



AANHR

Arkansas Advocates for Nursing Home Residents

**PROTECTING NURSING
HOME RESIDENTS**

**July
2019**

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



July 8th, 11:00 A.M.
Meeting topic:
Telephones ETAL
Speaker: Lynn Franquemont

10:00 - 11:00 A.M.

Lynn Franquemont serves as the Director of Community Service Programs for Arkansas Rehabilitation Services and in this role oversees five programs: The Telecommunications Access Program (TAP), Increasing Capabilities Access Network (ICAN), Arkansas Governor's Commission on People with Disabilities (AGCPD), Arkansas Kidney Disease Commission (AKDC) and the Alternative Finance Program (AFP).

Open Forum

She has been the Director of TAP for 16 years and has held her new position of Director of Community Service Programs for over two years. She was recently re-appointed by Governor Hutchinson to serve on the Arkansas Deaf and Hearing Impaired Telecommunication Service (ADHITS) board. This board is responsible for the provision of Relay services in the state of Arkansas.

11:00 A.M.

Program:
(See article at right.)

Please join AANHR members at 11:00 AM on July 8th as we learn about telephone and other communication devices that can improve the lives of those who have difficulties using the commonly available equipment.

**Please
NOTE!**

**NO
newsletter
NOR
Meeting in
August!**



Quick tips for staying hydrated:

Because the thirst mechanism in the elderly may be dysfunctional, focus on drinking small, frequent amounts of fluid throughout the day rather than waiting to feel thirsty. Additionally, you can get fluids through foods such as soups, fresh fruits and vegetables, and ice pops.



From the President's Desk . . . Martha Deaver

This article illustrates a good example of the many facets in caring for our frail nursing home residents here in Arkansas. There are so many vital elements in keeping them safe, healthy, and to the best outcomes possible.

Suicide Prompts Correction Plan at Springdale Facility

by Doug Thompson Northwest Arkansas Democrat-Gazette 6-19-19

SPRINGDALE -- An assisted living facility has agreed to do all required room checks after a resident committed suicide April 23, according to documents from the state's Office of Long Term Care. Morningside of Springdale, the assisted living facility, is at 672 Jones Road.

A Morningside spokesman said there would be no comment on the matter when contacted Monday, June 17. The Long Term Care office is the branch of the state Department of Human Services that inspects and licenses nursing homes and similar facilities.

Human Services won't fine or take further action against Morningside if it follows through on doing checks and tracking the activities of residents more closely, a spokeswoman for the agency said Tuesday. The department will monitor the situation to make sure, the spokeswoman said.

The resident involved protested for about two months before his death about room checks, which are required by state regulations every two hours. The resident's objections grew to the point he yelled at staff members for checking on him. Staff reduced the frequency of the checks to accommodate the resident, although the resident had a history of considering suicide in the past, the Long Term Care investigation found.

After the frequency of his room checks declined, the resident fashioned a rope around his neck while attaching the other end to the base of his recliner. He then raised the back of the recliner, tightening the rope.

Morningside correctly reported the incident to state and local authorities the morning of the suicide, the Long Term Care investigation found. The investigation also found the Morningside facility's administrator hadn't been notified room checks weren't being done with the patient at the regular frequency, according to the report. All other residents were checked regularly, the report said.

The Morningside administrator will either personally review weekly reports on all residents or designate someone who will, according to the plan of corrective action filed with Long Term Care on June 10. The staff was told to notify the administrator of changes of resident status, especially refusals on regular checks. The administrative review of weekly reports must be done every week for the next six weeks, the plan said.

Hospital Discharge Planning: A Guide for Families and Caregivers (*adapted from caregiver.org*)

A trip to the hospital can be an intimidating event for patients and their families. As a caregiver, you are focused completely on your family member's medical treatment, and so is the hospital staff. You might not be giving much thought to what happens when your relative leaves the hospital.

Yet, the way this transition is handled—whether the discharge is to home, a rehabilitation (“rehab”) facility, or a nursing home—is critical to the health and well-being of your loved one. Studies have found that improvements in hospital discharge planning can dramatically improve the outcome for patients as they move to the next level of care.

Patients, family caregivers, and healthcare providers all play roles in maintaining a patient's health after discharge. And although it's a significant part of the overall care plan, there is a surprising lack of consistency in both the process and quality of discharge planning across the healthcare system.

What Is Discharge Planning?

Medicare states that discharge planning is “a process used to decide what a patient needs for a smooth move from one level of care to another.” Only a doctor can authorize a patient's release from the hospital, but the actual process of discharge planning can be completed by a social worker, nurse, case manager, or other person. Ideally, and especially for the most complicated medical conditions, discharge planning is done with a team approach.

The discharge discussion needs to include the physical condition of your family member both before and after hospitalization; details of the types of care that will be needed; and whether discharge will be to a facility or home. It also should include information on whether the patient's condition is likely to improve; what activities he or she might need help with; information on medications and diet; what extra equipment might be needed, such as a wheelchair, commode, or oxygen; who will handle meal preparation, transportation and chores; and possibly referral to home care services.

Why Is Good Discharge Planning So Important?

Effective discharge planning can decrease the chances that your relative is readmitted to the hospital, and can also help in recovery, ensure medications are prescribed and given correctly, and adequately prepare you to take over your loved one's care.

Even simple measures help immensely. For example, you should have a telephone number(s) accessible 24 hours a day, including weekends, for care information. A follow-up appointment to see the doctor should be arranged before your loved one leaves the hospital. Since errors with medications are frequent and potentially dangerous, a thorough review of all medications should be an essential part of discharge planning. Medications need to be “reconciled,” that is, the pre-hospitalization medications compared with the post-discharge list to see that there are no duplications, omissions, or harmful side effects.

Under the best of circumstances, the discharge planner should begin his or her evaluation when the patient is admitted to the hospital.

Discharge to a Facility

If the patient is being discharged to a rehab facility or nursing home, effective transition planning should ensure continuity of care, clarify the current state of the patient's health and capabilities, review medications, and help you select the facility to which your loved one is to be released.

Too often, however, choosing a facility can be a source of stress for families. You may have very little time and little information on which to base your decision. You might simply be given a list of facilities, and asked to choose one. To help, a private geriatric care manager (for whom you will pay an hourly fee) or a (*cont. Pg 6*) . .

Veterans in the news:

Veterans Home in NLR gets one star

U.S. inspections find deficiencies

by Hunter Field *Arkansas Democrat Gazette* 4-28-19

An Arkansas state-run nursing home for veterans has been rated among the worst long-term-care facilities in the state by the federal government, which gave the home the lowest possible quality rating. The Centers for Medicare and Medicaid Services gave the Veterans Home at North Little Rock a one-star rating after several inspections that resulted in citations. The North Little Rock facility is one of 56 one-star homes in Arkansas. There are 230 federally regulated nursing homes in Arkansas; 35 of them received five stars -- the highest possible rating.

The poor rating is the latest snag for the home, which has hit difficulties at every turn. When the state-of-art facility opened in 2017, hopes and expectations were high among state leaders and the veteran community. But opening the specialized facility from scratch proved to be more expensive than state officials projected, and the Arkansas Department of Veterans Affairs has struggled to hire enough staff members to work at the home, exacerbating the financial burden. Now, agency leaders are hopeful that the facility has turned a corner. They have restructured the staffing model and begun to admit more residents to chip away at the home's \$120,000-a-month deficit.

"The rating is a snapshot in time," said Scott Hardin, a spokesman for the state Department of Finance and Administration, in an email. "One negative finding on a health assessment remains for three years and carries the heaviest weight. The Home may receive no deficiencies in any category for two years but until the negative assessment falls off, the overall rating remains low."

The facility is one of two state-run veterans homes in Arkansas. The Veterans Home in Fayetteville recently saw its rating decrease to three stars after regulators found several deficiencies. It was a five-star facility at one time. The homes provide around-the-clock care to veterans and eligible dependents. The Fayetteville home is a traditional nursing home and is housed in an old hospital wing.

The North Little Rock home was the first veterans home in the state built from the ground up for the sole purpose of serving former military members. The 96-bed facility is sprawled across the former grounds of Emerald Park Golf Course. It employs a "small-home design," consisting of eight, 12-resident cottages where veterans live. The "small-home" approach seeks to minimize the institutionalized feel of traditional nursing homes.

The North Little Rock home has been slow to fill its beds in the two years since opening for a variety of reasons, but the count reached 84 last week. Hardin said the monthly financial deficit will continue to shrink as more residents move in, and the agency hopes that once there are 92-94 residents, the home will no longer operate at a financial loss.

The Centers for Medicare and Medicaid Services provides nursing-home ratings as a resource to prospective residents and their families. The ratings are based on facilities' performances on their most recent surveys. The ratings take into account health inspections, staffing and quality of care. Like Hardin, the federal agency cautions that a facility's star rating is simply a "snapshot," and other factors should be considered. The North Little Rock home was cited nine times during its annual inspection last year. Facilities in Arkansas are cited an average of 7.5 times during annual surveys. The North Little Rock home also has received citations because of three complaints that resulted in additional surveys, and one citation stemming from

a self-reported violation. The most serious violations were discovered in January when state inspectors concluded that the home's lax reporting and investigation procedures put residents in immediate jeopardy of serious injury, harm, impairment or death. Those deficiencies stemmed from reported incidents of verbal and possible physical abuse of a resident by an employee.

The incident that led to those findings occurred weeks after the home's administrator, Lindsey Clyburn, was asked to resign. Records and correspondence obtained by the *Arkansas Democrat-Gazette* since Clyburn's ouster reveal the turmoil and problems that have plagued the home over the past year. Internal state Veterans Affairs emails show that Clyburn and Deputy Director Chris Tafner of the department have had a strained relationship since Tafner was hired on a temporary basis in March 2018. The two repeatedly butted heads over how to handle problems that arose at the Veterans Home. Clyburn said he felt that Tafner didn't have the background in health care to make some decisions at the facility, and Tafner said that Clyburn stood in the way of changes that would help the home operate sustainably. In complaints about Tafner to top state officials, Clyburn said that stress from work had driven the home's former director of nursing to drink on the job. He said that staff members walk "on eggshells" around Tafner because he bullied and demeaned employees.

Tafner, in a letter shortly before Clyburn was asked to resign, said that Clyburn had mismanaged the facility and failed to sustain process changes that would improve the home's financial standing. The letter stated that alcohol use was rampant among residents, and that some veterans were allowed to live in filthy rooms. In an interview with the *Arkansas Democrat-Gazette*, Clyburn disputed the claims that were in the letter. "I think it's a complete fabrication," he said. "It's one person's opinion on a lot of things who didn't have all the facts."

The Veterans Affairs Department didn't make Tafner available for an interview, but a statement from Hardin addressed some of the complaints from Clyburn and former home employees. "As any leader implements significant changes and improvements, this will be embraced by some and questioned by others within the organization," Hardin said in the statement. "It is possible the decisions that were made in an effort to improve the Home may have been interpreted as hostile by those impacted."

Tafner is no longer working at the North Little Rock home, but instead is working out of the Finance Department -- though he remains a Veterans Affairs Department employee -- where he analyzes data from the two veterans homes. That role is temporary, Hardin said. The home hired David Barker as its new administrator in March. Barker, who has a background in long-term care, will be paid an annual salary of \$126,048. The agency also has hired a new director of nursing, a social worker and an activities director, all with experience working in nursing homes.

"Additionally, an advanced practice nurse was hired and will remain on campus Monday to Friday to address immediate clinical needs," Hardin said in an email. "This will reduce unnecessary ER visits along with transfers and rehospitalizations, a major focus for [the Centers for Medicare and Medicaid Services]."

The North Little Rock home still has vacancies in seven of its 17 licensed practical nurse positions and two of its eight registered nurse positions.

(Continued from page 3)

social worker can offer much needed advice and support. There are also online sources of information that rate nursing homes, NursingHomeCompare.org for example.

Convenience is a factor—you need to be able to easily get to the facility—but the quality of care is very important, and you may have to sacrifice your convenience for the sake of better care.

What if You Feel It's Too Early for Discharge?

If you don't agree that your loved one is ready for discharge, *you have the right to appeal the decision*. Your first step is to talk with the physician and discharge planner and express your reservations. If that isn't enough, you will need to contact Medicare, Medicaid, or your insurance company. Formal appeals are handled through designated *Quality Improvement Organizations* (see the **Resources** section). You should know that if the QIO rules against you, you will be required to pay for the additional hospital care. The hospital must let you know the steps to take to get the case reviewed.

** AANHR Editor's note: "Hospital discharge planners will tell you you've got 24 to 48 hours to find a nursing home and get out. That's not true; they need to give you time to make appropriate arrangements. They're trying to get you out the door because the hospital may be paid a flat fee, so if you stay five days instead of three, it's going to cost the hospital more money. Take the extra time to find a place that offers high-quality care."—Charlene Harrington (excerpted from "50 Secrets a Nursing Home Won't Tell You" By Michelle Crouch from [Reader's Digest Magazine](#) | April 2013*

Discussions among experts on improving transitional care and discharge planning have centered on improvements that emphasize education and training, preventive care, and including caregivers as members of the healthcare team. Some studies have revealed that surprisingly simple steps can help. For example, sending the summary of care to the patient's regular doctor increases the likelihood of effective follow-up care. Likewise, telephone calls from knowledgeable professionals to patients and caregivers within two days after discharge help anticipate problems and improve care at home.

Conclusion

Multiple studies have explored the importance of effective discharge planning and transitional care, and have highlighted the very real benefits in improved patient outcomes and lower rehospitalization rates. Several pilot programs have illustrated those benefits, but until healthcare financing systems are changed to support such innovations in care, they will remain unavailable to many people. Caregivers, patients, and advocates are continuing their efforts to alter our healthcare system to make discharge planning a priority. With our graying population, these changes are ever more necessary.

Resources

Family Caregiver Alliance

National Center on Caregiving

(415) 434-3388 | (800) 445-8106

Website: www.caregiver.org

E-mail: info@caregiver.org

FCA CareJourney: www.caregiver.org/carejourney

Family Care Navigator: www.caregiver.org/family-care-navigator

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers through education, services, research, and advocacy. Through its National Center on Caregiving, FCA offers information on current social, public policy and caregiving issues, provides assistance in the development of public and private programs for caregivers, and assists caregivers nationwide in locating resources in their communities. For residents of the greater San Francisco Bay Area, FCA provides direct family support services for caregivers of those with Alzheimer's disease, stroke, ALS, head injury, Parkinson's, and other debilitating health conditions that strike adults.

AANHR Special Thanks

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AANHR Officers and Board Members

President - Martha Deaver, Little Rock (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



Arkansas Advocates for Nursing Home Residents

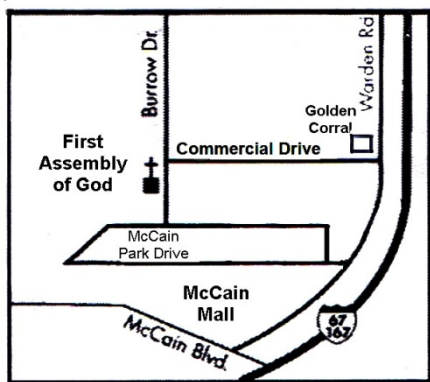
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P.O. Box 15562 Little Rock, AR 72216-5562

www.aanhr.org

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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 (fire lane).

The canopied entry door is about half-way down the alley and the meeting room (#102) is located on the left just inside this door off the alley-drive.