

PROTECTING NURSING  
HOME RESIDENTS  
1995-2005

February  
2005

# Arkansas Advocates for Nursing Home Residents *Celebrating our Tenth Year*



**NOTE: If public schools are closed due to inclement weather, there will be no February meeting.**

**NEXT MEETING**  
Monday, February 14, 2005

**MEETING PLACE:**  
First Assembly of God  
Church  
4501 Burrow Road  
North Little Rock  
Directions to church on  
page 8

**10 a.m.**  
Meeting for Members, Family and Friends of Residents (Closed to persons representing the nursing home industry)

**11 a.m.**  
Public Meeting:  
**Herb Sanderson, Director; Division of Aging**

**12 noon**  
Bring a sack lunch

**AANHR's Mission:**

**"To protect and improve the quality of care and life for residents in Arkansas nursing homes"**

We're on the web!  
[www.AANHR.org](http://www.AANHR.org)

Conway (501) 327-3152 • Fairfield Bay (501) 884-6728  
Little Rock (501) 225-4082

## February Meeting to Feature Herb Sanderson

**A**NHR'S February meeting will feature the Director of the Arkansas Division of Aging, Herb Sanderson. After a brief overview of what the Division of Aging does, Mr. Sanderson will focus on the Arkansas Ombudsman Program which is part of the Division of Aging. Among other things, he will explain how the program operates and why it is set up the way it is.

### Not All Nursing Homes Deserve a Bad Rap Greenhurst Nursing Home Passes the Test

By **Connie Smith**

**P**eople tend to think of nursing homes as sad and negative places; a place to "go and die," and a "place where I will be forgotten." This is not always true.

Our 21-year-old son Jordan cannot move or talk because of a tragic BB-gun accident 13 years ago. He requires total care including tube feeding, lifting, turning every two hours while in bed, and extra support for his upper body while he is in a wheelchair. Optimally, he needs mental stimulation, a very close eye on his positioning to prevent contractures and pressure sores, and tender loving care. Jordan knows everything, "speaks with his eyes," smiles when something amuses him, and offers a pureness of spirit to everyone he encounters. 13

After 10 ½ years of caring for Jordan at home, my husband and I made the difficult decision to place Jordan in a residential facility. He was becoming very heavy, and was isolated from the "outside world." As a Mother, I did not want to let him go, but I knew that I could not care for him indefinitely, and moving him may be an opportunity for Jordan to have his own life. He was 18-years-old, and typically, children leave the home about that time, and I knew that I needed to spend more time with my other five children. We decided that Jordan should be placed in a facility that could offer skilled care, and be close enough to home so we could visit daily. We found such a place and Jordan lived there almost 2 years. (Continued; see **Jordan** Page 4)



## From the President's Desk

Nancy Allison

**C***ultural transformation* (culture change) is today's buzzword when you talk to educators about nursing homes – *the old people are coming – the transformation can't wait!*

Mahatma Ghandi said, "*we must become the change we wish to see!*"

This change can begin when administration focuses its power on supporting and enabling the aides and recognizing that Long Term Care must not be administration centered, it must be caregiver centered. One of the things AANHR will support during the 2005 legislative session is more training for CNA's and Nurses. Charge nurses have little formal training or education in leadership. This lack of knowledge allows an elitist group to develop.

CNA's often feel as though they have been thrown to the wolves because they have received inadequate training. The day a newly hired CNA is asked to "check beds" and realizes that means clean up the resident not just see if the resident is in bed, the hard reality of what their job entails comes home. CNA's take positions in nursing homes thinking they are the caregivers of the elderly – they do not know how tough it can be. They do not understand they are low men on the totem pole and have no input into the care of the resident. In many homes they are even discouraged from having close relationships with the residents in their care and valuable information about that resident's care can be lost.

The attitude of the management and nursing staff toward the CNA will have an effect on the way the CNA relates to the resident. When a resident becomes the "feeder" or the "heart attack" it reflects the way that CNA perceives herself to be thought of.

So what can we do? We need to educate not only by textbook, but also by actions. Recognize the value of the CNA's knowledge of each resident in her care – encourage team work between aides so that the work gets done and they share the satisfaction of a job well done. Encourage management to recognize openly the job that each CNA does. They are better warned, "I know you can do better", than threatened with "shape up or you'll be fired".

In 1998 Beverly Healthcare surveyed 23,000 CNA's asking what they preferred to be called. As a result Beverly stated that from that day forward they would be known as "*care specialists*". How many homes do you know that have *Care Specialists*? Let us get the word out and encourage an active participation in culture change.

There are many forms of culture change, but educating the caregivers so that nurses and *care specialists* respect each other and work together will be one big step toward accomplishing this.



## AANHR's President and Vice President, Nancy Allison and Nancy Johnson, spoke at the January Meeting

By Catherine Donovan

**T**he featured speakers at the January meeting, Nancy Allison and Nancy Johnson, reported on the annual Fall NCCNHR Conference held in Washington, D.C. The theme of the conference was "Spotlight on Quality - Focus on Residents."

Both reported on Culture Change which focused on changing the whole idea of running nursing homes like a hospital. The goal is to start looking at care from the position of the residents, not the administration. Focus is to get the staff to work as a team and to treat residents as people with emphasis on residents' rights.

Nancy Johnson reported on the discussion regarding Retaliation. A national committee on retaliation has the goal to study how common it is and how this comes about. Some states have an anti-retaliation statute.

Residents or families should

document any acts they consider to be retaliation and submit it to this committee.

Mark Malcolm, Pulaski Coroner, was a speaker at this workshop. He reported that the United States Department of Justice is conducting a study in Arkansas to determine markers for medical investigation after a resident dies.

Family Councils are one of the ways to ensure that there is quality care in nursing homes, and some states have laws which involve the participation of family councils in the overall process of admitting and discharge. The laws uphold the rights of families working through family councils to increase quality of care. The nursing homes are required to notify families of their right to form councils and to support the family council in their facility.

The two "Nancys" also reported on the subject of the Ombudsman Programs and how they function in the various states. Ombudsman programs are organized in three different

ways. In the majority of states, as in Arkansas, there is a state office which is part of the state government but regional ombudsmen are hired and work under Area Agencies on Aging. There are two big drawbacks to this type of organization: 1) because there is no clear chain of command between the state and regional ombudsmen the program tends to become fragmented and 2) as a state employee there are restrictions on the advocacy that the State Ombudsman can do. Another way the program is organized in some states is as an entirely separate private non-profit agency. Getting adequate funding is always a problem in these states. The third way is as a separate state agency with its own board of directors appointed by the governor. There are pros and cons to each kind. The majority of programs are set up like ours in Arkansas.

A copy of the Resolutions Passed at the NCCNHR Conference 2004 was distributed to all those present. All subjects covered will move nursing homes toward Cul-

**Jordan**; Page 1 continuation.

During those two years, we were often disappointed about his physical care, and knew he was not receiving much love and attention from the staff. We decided that we needed to be there as much as possible to assure that he was okay. We encountered a few medical errors, and were faced with sad and empty feelings each time we thought of or visited him.

I thought some of this dissatisfaction was due to my adjustment, my difficulty letting-go, and the huge transition of Jordan not being at home. So, I kept plugging along, hoping to begin to feel better about the facility and Jordan's care. This did not happen. In fact, my negative feelings increased, and we were encountering more problems with the staff and his care.

I began a search for another facility. Under the guidance of a member of a nursing home advocacy group (AANHR), I began visiting nursing homes with good reputations. I would arrive at a nursing home an-

nounced, and then would return at a later date, unannounced. I read many reports about the nursing homes I visited, all available on government web sites. Jordan's siblings and Dad were making visits to the same places so that the subjective data was not just from me. What I was looking for was a facility that could offer lots of tender loving care. I also wanted close communication with an administrator who would welcome our family's input into Jordan's care. My efforts paid off, and I finally found such a facility. After my first visit to Greenhurst in Charleston, Arkansas, I heard the most poignant words from the administrator, Kriss Schaffer, "I can guarantee that Jordan will get spoiled here." Jordan has lived at this nursing home since July, and I'm happy to report that he is spoiled. I can think about Jordan and feel okay! Besides being spoiled, Jordan has been treated with respect, and his physical and emotional needs are a priority.

*(Next newsletter: Learn what happened when Jordan's medications were adjusted!)*

## AANHR Special Thanks

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

1. **Clark Mason** of Hare, Wynn, Newell & Newton for financial and promotional support over the years.
2. **Brian Reddick** and Bob Edwards of Wilkes and McHugh for the generous donation toward the publication costs of this newsletter.
3. **Jack Wagoner** for keeping AANHR supplied with copies of the book, DANGER ZONE.
4. **David Couch** of Grayson and Grayson, PA, for employing Brent Birch of One6media, LLC to do AANHR's new website design.
5. **First Assembly of God** in North Little Rock for providing a meeting room free of charge.

### 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. A social worker or nurse will be available to answer questions and address concerns. 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://www.medicaid.state.ar.us/general/units/oltc/index.htm>

**You should also report complaints to the Attorney General's office! (OLTC no longer alerts that office to suspected criminal activity.)**

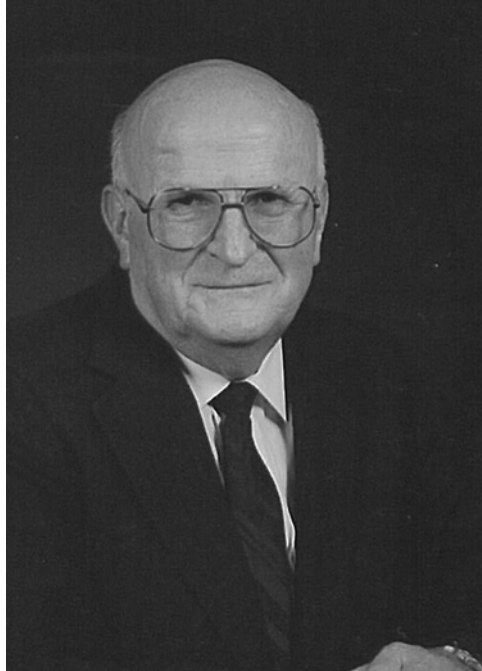
The Arkansas Attorney General's office has a toll free number to investigate adult abuse and Medicaid fraud. Please do not hesitate to call them. TOLL FREE: **1-866-810-0016** LITTLE ROCK LOCAL NUMBER: **682-7760**

For additional assistance or a listening ear, call AANHR at (501) 327-3152 in Conway; (501) 884-6728 in Fairfield Bay; or (501) 225-4082 in Little Rock. For instructions on how to file a complaint, visit our website at [www.aanhr.org](http://www.aanhr.org) or e-mail us at [info@aanhr.org](mailto:info@aanhr.org).

Your local Ombudsman's number should be posted in the nursing home. You may also call your local Area Agency on Aging to secure the name and phone number of the Ombudsman.

**Honorary  
AANHR  
Board Members**

**Jim and Faye  
Sandstrum**



**Nursing Home Issues  
2005 Arkansas Legislative Session**

Several nursing home issues which are likely to cross the desk of Arkansas Legislators in the next few months could greatly affect the quality of life of nursing home residents if they become law. Those issues are:

- \* The need for **more training for Certified Nursing Assistants (CNAs)**, who provide the hands-on day-to-day care in nursing homes. Present regulations require less than two weeks of training (75 hours) to become a CNA. Compare this to the 600 hours of training required for manicurists! It is obvious that those who bear the greater responsibility should be provided with the knowledge to carry out their tasks.
- \* **Medication aides.** A proposal has been made to allow CNAs who have had additional training to give medications in nursing homes. The giving of medications is the greatest responsibility entrusted to a nurse and one that requires knowledge of what each medication does, the potential side effects, how it should be given, and a significant degree of math skills to figure dosages. Medication errors are common, being the fifth leading cause of death even when administered by highly trained nurses. One can only ask how the administration of medications by personnel with very little training (note the miniscule basic training that CNAs get) will improve the care given to the nursing home resident.
- \* **Surveillance cameras in nursing homes.** At present there is no regulation of surveillance cameras in nursing homes although the technology is now available that makes it possible to put them almost anywhere. We believe that safeguards need to be enacted before this becomes a problem. We support regulation that would support the right of families, at the families' expense, to monitor their loved one's care through such technology without fear of retaliation, while safeguarding the privacy of roommates, and the family would be responsible for payment and upkeep.
- \* **Fire protection.** In the past year 31 nursing home residents died in the U.S. in fires. The facilities where they lived did not have smoke detectors or sprinkler systems. Neither do all Arkansas nursing homes. We believe that those who need protection and help in their daily lives deserve the basic care of protection from the risk of fire.

## AANHR Sympathies

Tom Taggart, charter member of AANHR and honorary board member, passed away on January 14, 2005. AANHR extends its deepest sympathies to his family.

### **“The Dash Between Those Years”**

(This poem was read at Tom Taggart’s funeral.)

I read of a man who stood to speak  
At the funeral of a friend.  
He referred to the dates on his tombstone  
From the beginning...to the end.  
He noted that first came his date of birth  
And spoke the following date with tears,  
But he said what mattered most of all  
Was the dash between those years.  
(1919—2005)

For that dash represents all the time  
That he spent alive on earth...  
And now only those who loved him  
Know what that little line is worth.  
For it matters not, how much we own;  
The cars...the house...the cash.  
What matters is how we live and love  
And how we spend our dash.  
So think about this long and hard...  
Are there things you’d like to change?  
For you never know how much time is left,  
That can still be rearranged.  
If we could just slow down enough  
To consider what’s true and real,  
And always try to understand  
The way other people feel.  
And be less quick to anger,  
And show appreciation more  
And love the people in our lives  
Like we’ve never loved before.  
If we treat each other with respect,  
And more often wear a smile...  
Remembering that this special dash  
Might only last a little while.  
So, when your eulogy’s being read  
With your life’s actions to rehash...  
Would you be proud of the things they say  
About how you spent your dash?

## How a Surveillance Camera Would Have Helped My Sister

By Virginia Cross

**C**onceivably, there are different reasons a nursing home resident might want a Surveillance Camera in his/her room. The following is an explanation of why a Surveillance Camera focused on my sister during the Night Shift would have been helpful.

Diane looked like sleeping beauty as she lay on her bed at the start of Night Shift in the nursing home. You couldn't tell by looking, that she was a quadraplegic and had only enough strength to push her call light or her TV control. She could push a button only when she was "strong". When she was too warm or upset and crying, she became too weak to talk or do anything, putting her at risk of aspiration. Always, she could not speak clearly enough for new nurses to understand her, she could drink only through a straw, she could not blow her nose and had difficulty swallowing and controlling saliva. Sleeping pills and pain medicine were prohibitive.

Because of Diane's condition, I went up around midnight whenever she was assigned a new nursing assistant and spent a few minutes explaining Diane's needs and demonstrating how to care for her. The nursing assistant usually appreciated this. Early the next morning before change of shift, I went back

to see if there were any problems during the night so we could address them before the night staff left. I was glad to do this and grateful that the nursing homes allowed me to do it. Approximately 2/3 of the time for the last eight years of Diane's life, she received good care and there were no serious problems on the Night Shift.

***"An overt surveillance camera focussed on a consenting resident should deter abuse. It probably would have prevented the death of Willie Mae Ryan, an 81-year-old nursing home resident who was bludgeoned to death in the early-morning hours 1 1/2 years ago.***

For about a third of the time, however, Diane would be in dread of the night because she did not trust an aide assigned to her. She would become nearly hysterical as she thought about it. This would usually be an aide that already knew about Diane, and so it was not appropriate for me to go at midnight to review the routine.

The only thing that would calm Diane would be for me to tell her I would pop in at some time during the early morning hours (whenever I woke up) and check on her. I did this every night until Diane felt comfortable with the aide. I suspect that if a particular nursing assistant ever thought about neglect-

ing Diane, he/she had second thoughts upon realizing I was apt to appear on the scene at any time.

If we could have focused a Surveillance Camera on Diane during the night shift, it would have been much easier on me, Diane and my husband (who never went back to sleep till I got home). One look at a computer relaying the camera image would have told me whether Diane was all right. By her position I would have known if she had been turned properly; if she was not crying, I would have known her needs were met. My husband and I would have slept better, and Diane would have been assured that I was watching and would come over if there was a problem.

An overt surveillance camera focussed on a consenting resident should deter abuse. It probably would have prevented the death of Willie Mae Ryan, an 81-year-old nursing home resident who was bludgeoned to death in the early-morning hours 1 1/2 years ago.

I think Diane would have liked the idea of a Surveillance Camera. If I am ever in a similar situation, I want a Surveillance Camera focused on me if there is a caring and responsible family member to monitor it. I believe having a surveillance camera should be an understood right of every nursing home resident.

## Strength in Numbers, AANHR needs you!!

Please take a moment to find out if you've renewed your AANHR membership. (Our fiscal year began on January 1, 2005. If you have not paid your dues since August 2004, then you are past due). We are so appreciative of people like you who support us because together we can make a difference.

- I wish to receive the AANHR newsletter
- \$15 per individual membership enclosed
- \$20 per family membership enclosed
- \$4 per student or CNA
- Waive dues because of financial hardship

Please make checks payable to:

AANHR P.O. Box 22421 Little Rock, AR 72221-2421

### AANHR Officers and Board Members

**President**—Nancy Allison, Conway

**Vice President**—Nancy Johnson, Fairfield Bay

**Secretary**—Catherine Donovan, Little Rock

**Treasurer**—Ralph Erwin, Little Rock

**Members of the Board of Directors:** Marce Best, Mautelle; James Brooks, North Little Rock; Betty Buckta, Fairfield Bay; Lela Burns, North Little Rock; Virginia Cross, Little Rock; Martha Deaver, Conway; Fred Plant, Little Rock; Larry Wakefield, Fairfield Bay

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## AANHR Meeting Directions

(see map below)

### First Assembly of God Church, 4501 Burrow Road, North Little Rock, Arkansas

From Little Rock, on Highway 67-167 take the west McCain Blvd. exit. Immediately after crossing the overpass, turn right (north) on Warden Road (the access road that parallels the divided highway and McCain Mall). Stay on Warden Road for three blocks.

Turn left on Commercial Street, the street with the Golden Corral restaurant on the corner. Commercial Street ends three blocks later at Burrow Road.

The church is at the end of Commercial Street and is easily recognized by three large crosses. Proceed ahead in the parking lot (do not turn right) past the crosses to the southwest corner of the building. Turn right on the narrow alley-like drive. Enter the door halfway down this side of the church. The meeting is in room 113 (immediately inside the entrance door).



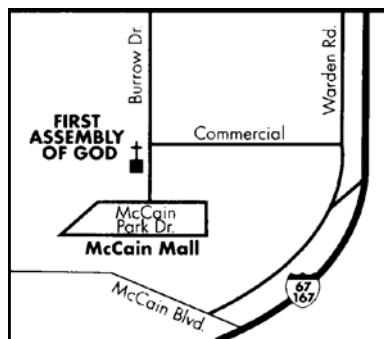
Arkansas Advocates  
For

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FRAUD, ABUSE, AND NEGLECT*

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MAP TO MEETING