



AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING HOME RESIDENTS

July 2012

Conway (501) 450-9619

AANHR's Mission Statement:

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

Next Meeting
July 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)



MEDICARE / HEALTHCARE FRAUD PREVENTION
July 9, 2012 11:00 AM
A.A.N.H.R. Meeting

PRESENTER: Kathleen Pursell, SMP Program and Volunteer Coordinator

The Arkansas SMP and its network of partners and volunteers encourage seniors to prevent health care fraud by following three simple steps:

1. **Protect** your personal information;
2. **Detect** fraud by reading your Medicare Summary Notice (MSN);
3. **Report** any suspicious billing on your MSN and/or any suspicious activity to the Arkansas SMP.

The Arkansas SMP wants every beneficiary in Arkansas to understand that **PREVENTION** is the most cost-effective way to stop Medicare Fraud. Learn how to protect your personal information, recognize scams, and identify and report instances of health care fraud, errors and abuse.



The Arkansas SMP is federally funded by a grant from the Administration on Aging administered by the Department of Human Services, Division of Aging & Adult Services.



Complimentary Lunch

The Wilkes McHugh Law Firm has graciously offered those who attend AANHR monthly meetings a complimentary catered lunch at noon following the meetings. Please feel free to stay for this time of fellowship after our meetings. AANHR thanks Wilkes McHugh for their many years of support for our organization.



From the President's Desk Martha Deaver

Here is a checklist for families contemplating the placement of a loved one in a nursing home:

- *Obtain a Durable Power Of Attorney with provision that does not allow the DPOA to sign an arbitration clause.
- *Determine how nursing home bill will be paid: Medicaid? private pay? Medicare usually pays only for a limited amount of time in a nursing home, usually for rehabilitation after a hospital stay.
- *Go to www.medicare.gov/nursinghomecompare to view past history of nursing home
- *Find out whether the prospective nursing home has liability insurance coverage.
- *Visit after hours & weekends
- *Are there smells of urine and other bad odors present?
- *Speak with other families in nursing home
- *Read latest survey required to be posted in the nursing home
- *Observe whether call lights are going unanswered.
- *Do residents look sedated or alert?
- *Are residents clean?
- *Are residents happy/content?
- *Check staffing posted log sheet...required to be posted 20 feet from front entrance
- *Visit during meal time to observe how food is presented and served.
- *Check to see if residents that need assistance with eating are being fed.
- *Check to see if rooms have fresh water in arm's reach in pitchers located in residents' rooms.
- *Are employees taking care of the residents needs? Are the employees relating to the residents?
- *Does the nursing home have an active Family Council?
- *Make sure you are NOT required to sign a arbitration agreement. Simply state during admission document signing process that you do not desire to sign. Request a copy of all admitting documents.
- *Remember, this nursing home will become your family member's next home, whether temporary or permanent. Stay involved. Visit often. Speak up when problems arise.
- *Always attend Care Plan meetings and follow up on plans for action.

NOTE: No newsletter nor meeting in August. Have a safe summer.

See you again in September!



HOSPICE: AN EXTRA LAYER OF LOVE



Dr. Kimberly Curseen, Asst. Director Hospice & Palliative Care, Asst. Professor Reynolds Dept. of Geriatrics and Reynolds Institute on Aging at UAMS, spoke at the AANHR meeting on June 11th on the benefits of engaging hospice in the care of a loved one who lives in a nursing home.

Since the goal of the nursing home is to maintain function and medically supervise patients to benefit their quality of life, why add hospice? Many hospice patients are seen by hospice for months and even years. The hospice role in the nursing home is to provide an extra resource to staff and family in the care of the patient as they slowly approach end of life. Dying is difficult and some staff may disengage in end of life care, or a young CNA may have never seen death, plus family members are distressed. Hospice personnel are able to manage these situations and deal with caregiver stress while honoring and respecting the individual and family.

When a loved one is turned over to the nursing home you still have custody - you should remain vigilant and monitor the care. While in the nursing home with hospice the nursing home team will continue to give required care while hospice assists

with end of life or comfort care. The family will receive a packet of hospice responsibilities that will provide a clarification of the services provided by the nursing home staff and hospice staff. You should ask to attend hospice interdisciplinary team meetings and compare plans with the nursing home care plan. The nursing home doctor will continue to manage all that does not pertain to the hospice diagnosis and the hospice doctor will manage the hospice diagnosis. Hospice provides supplies, medications and medical equipment related to the hospice diagnosis.

You have the right to choose a Hospice - A facility has the right to contract with who they want. It is best to discuss this decision with the nursing home, asking who they have a contract with or asking if the one you have chosen would be able to come in to care for your loved one. You can request a change of hospice if desired/needed.

Hospice care in the nursing home setting can be a valuable service to "walk" a resident and his/her family through a difficult time in life. Hospice also follows up with grief counseling for a period of time after the family's loss.

Volunteer Ombudsmen Needed

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

CMS ANNOUNCES PARTNERSHIP TO IMPROVE DEMENTIA CARE IN NURSING HOMES

CMS NEWS

FOR IMMEDIATE RELEASE Contact: CMS Media Relations Group

May 30, 2012 (202) 690-6145

Government partnering with providers, caregivers, patients to ensure appropriate use of antipsychotic medications

Today, Centers for Medicare & Medicaid Services (CMS) Acting Administrator Marilyn Tavenner announced the Partnership to Improve Dementia Care, an initiative to ensure appropriate care and use of antipsychotic medications for nursing home patients. This partnership - among federal and state partners, nursing homes and other providers, advocacy groups and caregivers - has set a national goal of reducing use of antipsychotic drugs in nursing home residents by 15 percent by the end of 2012.

Unnecessary antipsychotic drug use is a significant challenge in ensuring appropriate dementia care. CMS data show that in 2010 more than 17 percent of nursing home patients had daily doses exceeding recommended levels.

“We want our loved ones with dementia to receive the best care and the highest quality of life possible,” said Acting Administrator Marilyn Tavenner. “We are partnering with nursing homes, advocates, and others to improve the quality of care these individuals receive in nursing homes. As part of this effort, our partnership has set an ambitious goal of reducing use of antipsychotics in nursing homes by 15 percent by the end of this year.”

CMS and industry and advocacy partners are taking several steps to achieve this goal of improved care:

Enhanced training: CMS has developed Hand in Hand, a training series for nursing homes that emphasizes person-centered care, prevention of abuse, and high-quality care for residents. CMS is also providing training focused on behavioral health to state and federal surveyors;

Increased transparency: CMS is making data on each nursing home’s antipsychotic drug use available

on Nursing Home Compare starting in July of this year, and will update this data;

Alternatives to antipsychotic medication: CMS is emphasizing non-pharmacological alternatives for nursing home residents, including potential approaches such as consistent staff assignments, increased exercise or time outdoors, monitoring and managing acute and chronic pain, and planning individualized activities.

“A CMS nursing home resident report found that almost 40 percent of nursing home patients with signs of dementia were receiving antipsychotic drugs at some point in 2010, even though there was no diagnosis of psychosis,” said CMS Chief Medical Officer and Director of Clinical Standards and Quality Patrick Conway, M.D. “Managing dementia without relying on medication can help improve the quality of life for these residents. The Partnership to Improve Dementia Care will equip residents, caregivers, and providers with the best tools to make the right decision.”

These efforts will help achieve the 15 percent reduction goal by the end of this year. In addition, to address this challenge in the long-term CMS is conducting research to better understand the decision to use or not to use antipsychotic drugs in residents with dementia. A study is underway in 20 to 25 nursing homes, evaluating this decision-making process. Findings will be used to target and implement approaches to improve the overall management of residents with dementia, including reducing the use of antipsychotic drugs in this population.



STARTING A FAMILY COUNCIL**A Booster Club for A Nursing Home's Residents****That Results in Better Care for All Residents and Thus, Each Resident**

By Gary Melton, Searcy, Arkansas

During the past several years, I have had family members in two nursing homes. Sometimes I have found the care to be adequate; however, a few times the care was Less than adequate and that is unacceptable!

Having recently retired from the military and wanting to improve the quality of care of residents, I thought of starting a Family Council. First, I asked the administration to announce a meeting and help spread the word by posting announcements on doors, talking to acquaintances and posting a notice in the nursing home newsletter.

At our first Family Council meeting we discussed the election of officers, our goals, organization of the meetings and plans for the next meeting. Fortunately, the six people in attendance were persons with a can-do attitude. The vice-president elect is a school teacher who has received major awards in her career field, the secretary is a CPA, and the treasurer/staff advisor is a social worker on the staff of the facility.

By the second meeting, I was hearing the questions: What is a Family Council? What does a Family Council do? And, I don't need you to help take care of my Love one!

Fortunately, in talking with my Regional Ombudsman she had a movie entitled, "Strength in Numbers, The Importance of Nursing Home Family Councils." The movie became our next program.

By working hard and spreading word of the movie, we had 20 present. At this second meeting, we passed a budget of \$1000 for the year. We arrived at this amount by deciding on our projects: (1) donate \$25.00 to the employee of the month, (2) furnish snacks to the midnight shift, once a quarter and (3) a complimentary meal for each dietary staff member and spouse at a local restaurant. We discovered having our meetings in the dining room was disrupting the feeding/bingo schedule, so we moved to the big, front lobby. Our meetings are from 6:30 PM to 7:30 PM and everyone walking in or

out of the facility during this high visitation period is exposed to our meeting.

Much work by the Leaders was initially required between meetings. For example, our secretary completed the paperwork to establish us as a non-profit organization under U.S. Tax Code 501 (C) (3).

This designation allows council members to collect tax deductible donations for our budget. One local bank agreed to donate a \$50.00 savings bond in its name and the Family Council name to the employee of the month for a year. Another member worked with a local artist to have a painting donated for a raffle.

By the third meeting, we were beginning to get comfortable with each other. One of the members always volunteers to furnish the next month's meeting refreshments. We all wear nametags and start our meetings by introducing ourselves and stating our relationship with the facility. Near the end of a meeting, facility staff members present are asked to step outside so we can discuss care issues without any hesitancy. Areas of common concern are agreed on and are submitted in writing to the administration.

The most favorable comments I have had concern starting on time and ending on time. Most people work during the day and are ready to go home but can give their full attention for one hour to a worthwhile endeavor.

If you want to start or already have a council, I recommend the aforementioned movie available from your Regional Ombudsman or the AANHR. In addition, I recommend the publication, "The Family Council Guide" located at www.medicaid.state.ar.us. This publication is a guide to organizing and maintaining an effective family council.

* * *

"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

The List

If you could only hear my heart and the things I want to say,
You would surely know the hurt I felt when you turned and walked away.

I want to know you really cared that I lived upon this earth;
That I was seen as a special soul who had dignity and worth.

I want you to know that I felt the pain when you go hurried with my care
And did not listen to what I needed, as if I were not there.

I want you to know that simple things meant so much
To those of us who hungered for a kind and gentle touch.

I want you to know that I endured so much in the course of just one day
When life around me hurried on while I had so much to say.

My time with you is over, but do not grieve for me.
I am "home" in loving arms, just where I chose to be.

So if I could leave you with just one thing, it would be these words you hear
To say just what I needed from all of you and what I held so dear.

Respectfully submitted by Janet Brennend
on behalf of Ms. E.M. who dictated her "list" before her death in Feb. 2006.
New River Valley Agency on Aging
Pulaski, Virginia

Reprinted from CARE Matters to Residents, A Collection of Essays and Poems (compiled by NCCNHR, 2006 in honor of Residents' Rights Week).

Choice of long-term care setting and day-to-day decisions

Accountability of facilities and regulators to residents

Rights respected and care directed by residents

Empowered residents, families, advocates, and staff

Reprinted from CARE Matters to Residents, A Collection of Essays and Poems (compiled by NCCNHR, 2006 in honor of Residents' Rights Week).

AANHR Special Thanks

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

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 NCCCHR conference.

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Joshua Mayhan for managing the AANHR website and sending AANHR email alerts.

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

M. Darren O'Quinn, Attorney, Little Rock, for his continued assistance to and support of AANHR.

AANHR Officers and Board Members

President - Martha Deaver, Conway (501-450-9619)

Vice President - Gary Melton, Searcy (501-230-2846)

Secretary - Betty Buckta, Judsonia (501-593-8860)

Treasurer - Frances Walker, Benton (501-316-0260)

Program Chairman - Gary Melton, Searcy

Members of the Board: Nancy Allison, Conway (501-327-3152); Martha Blount, Searcy (501-278-9168); Linda Brimer, Searcy (501-268-4699); James Brooks, North Little Rock (501-454-6279); Julie Edwards, Alexander; Pat McGuire, Alexander (501-847-1016); Nancy Patterson, Searcy (501-305-4034); and Ann Pinney, Benton (501-249-1084).

Newsletter Editors: Ernie and Martha Blount, Searcy.

Honorary Board Members: Faye Sandstrum, 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:

[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)450 - 9619 in Conway

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

AANHR

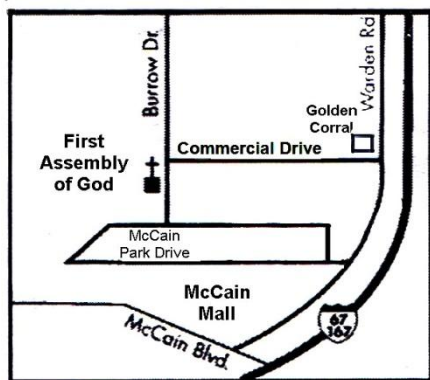
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www.aanhr.org

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Address Service Requested

July 2012



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, 2013**.

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 PO
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 #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 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.