



AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING HOME RESIDENTS
March 2019

Conway (501) 607-8976

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

**Next Meeting
March 11th
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.
Program Speaker:
(See article at right.)**

**Happy
St. Patrick's
Day!**



**AANHR Meeting March 11th
Topic: Behavioral Requirements
for Residents
Speaker: Stormy Smith**



Stormy Smith recently retired as Program Manager with the Office of Long Term Care (OLTC) where he had been employed since 1991. Stormy retired July 31, 2018. However, he can/does share his wealth of knowledge on nursing facility issues.

Stormy received his Bachelor of Science in Business and Industry from Mississippi State University. He is a Certified Surveyor, Licensed Nursing Home Administrator and a Certified Public Manager. Stormy started in the Arkansas Long Term Care industry in 1973 as a nursing home administrator.

While employed at OLTC, Stormy reviewed all of the Incident and Accident Reports from nursing facilities and he was on the committee that reviewed all Abuse Investigation Reports from nursing facilities. He also conducted training programs on nursing home abuse and neglect as it pertains to the Adult Maltreatment Act, and state and federal regulations.

Stormy reviewed and processed all of the Freedom of Information Act (FOIA) requests for the Office of Long Term Care (OLTC). Please join us at 11:00 AM on March 11th to learn more about behavioral requirements for nursing home residents and their role in the resident care.

AANHR is an ALL VOLUNTEER 501 C-3 non-profit organization.
No AANHR member receives compensation for his/her advocacy activities. THEREFORE, AANHR is very appreciative of the ongoing financial contributions of our members and supporters. Please consider supporting our advocacy with a financial contribution.
See details on page 8 of this newsletter. Thank You!



From the President's Desk Martha Deaver

Surveys aka nursing facility inspections have been on my mind of late especially after the not so good report from our North Little Rock Vets home's inspection. This is a state of the art facility that our group has visited and which I had a part in its formation.

As many long time AANHR members know I spend a great deal of time visiting with family members who encounter problems with the care their loved ones receive in nursing homes and also looking over survey reports detailing deficiencies cited on facilities during surveys.

Stormy Smith, recently retired Program Manager with the Office of Long Term Care (OLTC) and a Certified Surveyor himself, will speak at our March 11th AANHR meeting about the Survey process for nursing facilities. Most readers likely picture a survey as a series of questions in order to get an opinion or evaluation of an issue, candidate etc. A better term for a survey as it relates to nursing homes might be inspection and its assessment.

Inspectors show up at the nursing home unannounced and spend hours, usually a few days, inspecting care methods, dietary offerings and procedures, medication dispensation and many other facets of the care the facility staff provides the residents under their care.

Currently regular inspections of nursing facilities take place at intervals of between nine and fourteen months. Therefore, if the facility where your family member resides has not had an inspection in the past year, facility staff might be expecting one shortly so might begin an improvement project to paint and spruce up, perhaps hire a few extra staff in order to prepare for an expected visit sometime soon. One of AANHR's board members once said he/she could tell if inspectors were in the building if a wet washcloth appeared on food trays because that normally did not happen.

Readers need to be aware that copies of these inspection aka deficiency reports are available to the public by contacting the state office of long term care. Deficiency reports do not require a Freedom of Information request and the best way to request/access one is by email. Requests should be specific as to name of nursing facility and the time period desired. Survey reports are also required to be available somewhere near the facility's primary entrance so interested parties may read through them.

CMS (Centers for Medicare Medicaid Services) is currently working to standardize survey reports nationwide. Therefore, if you arrive at the nursing facility during a survey you will likely encounter a surveyor who has been assigned to one hall, perhaps using a portable computer device that provides standardized questions to indicate whether deficient care methods or practices are present.

If/When deficiencies are cited the facility must provide within a set time period a remedy/ plan of action to correct it. Severity of the deficiency is contingent upon whether actual harm is present and the number of residents affected along with other criteria.

By the way, family members are allowed to visit with surveyors if they have questions. Sometimes family members will also be invited for an interview with a surveyor as will a sampling of residents.

Are You Prepared?

Attorney Ryan O'Quinn recently spoke to AANHR meeting attendees about Advanced Directives aka "planning for the future" however long that may be for each of us readers.

Ryan spelled out five components for being prepared in the advent of illness, incapacitation or death:

1. Last Will & Testament which details our wishes for who gets what and when. Be mindful when selecting Executor(s) as to their proximity to location of estate so as not to require excess travel to tend to executing the management and distribution of assets. Also, if more than one executor chosen -- be sure they can get along in order to work together.
2. Health POA (Power of Attorney) to act on ones behalf in the event of incapacitation. At this point, one must define incapacity and whether the POA is to take effect immediately upon signing (notarizing) the POA form or when one is determined to be incapacitated. It is also important to designate a succession for the POA in the event first choice is deceased.
3. Financial POA (can be same as health but not necessarily one and the same) to perform business decisions on behalf of an incapacitated person. This designated person can do everything the Grantor can do such as sign legal documents, withdraw money for bank etc. It might be wise to set limits on a financial POA such as they can't sell one's home or withdraw from a 401K.
4. A Living Will states end of life decisions when one is not "coming back" such as disconnecting the tubes. This decision may be deferred to the Health POA; however, also having a living will takes that decision burden off the POA.
5. Revocable Trust which one can set up and become the Initial Trustee of personal estate with other trustees who take over the property upon Initial Trustee's death without having to go through probate. Important property such as houses and land must be placed in the Trust to insure their smooth transition to heirs upon death.

A beneficiary deed was a sixth item mentioned during the meeting's discussion. Attorney O'Quinn spoke favorably of this document. One can file a beneficiary deed with the property county clerk which will convey property ownership smoothly upon one's death, thus avoiding probate. With a beneficiary deed one would be free to sell property before death if desired which would of course nullify this deed.

Most readers are aware of concerns for paying for nursing facility care in our later years. Having been asked about the Medicaid look back on assets that might have been sold or given to heirs, the proceeds/value of which could have paid for facility. Mr. O'Quinn noted that the equation dealing with this: value of property (for instance \$100,000) would be divided by the facility cost for a month of care (perhaps \$5,000) equals twenty months of care that a resident must pay before approaching Medicaid to pay for care.

Ryan provided much valuable information for senior citizens contemplating their "golden years". AANHR surely appreciates his sharing his expertise with our group. For anyone who would like more information, he can be reached at:

C. Ryan O'Quinn, Transactional Attorney at Quattlebaum, Grooms & Tull PLLC

Phone: 501-379-1736 | Fax: 501-379-3836

roquinn@qgtlaw.com

In Case You Missed It: Note from AANHR President Martha Deaver, "I was so disappointed upon learning about this after being part of a group involved in forming this facility. We all had such high expectations".

Regulators Rap Little Rock Veterans Home, Cite Client Perils

State's VA vows to appeal by [Hunter Field](#) (reprinted from Sunday 2-17-2019 [Arkansas Democrat-Gazette](#))

Regulators cited Arkansas' new state-run nursing home for veterans last month for the most severe level of violations, related to the verbal and possible physical abuse of clients at the facility.

Surveyors from the state Office of Long Term Care documented -- through facility records, interviews and physical evidence -- that the Arkansas State Veterans Home at North Little Rock's lax reporting and investigation procedures put residents in immediate jeopardy of serious injury, harm, impairment or death.

However, the Arkansas Department of Veterans Affairs intends to appeal the findings, saying in a statement that they may have been "tainted."

Federal regulators intend to fine the facility more than \$96,000 for the infractions at a time when the facility has struggled to make ends meet and hire and retain its staff.

Inspectors reported that the facility allowed a nursing assistant to continue working after the facility administrator determined that she had verbally abused a resident in September, according to a violation report, obtained through a public-records request.

The same nursing assistant was accused of physical abuse last month after a veteran was found with bruises on his face, but the facility failed to report the incident to the Office of Long Term Care as required by law, the report states.

Surveyors also faulted the facility for allowing a veteran with Alzheimer's disease to wander away from his cottage.

Facility leaders acknowledge the incident, but they plan to dispute the other findings. In a statement, the agency said it's taking the findings seriously, implementing new training and processes and adding staff to investigate the findings and monitor corrective actions.

The department has requested an "informal dispute resolution" with the Office of Long Term Care to discuss the abuse findings.

"In accordance with reporting instructions, [Arkansas State Veterans Home at North Little Rock] has asked for an Informal Dispute Resolution meeting with the Office of Long Term Care to review these findings as they have significant reason to believe the findings may have been tainted by misrepresentation of material facts and other irregularities," the statement said.

Asked to expound on the misrepresentation of facts and irregularities, a spokesman declined to elaborate because the matter is under appeal.

The Centers for Medicare and Medicaid Services reduces financial penalties by 35 percent if facilities waive their appeal rights. It's unclear if an informal dispute resolution amounts to an appeal under the center's rules, and a spokesman for the Office of Long Term Care didn't respond to a question on the matter Friday.

Additionally, the facility has uncovered 10 "events" that occurred between Dec. 21 and Jan. 1 that weren't reported to the nursing home regulators. The facility's administrator, Lindsey Clyburn, was asked to resign Dec. 31, but agency officials haven't said why.

"Within 24 hours of discovery, the appropriate notifications were made and all the incidents are under continuing investigation," the agency said in a statement. "As part of the investigation, subject matter experts from the Arkansas State Veterans Home-Fayetteville, multiple state agencies, the Arkansas Health Care Association and other consultants are assisting in accessing current practices and drafting Plans of Correction for discovered deficiencies."

Since Clyburn's ouster, the interim administrator has been Gina Chandler, who usually heads the agency's veteran service officer division.

Last year, Gov. Asa Hutchinson asked Arkansas Department of Finance and Administration Deputy Director Paul Louthian to oversee the home because of its financial hardships.

Louthian, in an interview last week, said that several potential administrators were being interviewed Friday. He acknowledged the home's staffing struggles (10 nurses have resigned or been terminated since March), but he said they'd hired some good nurses recently that he expects to make a positive difference. The home has also recently created a new position, adding a nurse practitioner to boost patient care.

Louthian and agency officials couldn't say what the home's monthly financial deficit is because they say they don't have time, given the short staffing, to compile those reports. However, he expects to begin accepting more residents soon in hopes of beginning to break even later this year.

"The issue we've had surrounding management and workforce has kind of held us steady, and the census has been that 76-77 number for a few weeks if not a few months," Louthian said. "We've told the governor's office that we can add a couple of people a month for the rest of the fiscal year. If we can get up to [the] upper 80s, we'd be real close to breaking even."

The state-of-the-art facility was the first veterans home built from the ground up for that purpose in Arkansas. The Arkansas State Veterans Home in Fayetteville is in an old hospital.

The North Little Rock home, which opened in 2017, has a 96-resident capacity and uses a "small-home design." The facility consists of eight cottages that are designed to feel more like private homes and less like a traditional nursing home.

That approach is expensive and requires more staffing compared with institutional-style long-term care settings. The agency has also been under budgeted, and it has requested \$2.2 million in state rainy-day funds to make ends meet over the past two years.

According to the survey report, in October, several nursing assistants and nurses told investigators that a nursing assistant got into several verbal altercations with an elderly veteran on the night of Sept. 30. Everyone interviewed by state inspectors, except the accused nursing assistant, said the yelling amounted to verbal abuse.

Clyburn, who was still administrator, recommended firing the accused nursing assistant, according to the report, but that never happened. A home spokesman, citing the appeal, declined to say why Clyburn's recommendation wasn't followed.

Surveyors began investigating the same nursing assistant in January after the Office of Long Term Care received a complaint that she physically abused a resident.

The resident was found with bruises all over his face after he had been alone in his room with the nursing assistant, the report states. The assistant told investigators that the resident hit himself while she was helping him bathe, the report states.

The nursing assistant remains employed at the home, according to a spokesman.

The straying incident happened Jan. 8. A resident left his cottage without the knowledge of the nursing staff around 7:30 p.m. He was found roaming near the campus gate by a nursing assistant from another cottage on her dinner break, according to the report.

When she returned the veteran to his cottage, the staff was unaware he'd left. The report notes that the door alarm had been turned off.

"These findings are a salient event for the home and current leadership are taking swift action to correct practices and institute new processes to prevent future occurrences," the agency said in a statement.

January AANHR Meeting Topic Recap:

iCAN - Tools for Life!

iCAN is the Arkansas statewide Assistive Technology program designed to make technology available and accessible for everyone who needs it. Assistive technology (AT) can be very simple and inexpensive, like a modified knife and fork, or it can be very sophisticated and costly, like a computerized speech device.

iCAN stands for Increasing Capabilities Access Network and Tools for Life is our philosophy—assistive technology for everyone! iCAN offers a number of services to help Arkansans of all ages find the AT tools they need for home, school, work and getting around in the community. Our services include the following:

- Information Assistance
- AT Device Loans
- AT Device Demonstrations
- AT Device Reuse
- AT Device Exchange
- AT Training on devices and issues related to accessibility
- Presentations about iCAN and the benefits of technology
- Tours of the iCAN Tools for Life Demonstration Center
- Technical Assistance to employers, service providers, educators, and others.



The services offered by iCAN are available to all Arkansans, regardless of age, geographic area, disability, income or eligibility for any other service.

iCAN loans Assistive Technology devices to individuals to try out a device before purchasing or use for a temporary need. Loans require a valid state ID.

Wheelchairs and walkers require a prescription from a doctor or therapist. Augmentative and Alternative Communication (AAC) devices over \$3000 can be checked out only by a speech or an occupational therapist.

iCAN regularly receives assistive technology donations from the community. They ensure all devices are in working order and sanitized, then donate the device to those in need. The re-use program is first come, first serve and is available to all Arkansans. Call for information about pick-up.

Visit the About iCAN page for more information about services: ar-ican.org or email: info@ar-ican.org
501-666-8868 in Little Rock or 1-800-828-2799 outside of the Little Rock area.

“Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy.” Proverbs 31:8 NIV



AANHR Special Thanks

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

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

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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.

AANHR Officers and Board Members

President - Martha Deaver, Conway (501-607-8976)

Vice President - Cindy Murders, Sheridan

Secretary - Julie Shaw, Memphis (901-508-0558)

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Newsletter Editors: Martha Blount, Searcy; Marcy Wilson, Sherwood

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:
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](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 501-607-8976 in Little Rock

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.ualr.edu/senior_justice



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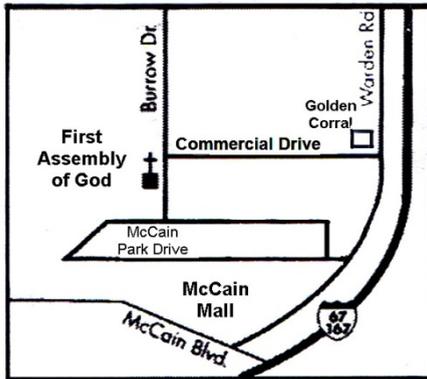
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Strength in Numbers, AANHR Needs You!!

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, 2019**.

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.

Driving directions to First Assembly of God Church, 4501 Burrow Road, North Little Rock

Coming from the North:

When driving South on Highway 67/167, take exit #1A onto Warden Road. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Coming from East, West or South:

If you are on either I-30 or I-40, take Highway 67/167 North. Take exit #2 onto Landers Road. Stay in the left-hand lane, as you will be turning left and going under Highway 67/167 and enter Warden Road going southbound. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Commercial Drive terminates at the church. Proceed straight across Burrow Road into the church's parking lot past the overhang at south end of building. Then, turn right to drive down the narrow alley-like drive.

The entry door is about half-way down the alley and the meeting room is located just inside this door off the alley-drive.