AANHR
Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING HOME RESIDENTS
May 2017

Conway (501) 450-9619

AANHR’s Mission Statement:
“To protect and improve the quality of care and life for residents in Arkansas nursing homes.”

Next Meeting
May 8
Meeting Place:
First Assembly of God Church
4501 Burrow Road
North Little Rock
Directions to church:
On back of Newsletter.

10:00 - 11:00 A.M.
Open Forum

11:00 A.M.
Public meeting
(See article at right.)

May 8th Meeting:
Bernie Quell, LPC Presents Options For Nursing Facility Residents

Bernie will be presenting information on the State Law that initiated Options Counseling and the process to comply with the law. The A+ Team responds directly to residents in Nursing Facilities who request Options Counseling. Residents are visited in person by an A+ Team member who provides information on potential resource “Options” available to the resident that might facilitate a move to a least restrictive environment.

Bernie Quell is Program Manager for the Alternatives Plus (A+) Team within the Division of Aging and Adult Services. He is a graduate of the University of Arkansas with a Masters Degree in Rehabilitation Counseling and is a Licensed Professional Counselor (LPC). His background includes providing direct service to individuals with traumatic brain injury, chronic mental health issues, and spinal cord injury. He served as the Educational Director of a Central Arkansas Hospice program and has experience as an Adjunct Professor for the University of Arkansas. The Alternatives Plus (A+) Statewide Team provides Options Counseling to Nursing Home residents who have requested this service.

Please join AANHR members at 11:00 AM on May 8th to learn about this important option that may substantially improve a senior family member’s daily life.
From the President’s Desk . . . . Martha Deaver

Our AANHR Board members visited the wonderful newly opened Veterans Home in North Little Rock near Ft. Roots on April 10. Featured pictures are from that tour. In case you missed this great article printed in that day’s Democrat-Gazette we are reprinting it:

Vets Call New Home Special; North Little Rock Facility’s Residents Praise Personal Attention, Setup

By Hunter Field
(Reprinted from AR Democrat-Gazette) April 10, 2017

A worker at the state’s new veterans nursing home spent a few minutes on a recent afternoon gently rubbing a frail resident’s white hair. The elderly veteran had parked his wheelchair beside a glass door to stare outside as a breeze blew across the 31 acres that two months ago became the home of the Arkansas State Veterans Home at North Little Rock. It was a small gesture that neither the man nor the young nursing assistant probably thought twice about, but it’s the type of thing that the facility’s administrators say makes it different. They say it doesn’t feel like a nursing home at all. Only the old men in wheelchairs and young women in scrubs give it away.

There is no cafeteria and no endless hallways lined with cramped bedrooms. Instead, there are cottages with open floor plans and workers like Raven Russell, who finished comforting the resident peering out the door Wednesday and asked another what he’d like for dinner. Russell has worked in other long-term care facilities, but this one, she said, is special. “I get to know all of them -- all their different needs and tics -- like the back of my hand,” she said. Russell is a certified nursing assistant, but at the North Little Rock veterans home nursing assistants do much more than administer direct care. They cook, clean and launder. They’re also encouraged to build relationships with the veterans, said Lindsey Clyburn, the home’s administrator.

The new $24 million home, located at 2401 John Ashley Drive in North Little Rock, marks the agency’s return to providing long-term care for aging and disabled veterans in central Arkansas. In 2012, the state -- home to an aging veteran population of about 250,000 -- closed the Little Rock Veterans Home, located since 1980 in the long-closed school for the blind on Charles Bussey Avenue, due to mismanagement, funding shortfalls and poor living conditions.

The North Little Rock facility, thus far, has been just the opposite, the veterans who live there said. “Ever since I moved here, it’s like I was uplifted to a new world,” said Joseph Dickerson, an 83-year-old Korean War veteran. “Everybody is so nice, so friendly, so clean.” Dickerson led an infantry squad during the Korean War. Now, he leads the group of eight elderly veterans at the new veterans home, serving as president of the resident council. The council already has big plans for the facility. The veterans hope to build an elevated vegetable garden and a playground for their grandchildren. Clyburn plans to secure grants and donations to fund those projects. As Dickerson discussed his first two months at the facility, five other veterans rolled their wheelchairs and scooted their walkers beside him. Each used a steady stream of superlatives to describe their new home.
"I wouldn't change it if I could," said 94-year-old Curtis Floyd, who stormed the shore of Normandy in 1944. "It's like a country club," said Sam Johnson, a 67-year-old U.S. Army veteran. It isn't a country club, but the home does sit on the grounds of the former Emerald Park Golf Course. Clyburn, whom the veterans speak glowingly about, takes new residents on a golf-cart tour of the property's rolling hills and three lakes.

Eight "Hero Homes" are spread across the property. Each has the capacity for 12 residents. Wood floors, stacked-stone pillars, and faux fireplaces give each a cottage feel. The veterans in each home share an open living, dining, and kitchen area, but each has a private bedroom and bathroom. The "small-home" design is intended to create a homier atmosphere than traditional nursing homes. Only two other facilities in Arkansas use a similar approach.

Dickerson, who had lived in a traditional facility since his wife died in 2009, said he wouldn't go back. One of the biggest benefits is how much his large family enjoys visiting. There's lots of space for the children to play outside, and the sometimes foul odors and institutional feel of typical nursing homes are nonexistent. "It's just like they're visiting you at home," Dickerson said.

Curtis, the World War II veteran, had lived with his son Alan's family for the past decade. He tried a traditional nursing home once, but it didn't work out. Curtis, like the other residents at the veterans home, is physically limited by age, but his mind remains sharp. "He stayed with us as long as he physically could," Alan Curtis said, adding that the veterans home "is wonderful for people like my dad." Floyd Curtis wants to see as many former military members take advantage of the new facility as possible. "The only question is: Why are we moving so slow?" Curtis said. "Let's get this place full of veterans."

Clyburn said the facility will start to fill the remaining 88 openings soon. In the next few weeks, the agency will request an inspection to receive certification to begin receiving payments from those on Medicare and Medicaid. Soon after, it will request a second certification from the U.S. Department of Veterans Affairs, so it may receive veterans who receive care through the VA. Those wishing to apply may do so at the Arkansas Department of Veterans Affairs website: veterans.arkansas.gov.
Reading and Understanding Surveys

When the Office of Long Term Care inspects or surveys nursing homes, any failures of the facility to meet regulatory requirements are noted on a form known as a 2567. The actual form specifies the regulation that was violated with a tag (for example, F224). It also notes the scope and severity of the violation. Description of tags is accessible online.

Each nursing home is required to post its most recent 2567 in an area where residents and their families and visitors can see it easily. Be sure to check the 2567 of your loved one's facility; and if it notes violations, follow up with the nursing home administrator to find out how and when the shortcomings will be corrected.

The table on the facing page explains some of the information included on the 2567. "POC" is Plan of Correction that the facility must develop and submit to OLTC in a timely fashion. "Scope" refers to number of residents affected. Level is defined by alpha letter with "A" being least severe to "L" being most.

Survey reports many times are displayed in a ring-binder near the facility's front foyer. Sometimes the report is in a cabinet drawer nearby with a notice of that presence on the cabinet or wall.

Volunteer Ombudsmen Needed

Regardless of whether or not you end up becoming a volunteer ombudsman, your knowledge will increase greatly by attending an ombudsman training session. Volunteer Ombudsman training takes only one day and can make an incredible difference in the life of a nursing home resident. A volunteer ombudsman is authorized to help the residents with any concerns. Protecting the resident’s rights is a priority. The volunteer ombudsman is authorized to take complaints and report things they see that are questionable to their regional ombudsman, who can take steps to remedy the situation.

A volunteer ombudsman can make a big difference brightening the life of a nursing home resident. After the day of training and a short orientation period one can become a Certified Ombudsman and can choose to be assigned to a specific nursing home where just two hours service per week is expected. If interested, please contact Martha Deaver at 501-450-9619; she will put you in touch with your regional ombudsman.
## Survey Reports: Information Included on Form 2567

<table>
<thead>
<tr>
<th>Severity</th>
<th>Scope</th>
<th>Level</th>
<th>Recorded on 2567</th>
<th>POC required</th>
<th>Potential penalties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate jeopardy</td>
<td>Widespread</td>
<td>L</td>
<td>Yes</td>
<td>Yes</td>
<td>Directed plan of correction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Directed in-service training</td>
</tr>
<tr>
<td></td>
<td>Pattern</td>
<td>K</td>
<td>Yes</td>
<td>Yes</td>
<td>State monitor</td>
</tr>
<tr>
<td></td>
<td>Isolated</td>
<td>J</td>
<td>Yes</td>
<td>Yes</td>
<td>Denial of payment for new admissions (DPNA)</td>
</tr>
<tr>
<td>Actual harm that is not immediate jeopardy</td>
<td>Widespread</td>
<td>I</td>
<td>Yes</td>
<td>Yes</td>
<td>Denial of payment for all admissions (DNA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Temporary management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Termination from the Medicaid program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Additional remedies imposed by State as it deems appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>One-time civil money penalty of $3,050 to $10,000 per day or $1,000 to $10,00 per instance</td>
</tr>
<tr>
<td>Actual harm that is not immediate jeopardy</td>
<td>Pattern</td>
<td>H</td>
<td>Yes</td>
<td>Yes</td>
<td>Directed plan of correction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>State monitor</td>
</tr>
<tr>
<td>Actual harm that is not immediate jeopardy</td>
<td>Isolated</td>
<td>G</td>
<td>Yes</td>
<td>Yes</td>
<td>Directed in-service training</td>
</tr>
<tr>
<td>No actual harm with potential for more than minimal harm</td>
<td>Widespread</td>
<td>F</td>
<td>Yes</td>
<td>Yes</td>
<td>Denial of payment for all admissions (DNA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>One-time civil money penalty of $3,050 to $10,000 per day or $1,000 to $10,00 per instance</td>
</tr>
<tr>
<td>No actual harm with potential for more than minimal harm</td>
<td>Pattern</td>
<td>E</td>
<td>Yes</td>
<td>Yes</td>
<td>Plan of Correction that is acceptable to OLTC.</td>
</tr>
<tr>
<td>No actual harm with potential for more than minimal harm</td>
<td>Isolated</td>
<td>D</td>
<td>Yes</td>
<td>Yes</td>
<td>No penalty imposed unless the facility does not submit a Plan of Correction that is acceptable to OLTC.</td>
</tr>
<tr>
<td>No actual harm</td>
<td>Widespread</td>
<td>C</td>
<td>Yes</td>
<td>Yes</td>
<td>Plan of Correction that is acceptable to OLTC.</td>
</tr>
<tr>
<td>No actual harm</td>
<td>Pattern</td>
<td>B</td>
<td>Yes</td>
<td>Yes</td>
<td>Plan of Correction that is acceptable to OLTC.</td>
</tr>
<tr>
<td>No actual harm</td>
<td>Isolated</td>
<td>A</td>
<td>No</td>
<td>No</td>
<td>Facility must assure OLTC that it will correct the deficiency.</td>
</tr>
</tbody>
</table>

**Note:** Shaded levels may be classified as substandard quality of care.
Involuntary Discharge

Lisa Thomas and Rose Tabor, AR Department of Human Services-Office of Long Term Care, staff members explained the ins and outs of involuntary discharge, as defined in OLTC rules, at a recent AANHR meeting. Ms Thomas is responsible for the training of all new surveyors and education for all CMS regulatory updates and regulation changes to both the surveyors and the nursing home industry.

Rules and regulations exist to protect our loved ones and set guidelines for their care. Involuntary discharge is likely defined as a discharge initiated by the nursing facility administration and one which was not sought by the resident. One must remember that the nursing facility room or half thereof is a resident’s home so certain parameters must be met when asking a resident to move to other quarters outside the facility.

According to (483.12 (A)(2) F201 statute the facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless (i) the transfer or discharge is necessary for the resident's welfare and/or the resident’s needs cannot be met in the facility. In some cases, where specialized care is required such as tracheotomy care, the facility staff may not have the necessary skills for a successful outcome. Other examples might include a patient who refuses to cooperate with wound care.

Sometimes (ii) a resident’s health has improved sufficiently so the resident no longer needs the services provided by the facility; (iii) if a resident’s presence is determined to endanger other residents or (iv) the health of other residents. Facility administration logically will err on the side of caution to protect the general population of the facility. If a resident has failed, (v) after reasonable and appropriate notice, to pay for (or have paid under Medicare or Medicaid) a stay at the facility.

Whatever scenario necessitates the need for an involuntary discharge it must be documented to the resident and/or his/her responsible party, in writing, thirty days prior to the date of discharge. In the industry, if it is not documented, it didn’t happen and the Office of Long Term Care (OLTC) charges a penalty against the facility for such infractions of the rules.
AANHR Special Thanks

We extend our heartfelt thanks to the following people and groups who make our outreach possible:

First Assembly of God Church in North Little Rock for providing AANHR a meeting room.

David Couch of The Law Offices of David A. Couch, PLLC, PA, for his support and assistance, and his providing POA documents pro bono.

Gary Miller of Prosmart Printing for assistance in newsletter and brochure publication.

The Law Office of Bob Edwards and Mrs. Edwards for providing financial assistance as well as AANHR Good Care booklets

M. Darren O’Quinn, Attorney, Little Rock, for his continued assistance to and support of AANHR.

Paschall Strategic Communications for their continued assistance with public relations needs.

AANHR Officers and Board Members

President - Martha Deaver, Conway (501-450-9619)
Vice President - Pat McGuire, Alexander, (501-847-1016)
Secretary - Julie Shaw, Memphis (901-508-0558)
Treasurer - Nancy Patterson, Searcy (501-305-4034)
Members of the Board: Nancy Allison, Conway (501-327-3152; Linda Brimer, Searcy (501-268-4699); James Brooks, North Little Rock (501-454-6279); Julie Edwards, Alexander (501-425-9959); and Ann Pinney, Benton (501-249-1084);
Newsletter Editors: Martha Blount, Searcy (501-278-9168); Marcy Wilson, Sherwood
Honorary Board Members: Faye Sandstrum, Searcy.

Helpful/Important Numbers

The Office of Long Term Care (OLTC) has a toll-free number for information, assistance and complaints for residents and family members:

Toll Free: 1 - 800 - LTC - 4887 between 8 a.m. and 4:30 p.m. on weekdays.

You may also write to: Office of Long Term Care (OLTC) P.O. Box 8059, Slot 400 Little Rock, AR 72203-8059
OLTC website: Http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx

You should also report complaints to the Arkansas Attorney General

Toll Free: 1 - 866 - 810 - 0016
Little Rock Local: 682 - 7760

For additional assistance or a listening ear, call AANHR at

(501)450 - 9619 in Conway

Visit our website at www.aanhr.org or e-mail us at Info@aanhr.org

Your local Ombudsman’s number should be posted in a prominent place in the nursing home, preferably near the front entrance. You may also call your local Area Agency on Aging to secure the name and phone number of the Ombudsman.

The UALR Senior Justice Center can be reached at: 501 - 683 - 7153.
www.uarl.edu/senior justice
Strength in Numbers, AANHR Needs You!!

AANHR is a nonprofit organization run by non-paid volunteers dedicated to protecting and improving the quality of care and life for Arkansas residents in long term care facilities.

Won’t you please lend your support to us by joining our organization? Your membership dues help to pay for our activities that support our mission statement. Memberships are available on a calendar year basis. Join now and you will be a member through December 31, 2017.

Today’s Date____________________________________

Name__________________________________________

Mailing address__________________________________

City/State/Zip__________________________________

Phone_________________________________________

Email__________________________________________

( ) I wish to receive the AANHR newsletter.
( ) $20 per family or corporate membership.
( ) Waive dues because of financial hardship.

Please make checks payable to: AANHR and mail to 111 River Oaks Blvd, Searcy AR 72143.