

PROTECTING NURSING  
HOME RESIDENTS

March  
2005

Www.aanhr.org

# Arkansas Advocates for Nursing Home Residents

*Celebrating our Tenth Year  
1995–2005*



## NEXT MEETING

Monday,  
March 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:  
**Cindy Young, Divi-  
sion of Aging; DHS**

### 12 noon

Bring a sack lunch.

## AANHR's Mission:

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

We're on the web!  
www.AANHR.org

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

## Cindy Young to Be AANHR's March Speaker

**C**indy Young, of the Division of Aging and Adult Services will demonstrate the ArGetCare Website and explain about the OneSource or OneStop website; sites which educate about health care options. You won't want to miss this informative meeting!

### Not All Nursing Homes Deserve a Bad Rap (Part 2)

#### *Results of Adjusting Jordan's Medications*

**By Connie Smith**

When Jordan was admitted to Greenhurst Nursing Home, we voiced concern about the medications he was receiving. The previous facility had increased doses of some medications, and added new ones. Jordan appeared drugged or sleepy much of the time. The new nursing home was able to offer enough supervision to taper Jordan off some of these medications, closely observing how he reacted to the withdrawal.

Today, he is receiving about half of the medication he used to receive, and he is almost constantly alert. He has begun to turn his head towards sounds, and is very definitely communicating feelings to everyone he meets. The staff loves him! They view him as a very worthwhile young man with lots to offer everyone he knows. But, I cannot resist relating the latest about Jordan.

During activities time at the nursing home a few weeks ago, a singer came to entertain the residents. I was not there, but the talk of the entire home (when I arrived to visit 2 hours later) was that Jordan had tried to sing! I haven't heard Jordan's voice for 13 years. I cannot imagine him trying to sing. Staff, residents, and relatives of residents all reported that they'd heard Jordan's attempts at singing. Later, the administrator of the nursing home asked me to put together a list of songs that Jordan may remember so that the singer could compose a medley of familiar songs for him! Even if Jordan doesn't ever try to sing again, I know that he was touched in a magnificent way. When I saw him later that day, his face and eyes reflected feelings of being special, loved, and honored. I imagine him still smiling, still feeling valued by others. Hearts are slowly being healed. A nursing home can offer a new beginning.



## From the President's Desk

**Nancy Allison**

**S**URVEILLANCE CAMERAS ARE EVERYWHERE – BANKS, GROCERY STORES, DRESS SHOPS, WALMART..... THEY ARE POINTED RANDOMLY, WATCHING YOU. HB 1392, SPONSORED BY REPRESENTATIVE STEPHEN BRIGHT , WOULD GIVE NURSING HOME RESIDENTS THE RIGHT TO BE MONITORED BY A VIDEO MONITORING DEVICE.

WE ALL ACT BETTER WHEN WE KNOW SOMEONE IS WATCHING US. NURSING HOME STAFF ARE NO DIFFERENT. WHEN THEY KNOW A FAMILY CAN SEE HOW THEIR LOVED ONE IS BEING TREATED, HUMAN NATURE TELLS US THEY ARE MORE LIKELY TO DO THE TASK REQUIRED IN AN APPROPRIATE MANNER.

THE FAMILY SHOULD HAVE THE RIGHT TO PUT A VIDEO MONITORING DEVICE IN THE ROOM OF A NURSING HOME RESIDENT – AIMED SPECIFICALLY AT THAT RESIDENT. TECHNOLOGY ALLOWS THAT IT CAN BE DIRECTED ONLY TOWARD THE PERSON WHO OWNS IT. PRIVACY OF A ROOMMATE IS NOT COMPROMISED. I SAY “OWNS IT” BECAUSE THIS WOULD BE DONE AT THE COST OF THE FAMILY – NO EXPENSE TO THE FACILITY

PRIVACY OF THE RESIDENT SHOULD BE PROTECTED BY ATTENDENTS USING GOOD NURSING SKILLS. NURSES ARE TAUGHT TO NEVER EXPOSE A PATIENT/RESIDENT IN ANY WAY, AND CNA’S, WHO DO MOST OF THE CAREGIVING, SHOULD BE TAUGHT THE SAME SKILLS.

THE WILLIE MAE RYAN ACT HAS BEEN NEEDED FOR A LONG TIME AND NOW THE TIME IS RIGHT. ABUSE AND NEGLECT IN NURSING HOMES CONTINUE AND NO ONE SEEMS TO FEAR ANY REPERCUSSIONS. THE AIDE WHO CONTRIBUTED TO THE BEATING OF MRS. WILLIE MAE RYAN THAT CAUSED HER DEATH, STATED SHE WOULD NEVER HAVE BEEN A PART OF THAT INCIDENT HAD THERE BEEN A CAMERA IN THE ROOM.

THE NURSING HOME INDUSTRY FEARS THAT CAMERAS WILL INCREASE LAWSUITS. I BELIEVE THEY SHOULD STOP WORRYING ABOUT GETTING CAUGHT AND HAVING TO FACE THE CONSEQUENCES FOR BAD CARE AND SHOULD BE WORRIED ABOUT WHY SO MANY PEOPLE ARE BEING NEGLECTED AND ABUSED ON THEIR WATCH.

THE CAMERAS COULD BE A BLESSING TO OWNERS WHO TRULY CARE ABOUT THEIR RESIDENTS. THEY COULD BE USED TO WEED OUT BAD EMPLOYEES OR FIND EMPLOYEES WHO NEED ADDITIONAL TRAINING. FAMILIES WHO CANNOT BE THERE EVERY MINUTE WILL HAVE PEACE OF MIND KNOWING THEIR LOVED ONES ARE WELL CARED FOR.



## **Herb Sanderson, Director Division of Aging & Adult Services, AANHR's February Speaker**

**By Nancy Johnson**

**H**erb Sanderson has been Director of the Division of Aging and Adult Services (DAAS), a division of the Department of Human Services, since 1984. This unit was created as a result of the Older Americans Act and serves to initiate and coordinate services to the elderly. The Older Americans Act also called for the creation of regional agencies to provide services. These Area Agencies on Aging (AAAs) are independent non-profit agencies which work closely with but are not directly tied to the state DAAS.

The focus of DAAS has been to provide as large a range of choices of services to the elderly as possible. Therefore they have attempted to provide for as many home and community-based services as possible. They were one of the first states in the nation to provide Medicaid Personal Care in the home. In 1992 they received a waiver of the Medicaid rules to allow Medicaid funding for additional care in the home. This is the program known as Elder Choices. To receive these services the recipient must be eligible for nursing home care but be able to be cared for in their home and originally this was applied only to elderly. However it became obvious that many disabled persons who were younger than 65 could benefit from such a program and the waiver was extended to them. Now DAAS has been able to extend Medicaid benefits to apply to persons in assisted living facilities.

The Division also included Adult Protective Services, which acts to protect elders in the community from abuse, and the Ombudsman program.

The Ombudsman program was also mandated in the Older Americans Act. The act funded a position of State Ombudsman, which is part of the state agency. The Area Agencies on Aging were urged to provide an ombudsman and all in Arkansas have done so. However, these regional ombudsmen are hired and paid by the AAA. Although they submit reports of their activities through the State Ombudsman, they are independent of the state office.

Historically Medicaid funding has gone to nursing home care. Mr. Sanderson has been a pioneer in initiating programs that provide home and community-based care that may prevent the need for more expensive nursing home placement.

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## A Voice for Participants in Home and Community-Based Waiver Services

The Division of Aging and Adult Services, Arkansas Department of Human Services, now has an Ombudsman for Home and Community-Based Services (HCBS) Waiver Programs such as Alternatives, ElderChoices and Living Choices. The Ombudsman is an advocate who will identify, investigate and resolve complaints on behalf of waiver participants, whether the waiver services are received through a home care agency or are self-directed by the participant. The Ombudsman can also provide information about additional community resources and rights and procedures. The Ombudsman can be contacted at this toll-free number, 1-866-801-3435, by sending email to **ro-**  
**manus.agbojeyin@Arkansas.gov**, or by writing to:

**HCBS Ombudsman  
DAAS**

## AANHR Special Thanks

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

- 1. First Assembly of God in North Little Rock for providing a meeting room free of charge.**
- 2. Brian Reddick and Bob Edwards of Wilkes and McHugh for its generous donation toward the publication costs of this newsletter.**
- 3. Jack Wagoner and Gene Ludwig 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. Clark Mason of Hare Wynn Newell & Newton for financial and promotional support over the years.**

### 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.

*Nursing Home Issues-Legislative Update*

**NATIONAL WATCH LIST**

**HB1442 for more training for Certified Nursing Assistants (CNAs)**, who give the hands-on day-to-day care in nursing homes. This bill provides 15 hours additional training for CNAs. The training would educate them about Alzheimer disease and other common dementia. At this writing the bill is widely supported. It has passed out of the House and is expected to pass in the Senate. The challenge facing the bill if it passes, is *funding*.

**HB1392 establishes authorization and use of monitoring devices for residents who want them installed and kept up at their own expense.** Presently the bill is in the House Public Health, Welfare and Labor committee.

**SB386, sponsored by Jim Luker of Wynne, Arkansas, would provide for elderly prisoners with serious health problem to be transferred to nursing homes!** Studies across the nation show alarming increases in crime in nursing

homes when prisoners become residents.

**SB494 to establish Medication aides.** This is a proposal to allow CNAs who have had additional training to give medications in nursing homes. **Would this proposal bring better care? AANHR thinks not.**

\* Care is not improved by giving lesser trained staff responsibility for complex skilled tasks. There is nothing which directly affects the health of residents more than their medications. Medication errors occur even when given by registered nurses, and are the cause of many preventable deaths. This will not improve by having minimally trained persons give medications.

\* The use of medication aides will not affect the shortage of trained nurses. Long term care facilities will still have to meet the minimum staffing requirements for licensed nursing personnel.

\* It is claimed that the

use of medication assistants will free up time for the licensed nurse to conduct patient assessments and evaluations. However, assessment is not a free-standing task. A nurse doesn't walk up to a resident and say, "I'm going to assess you now". Assessment is ongoing and is done as the nurse interacts with the resident in day-to-day activities. The giving of medications presents the optimum opportunity for doing this. In fact many medications can be given only after assessment, i.e., heart medications are given only after assessing the heart rhythm and even laxatives are given only if needed (which calls for assessment). Will the nurse have to go with the medication aide to do these things? If so, how does having the medication aide relieve the nurse?

\* The bill does not set requirements for training the aides, but only turns the matter over to the State Nursing Board.

IN JANUARY THE NATIONAL WATCH LIST BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES LISTED 60 HOMES IN ARKANSAS THAT WERE CITED FOR ACTUAL HARM OR IMMEDIATE JEOPARDY TO RESIDENTS.

UNFORTUNATELY ARKANSAS IS NOT ALONE. ABOUT 30 PERCENT OF THE NATION'S 17,000 NURSING HOMES HAVE BEEN SANCTIONED FOR DEFICIENCIES THAT PUT THEIR RESIDENTS AT RISK OF HARM.

HEALTH CARE AGENCIES TELL US THAT NEARLY ONE IN 20 NURSING HOME RESIDENTS SUFFER FROM ABUSE. THIS COULD BE EVEN HIGHER BECAUSE MANY INSTANCES OF PHYSICAL AND SEXUAL ABUSE GO UNREPORTED.

## Tort Reform—Texas Style

### Austin, Texas

"Jackie Smith has a hard time with the idea that suing over her mother's rape in a nursing home is 'frivolous.' Smith herself had never had reason to sue anyone, until 2:30 am on November 7, 2003, when a male nurse noticed that a patient's door at the Heritage Duval Gardens Nursing Home in Austin was closed when it should have been open. He heard crying, and when he snapped on the light, he saw a man leap from the bed of an elderly woman. The man, according to police, was Kevin Arceneaux, a 6-foot, 190-pound nurse's aide. Still sobbing softly in her bed was Smith's mother, an 85-year-old Alzheimer's patient. Two months later, police arrested Arceneaux and he confessed.

Despite Arceneaux's checkered past, Heritage hired him on September 22, 2003, and put him on the lightly supervised night shift. Within six weeks, an Alzheimer's patient was sexually assaulted a few doors down from Smith's mother and then Smith's mother was raped, though police didn't learn of the first attack until much later.

Smith wanted the nursing home punished, but says she doesn't care about the

money. "I want to make them accountable so that it doesn't happen again," she says.

It fell to Frank Ivy, an Austin lawyer, to explain that tort reform in Texas had made her suit almost impossible financially no matter how negligent Heritage had been. Since the assault took place in the course of delivering medical care, it was considered malpractice—but that wouldn't help Smith. A nursing-home patient can't sue for loss of future income, a type of award that had been separately capped. When all the math was done, the best Smith could hope for would be to win perhaps \$50,000 from a nursing home that apparently hired a sexual predator to care for her mother.

Before entering Heritage her mother had lived with Smith in her mobile home until Smith came to fear leaving her alone. "My mother became my daughter. It was like having my young daughter assaulted. And it's been extremely difficult."

*Audrey Smith passed away on January 19, 2005."*

**Source:** *Look Who's Behind 'Tort Reform'* by Dan Zegart in *The Nation* (October 24, 2004)

**Athletic Director, Frank Broyles  
Shared Personal Experience with Alzheimer's Disease  
Before Legislative Committee**

**U**of A Athletic Director Frank Broyles spoke in favor of HB1442 (increased training for Certified Nursing Assistants) before the House Public Health ...committee a couple of weeks ago. He gave a very moving account of how he and his family cared for his wife, Barbara, stricken with Alzheimer's disease, for many years before her death. They learned to go to Barbara's world and not try to make her come to their world. Barbara couldn't make choices in their world, and it always brought her to tears to be expected to make decisions like, what to wear, eat or drink. Instead, Broyles would say something like, "Hey Barb, you love that Coke. Let's have a Coke tonight." Broyles read from a poem sometimes passed out at Alzheimer's support groups:

**Do not ask me to remember.  
Don't try to make me understand.  
Let me rest and know you're with me.  
Kiss my cheek and hold my hand.**

**I'm confused beyond your concept.  
I am sad and sick and lost.  
All I know is that I need you  
To be with me at all cost.**

**Do not lose your patience with me.  
Do not scold or curse or cry.  
I can't help the way I'm acting.  
Can't be different though I try.**

**Just remember that I need you.  
That the best of me is gone.  
Please don't fail to stand beside me.  
Love me 'til my life is done.**

*Author unknown*

## 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

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**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

**Honorary Board Members:** Billie Bice, Batesville; Jim and Faye Sandstrum, Pine Bluff.

## 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).



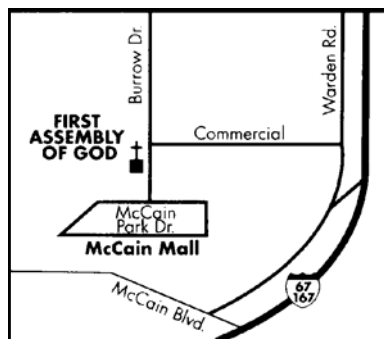
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Nursing Home Residents

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MAP TO MEETING