daily activity and encourage them each to attend.
- **Scheduling:** Add these classes to your regular activities schedule.
- **Flyers:** Print and post class flyers on communal bulletin boards, bathrooms, elevators, etc.
- **Monthly Newsletter:** Print the monthly tips newsletter and post it throughout your facility or hold a monthly readout and discussion.



Boosting Participant Engagement

- **Other Communications:** Use other communications already going out to residents and families as a chance to talk to them about their wellness offerings.
- **Including Families:** Encourage residents' family members to join in on the daily activities or quarterly educational classes!

P.S. Use this as a sales tool for prospective residents!





Facility Checklist

Data Collection

- All CMP Grants require outcomes data to validate effectiveness of each program.
- Program's outcomes measures include satisfaction with activities and number/severity of falls for up to 10 residents participating in the program.
- The Satisfaction survey is just 3 questions, and the falls data is collected from MDS 3.0 (J1800/J1900)
- The data will be collected at the start of the program and every 6 months thereafter.
- A data log will be provided and used (without resident identifiers) to submit data by email to the Program Director.

Who will maintain a log of program participants?

Who will collect Satisfaction surveys?

Who will collect MDS data?

Who will document data onto the outcomes measures log and submit data log to Program Director?

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Data Collection



FOR FACILITY USE ONLY:

Resident Identifier Log for Golden Years Program

Resident	Identifier Number	Start Date	Inactive Date

Data Collection



Resident/Representative Satisfaction Survey

This survey collects anonymous feedback of your satisfaction residing in this nursing home. Your responses will help improve our culture and overall satisfaction with care and services. Thanking for taking the time to complete the survey!

Your survey responses will...

- **Help** your opinions be heard.
- **Help** make leadership aware of areas that need improvement.
- **All responses are confidential and anonymous.**

Please note: Family members may complete the surveys for the residents they represent. Champions can assist residents as needed to complete the survey. We suggest the resident must have a BIMS score above 8 to complete the survey.

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PLEASE CHECK BOX FOR RESIDENT OR FAMILY THEN CIRCLE YOUR RESPONSES TO EACH QUESTION

		poor	fair	good	excellent
<input type="checkbox"/> Resident	<input type="checkbox"/> Representative				
1	Are there enough scheduled activities here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are there things to do on weekends that you enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you/resident satisfied with the exercise programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score:

Date:

Thank you for taking this survey!


Data Collection

Resident _____	Identifier _____	Date _____
Section J Health Conditions		
Other Health Conditions		
J1100. Shortness of Breath (dyspnea)		
↓ Check all that apply		
<input type="checkbox"/>	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)	
<input type="checkbox"/>	B. Shortness of breath or trouble breathing when sitting at rest	
<input type="checkbox"/>	C. Shortness of breath or trouble breathing when lying flat	
<input type="checkbox"/>	Z. None of the above	
J1400. Prognosis		
Enter Code <input type="checkbox"/>	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes	
J1550. Problem Conditions		
↓ Check all that apply		
<input type="checkbox"/>	A. Fever	
<input type="checkbox"/>	B. Vomiting	
<input type="checkbox"/>	C. Dehydrated	
<input type="checkbox"/>	D. Internal bleeding	
<input type="checkbox"/>	Z. None of the above	
J1700. Fall History on Admission/Entry or Reentry		
Complete only if A0310A = 01 or A0310E = 1		
Enter Code <input type="checkbox"/>	A. Did the resident have a fall any time in the last month prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine	
Enter Code <input type="checkbox"/>	B. Did the resident have a fall any time in the last 2-6 months prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine	
Enter Code <input type="checkbox"/>	C. Did the resident have any fracture related to a fall in the 6 months prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine	

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Enter Code <input type="checkbox"/>	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent? 0. No → Skip to J2000, Prior Surgery 1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

Section J Health Conditions	
J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Coding: 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
	<input type="checkbox"/> B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
	<input type="checkbox"/> C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Data Collection

	A	B	C	D	E	F	G	H	I	J	K	L	M
1		Nursing Home Name:											
2		Project Duration:		02/01/2025 - 01/31/2028									
3													
4	Resident ID #	Start Date	Active Y/N	Initial J1800 Code	Initial J1900 Code	Initial Sat Survey Score	Month 6 J1800 Code	Month 6 J1900 Code	Month 6 Sat Survey Score	Month 12 J1800 Code	Month 12 J1900 Code	Month 12 Sat Survey Score	
5													
6													
7													
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Golden Years Support



Michael Wald, Program Coordinator

e: mw@goldenyears.co

c: (917) 863-1796

Calendly link: <https://calendly.com/michaelgoldenyears/30min>

Reach out to Michael with any program-related questions and lookout for emails from him regarding program materials!



Dr. Rick Kral, Program Director

e: rickkral@2nomi.com

c: 828- 507- 2366

You'll hear from Rick when it's time to collect the analytics and reporting needed for the state!

Golden

**Thank
you!**

The team of experts behind this project.

1

Golden Years

20 years of experience
creating mindfulness &
wellbeing programming.
- Michael Wald, JD, RYT
- Julie Wald, MSW, RYT

2

Network

Golden's network of highly
experienced & vetted
wellness professionals.

3

Grant Partner

Dr. Rick Kral, DNP,
LNHA, CGCP, NEA-
BC, CDP, CPPS

4

Geriatrician

Dr. Claire Davenport, MD
helped create the 30-
minute class format.