



AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING HOME RESIDENTS
May 2011

Conway (501) 450-9619 · Fairfield Bay (501) 884-6728
Conway (501) 450-7405

**Next Meeting
May 9**

**MEETING
PLACE:**

**First Assembly of God
Church**

**4501 Burrow Road
North Little Rock
Directions to church
on back of Newsletter.**

**10:00 a.m.
Meeting for
members, family and
friends of residents
(Closed to persons
representing the
nursing home
industry).**

**11:00 a.m.
Public Meeting
(see article at right)**



**AANHR Meeting Topic May 9:
“I HAVE A DIAGNOSIS OF ALZHEIMER’S
DISEASE, BUT I’M A PERSON FIRST”**

At the May 9th meeting, Phyllis Watkins, Executive Director of Alzheimer's Arkansas Programs and Services, will be talking about Act 92 of the 2009 legislative session. The Act established the “Task Force on the Effect of Alzheimer’s Disease in Arkansas”. The Task Force was charged with making final recommendations to the Governor and the Legislature in January 2011. Phyllis was appointed to the Task Force by Governor Beebe.

During her presentation Phyllis will address some of the issues that the Task Force has before it. In addition, Phyllis will talk about creating an environment of growth for those who are diagnosed with Alzheimer’s disease and other types of dementia.

Alzheimer's Arkansas Programs and Services is an independent 501 (c)(3) organization dedicated to providing information and support to Arkansans affected by Alzheimer’s disease and related dementias. All of the funds that they raise stay in Arkansas and all family caregiver services are free of charge.

Phyllis has been director of Alzheimer's Arkansas for 16 years. She has her degree in Sociology and Gerontology from Sonoma State University in California. Prior to her current position, she developed and administered a county-wide visitation program for homebound older adults in Marin County California. She also founded a program called “Neighborhood Outreach to the Elderly” (NOTE) that provided training for community members on how to identify older adults who needed assistance. She also serves on the Board of Directors of the Arkansas Down Syndrome Association.

Please join us for this informative meeting on May 9.

Meeting Room Change for May: As you enter usual door from alley, immediately turn to your right & go up the stairs to meeting room. If you need to use an elevator, upon entering door from alley, go straight to the end of the hall & turn left. Elevator is on the right across from room 109. Exit elevator on second floor to room 214.



**Don't forget to pay
your membership
dues!**

Calendar of Events

May 9	10:00 AM	AANHR Meeting
June 13	10:00 AM	AANHR Meeting



From the President's Desk Martha Deaver

NO CNA LUNCHEON IN 2011

Arkansas Advocates for Nursing Home Residents (AANHR) has had the pleasure of honoring Certified Nursing Assistants (CNAs) at a luncheon in June for the past five years. These men and women were chosen by the facility where they worked and came to Little Rock from all parts of the state to receive the award we were able to present them. AANHR feels it is important to let them know how important they are to the care of our loved ones in nursing homes.

Due to the downturn in the economy that we are all experiencing, AANHR regrets that we do not have the funds to continue this tradition in June of this year. We regret this and hope that all who read this will take the time to let the CNAs you come in contact with know how much they are appreciated. We sincerely hope to have better funding in the next year and look forward to being able to continue having the luncheons in years to come.

Culture Change at Greenhurst Nursing Center, Charleston, AR

By: Jonas Schaffer, Administrator

Many nursing facilities across the country are starting a new initiative commonly called "culture change." This is a buzz word that is loosely used and thrown around in today's nursing homes. What is culture change? Culture change can best be described as an evolution in long term care. It's a better way to do things. It's a better way to treat our loved ones. It's a better quality of life.

There are many books providing what they call easy programs to institute culture change; these books have many names, logos and trademarks on what they deem is culture change. These are all tools that can help people in the new evolution of long term care, but true culture change comes from the hearts and minds of the caregivers and our loved ones. There is no correct way to start culture change; there are no definite steps, programs, DVDs or books. If you research culture change, you may find yourself in a confusing array of companies that are selling culture change tools (which can be good!). When I described this new culture change market to my brother, he wittily noted that it seemed to be an "institutionalization of the de-institutionalization of institutions."

I love to say that "we've been doing culture change before anyone called it culture change," because culture change isn't just changing the way you do things - it's a matter of doing the morally right thing. Greenhurst is moving away from institutionalization and making culture change a standard policy. Our belief is, and always has been, to treat our residents like family. If a particular family member (we call our residents family members) always wants a baked potato with cheese and sour cream with her lunch, we make sure she gets that. If a particular person wanted to do something that was important to them, like ride a motorcycle to fulfill a lifelong wish, we would fulfill that wish. If a resident loves to garden, we will ensure they can garden. If a resident wants choice - we will ensure they get choice. Our family members take part in the care they receive; they direct their own care. Our job is to provide a safe environment and ensure they are healthy and happy. Culture change is matter of doing the right thing when you can do the right thing. It lets an employee step out of the box they have been living in for years, and look at procedures in a new way. We have found in a few cases that the only reason we work a certain way is because it has always been done that way. Culture change lets you put the resident first, before the staff, and allows that person to live in a meaningful way. We now ask ourselves when we create or alter policy and procedure: a) Are we doing this because it is practical for the employee? -or- b) Are we are doing this

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for a family member's best interest?

Recently, the Office of Long Term Care (OLTC) created a pilot group of nursing homes to participate in a "culture change transition." Greenhurst was chosen to be in this group. Arkansas' OLTC is learning how to regulate homes that have been going through culture change, simply because it is the future. Sooner or later, the institutional ways of long term care will be a thing of the past. I may sound like a dreamer when I say that, but I believe it with every bit of my heart.

When a facility first hears about culture change and the easy-to-describe physical things that have changed, the standard reaction is shock. Some examples of culture change in facilities across America include: enabling a resident order off a menu or even order whatever they feel like eating, allowing residents to sleep however they wish or take a bath according to their preference, no nurses station and no medicine carts. The standard reaction is "That can't be done." Yet if you give yourself the time to understand the concept, the practice and the love of culture change, it can all happen. Our federal and state regulations are written in an unobtrusive manner to promote the most practicable level of physical, mental and psychosocial well being. Notice that the regulations do not say practical - rather, practicable. Practicable is the innate capability - based solely on the individual's abilities, limitations, and potential - independent of external limitations. Long term care facilities should be a place where a resident can live, love, and grow as much as practicable. If you examine long term care today, you will see that most nursing facilities are designed around the word practical, not practicable. Why does every nursing home seem to have 3 meal times where everyone eats the same thing at the same time? It seemed practical. Why is a facility designed around a nurses' station? It seemed practical. With culture change we learn to view the world differently; we see our residents as people, not a commodity. We treat them as individuals, not a group.

A good nursing home does exactly this, whether or not they call it culture change. Unfortunately, this isn't the standard practice. Corporations are now the standard fare when it comes to nursing home ownership, and profit maximizing policy comes in tow. The good news is that the shift in our long term care landscape is towards culture change; and soon enough our regulating bodies like OLTC will enforce these policies. It may be years from now, but we are stepping that way.

When you hear about culture change, remember that it isn't as simple as replacing the nurses' station or allowing a resident to have a dog or offering extended activities, but, rather, it's about our loved ones, and ensuring they are happy. It's about freeing yourself from the shackles of the old institutional ways. It's about doing the right thing and making that the official policy of the facility.



Great Source of Information!

AANHR would like to recommend the publication AGING ARKANSAS as a source for helpful news relevant to senior citizens. One can subscribe to this monthly newsletter for one year by mailing a \$12.00 check to AGING ARKANSAS, 706 South Pulaski St., Little Rock, AR 72201. Phone 501-376-6083

Study Finds Criminal Pasts of Nursing Home Workers

By ROBERT PEAR, March 2, 2011

WASHINGTON – More than ninety percent of nursing homes employ one or more people who have been convicted of at least one crime, federal investigators said Wednesday in a new report. In addition, they said, five percent of all nursing home employees have at least one criminal conviction.

The report was issued by Daniel R. Levinson, inspector general of the Department of Health and Human Services, who obtained the names of more than 35,000 nursing home employees and then checked with the Federal Bureau of Investigation to see if they had criminal records.

“Our analysis of F.B.I. criminal history records revealed that ninety-two percent of nursing facilities employed at least one individual with at least one criminal conviction,” Mr. Levinson said. “Nearly half of nursing facilities employed five or more individuals with at least one conviction. For example, a nursing facility with a total of 164 employees had 34 employees with at least one conviction each.”

Charlene A. Harrington, a professor at the School of Nursing of the University of California, San Francisco, said: “This sounds like a very important study. It cries out for additional regulation. Residents in these homes are so vulnerable.”

The inspector general said that no federal law or regulation specifically required nursing homes to check federal or state criminal history records for prospective employees. Ten states require a check of F.B.I. and state records, Mr. Levinson said, while thirty-three require a check of state records, and the remainder do not have explicit requirements.

Given the patchwork of requirements, people convicted of crimes in one state have been able to obtain jobs at nursing homes in other states. Moreover, Mr. Levinson said, “Some states allow individual nursing facilities to make decisions regarding the employability of individuals with criminal convictions, while others rely on a state agency.”

Senator Herb Kohl, Democrat of Wisconsin, who has investigated nursing homes as chairman of the Aging Committee, said: “The current system of background checks is haphazard, inconsistent and full of gaping holes in many states. Predators can easily evade detection during the hiring process, securing jobs that allow them to assault, abuse and steal from defenseless elders.”

The most common types of conviction were for crimes against property, like burglary, and drug-related offenses. But some nursing home employees had been convicted of crimes against persons, like assault.

Federal rules say that nursing homes must not employ people who have been found guilty of abusing, neglecting or mistreating patients. But F.B.I. records do not always indicate if the victim was a nursing home resident.

Most of the convictions occurred before the offenders began working in nursing homes. But for sixteen percent of employees with convictions, the most recent offense occurred after they had started work in a nursing home. Joshua M. Wiener, an expert on long-term care at RTI International, a nonprofit research institute, said nursing homes had historically had difficulty recruiting and retaining employees, especially nurse’s aides, who he said were paid an average starting wage of \$10 an hour.

Dr. Harrington said that many nursing homes did background checks in a perfunctory way, and that some did not check people who applied for housekeeping, food service or laundry jobs.

“Even some of the better nursing homes have problems with theft, rampant theft of residents’ clothing and personal possessions, including jewelry,” Dr. Harrington said. “People convicted of crimes are often left alone with nursing home residents because the supervision of care is, in many homes, very inadequate.”

The new health care law offers \$160 million to states to improve criminal background checks on prospective employees at nursing homes and other providers of long-term care.

Full report at <http://oig.hhs.gov/oei/reports/oei-07-09-00110.pdf>

<http://www.nytimes.com/2011/03/03/us/03nursing.html>

*Boredom, loneliness, and helplessness:
the three main diseases in a nursing home.*





J. Scott Davidson, Lawyer, spoke at Monday, April 11th meeting.

“Why we do what we do: taking our calling to protect the elderly seriously.”

Scott Davidson brought a message of hope and encouragement to meeting attendees as he began his presentation on “Why we as advocates for the elderly do what we do” with the statement that “advocating for them is important to God.” He backed up this statement with several relevant Bible verses.

“Pure religion and undefiled before God and the Father is this, To visit the fatherless and widows in their affliction ...” James 1:27 (KJV)

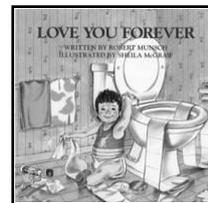
“A father of the fatherless, and a judge of the widows, is God in his holy habitation.” Psalms 68:5 (KJV)

“Ye shall not afflict any widow, or fatherless child.” Ex 22:22 (KJV)

Ask yourself: “Why do I do what I do?” We are “called to do so – both spiritually and morally”. It is the right thing to do. Nursing homes are

sometimes a dangerous environ for nursing home residents. Ken Conner and John Revell in their book, Sinful Silence, write about the devaluing of human life as the elderly languish in nursing homes. Nursing homes have become more devious by having little or no liability insurance and by constructing a maze in their business organization that inhibits getting to the bottom of which entity should be held liable for abuse or neglect in order to discourage litigants from seeking retribution for injuries inflicted due to facilities’ poor care.

Advocating does matter! We advocates are making a difference! We have been given the opportunity by God to care for our elderly so we must stay in the race to care for and defend them. Mr. Davidson ended his presentation by reading a beautifully written book: Love You Forever by Robert Munsch and Sheila McGraw. It appears to be a children’s book but we highly recommend it to readers for its special message that should be shared with young and old alike.



Scott Davidson, while representing the family of a resident at a Beverly nursing home in Batesville, became aware of a class action on behalf of all residents of a Beverly home in South Arkansas. He determined that the allegations in his case were similar to that of the South Arkansas case and amended his lawsuit against the Batesville facility to assert claims on behalf of ALL residents in that home. For several years he assisted in the representation of nursing home residents in a class action case alleging that the residents' rights of ALL the individuals had been violated.

In 2007, the Arkansas Supreme Court found that the class action for the residents was proper, thereby making it one of the first, if not first, cases in the country in which a state's highest court has allowed a class action to be brought under this theory.

Mr. Davidson has practiced law for twenty-three years. He graduated from Arkansas State University and University of Arkansas School of Law. During the first fifteen years he focused on personal injury cases representing injured individuals or their families. In recent years he has centered his practice on nursing home abuse cases which is the area to which he feels truly led.

Scott and his wife, Cindy, are the parents of two daughters, Lindsey and Alex. They were recently blessed with their first grandchild, Gabe. Scott is a Deacon and Sunday School teacher at West Baptist Church in Batesville.

“I’ll love you forever, I’ll like you for always. As long as I’m living my baby you’ll be.”

Excerpt from ***Love You Forever***, by Robert Munsch and Sheila McGraw.

I know who holds tomorrow.

Therefore - I live one day at a time.

By Guy Humphries, CVO at Oakdale Nursing Facility, Judsonia



When I feel discouraged, I schedule a visit to my friends at the nursing home that results in being encouraged. A minimum of one smile is my objective. A laugh or giggle is a huge bonus that really makes my day. They most frequently laugh at my one joke, “How is growing old and a roll of toilet paper alike? The closer to the end the faster it goes.”

Another encouragement is when one of my nursing home friend says, “Where have you been? I missed you.” “I’ve prayed for you.” (Especially my friend that is paralyzed except for her head. Her positive attitude encourages me.)

Talking about family always results in both of us boasting about our children and GRAND-children plus GREAT-grands.

Being products of the Great Depression provides topics for discussion. We visit about the “old days.” We reminisce about how farming, especially picking cotton and strawberries, inspired an indispensable work ethic. The pounds of cotton we could pick in one day expands every week.

Under difficult circumstances, the staff cares. Since most are acquainted with the residents or their families, that enhances consideration for the difficulties of the residents. They encourage me to face an uncertain future.

Editor’s note: The world is a better place because of the giving hearts of folks like Guy Humphries and our other Certified Volunteer Ombudsman (CVO). Praise the Lord for them! Please offer your thanks to the CVOs you encounter during your visits to the nursing home.

Make a Difference: Volunteer Ombudsmen Needed

Do you have one hour per week to visit with residents (those who have few/if any visitors) in a nursing home? We have a place for you. After one 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.

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 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. If interested, please contact Martha Deaver at 501-450-7405; she will put you in touch with your regional ombudsman.

“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.

M. Darren O'Quinn , Attorney, Little Rock, for his offer of free assistance in preparing advance directives, to those present at the April AANHR meeting.

Bob Edwards of Wilkes and McHugh for its financial assistance in the printing and mailing of AANHR's newsletter and other publications as well as financing the attendance of two board members to the annual NCCNHR conference.

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

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 employing Brent Birch of One6 Media, LLC, to create and maintain AANHR's website.

AANHR Officers and Board Members

President - Martha Deaver, Conway

Vice President - Gary Melton, Searcy

Secretary - Betty Buckta, Judsonia

Treasurer - Frances Walker, Benton

Program Chairman - Gary Melton, Searcy

Members of the Board: Nancy Allison, Conway; Martha Blount, Searcy; Linda Brimer, Searcy; James Brooks, North Little Rock; Julie Edwards, Mabelvale; Pat McGuire, Alexander; Nancy Patterson, Searcy; and Ann Pinney, Benton.

Honorary Board Member: Faye Sandstrum, Searcy.

Newsletter Editors: Martha & Ernie Blount, 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:

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:

<https://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/index.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;

(501) 884 - 6728 in Fairfield Bay;

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.**



Arkansas Advocates for Nursing Home Residents

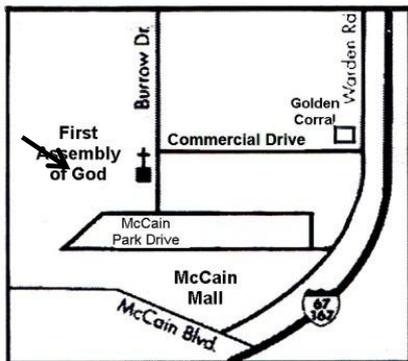
AANHR

P.O. Box 165641 Little Rock, AR 72216

www.aanhr.org

NON-PROFIT ORGANIZATION
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May 2011



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.

Please lend your support by joining AANHR. 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, 2011.**

Today's Date _____

Name _____

Mailing address _____

City/State/Zip _____

Phone _____

Email _____

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

Please make checks payable to: AANHR and mail to 2336 Riverview Circle, Benton AR 72019

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 #1 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 and turn right at the far side of the building into the narrow alley-like drive.

The entry door is located about half-way down this side of the church and the meeting room (#113) is immediately inside the entrance door.