



# AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING HOME RESIDENTS

**March 2015**

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**  
**March 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.)**



**March 9th Meeting:**  
**Bernie Quell, LPC Presents Options**  
**For Nursing Facility Residents**

Bernie will be presenting information on the State Law that initiated Options Counseling and the process to comply with the law. The A+ Team responds directly to residents in Nursing Facilities who request Options Counseling. Residents are visited in person by an A+ Team member who provides information on potential resource "Options" available to the resident that might facilitate a move to a least restrictive environment.

Bernie Quell is Program Manager for the Alternatives Plus (A+) Team within the Division of Aging and Adult Services. He is a graduate of the University of Arkansas with a Masters Degree in Rehabilitation Counseling and is a Licensed Professional Counselor (LPC). His background includes providing direct service to individuals with traumatic brain injury, chronic mental health issues, and spinal cord injury. He served as the Educational Director of a Central Arkansas Hospice program and has experience as an Adjunct Professor for the University of Arkansas. The Alternatives Plus (A+) Statewide Team provides Options Counseling to Nursing Home residents who have requested this service.



Please join AANHR members at 11:00 AM on March 9th to learn about this important option that may substantially improve a senior family member's daily life.



## *From the President's Desk . . . . Martha Deaver*

### **"Nursing-Home Ratings Altered U.S. standards tougher; nearly a third now ranked lower"**

This was the Arkansas Democrat Gazette headline that caught my attention on Saturday, February 21. It seems federal officials have readjusted the star quality standards that we consumers access on websites such as Nursing Home Compare. In other words, the bar has been raised to gain a five-star rating so that many nursing homes fell down to the next level. The article states: "before the change, about 80 percent of the nation's nursing homes received a four or five star rating out of five on their quality measures score; afterward, nearly half did: a drop in ratings for thirty percent of the nations' nursing homes" (*AR Dem-Gaz.2-21-15, pg 2D*). Keep in mind that the star ratings are determined by data self-reported by the nursing homes and thus is unverified. As an advocate, I am delighted to see the bar raised so nursing homes staffs have to work a bit harder to gain a higher rating. Next, I went to the former NCCNHR (National Citizens Coalition for Nursing Home Reform) website now the consumervoice.org for further details reprinted below.

#### **Federal Government Announces Changes to Nursing Home Rating System**

*(reprinted from: <http://theconsumervoice.org/news/detail/all/cms-five-star-rating-system-revision>)*

February 19, 2015

On February 12, The Centers for Medicare and Medicaid Services (CMS) announced it was making changes to its Nursing Home Compare 5-Star Quality Rating System, which allows consumers to learn about and compare nursing homes in terms of their performance on surveys (inspections), staffing levels and quality measures. According to CMS, the following changes are being made:

1. Adding 2 new antipsychotic quality measures - one for long stay residents, the other for short stay residents - to the 5-star calculations. Antipsychotic medication use had previously not been calculated into the rating;
2. Raising the bar for performance on quality measures by increasing the number of total quality measure points needed to achieve each star rating;
3. Conducting specialized onsite surveys of a sample of facilities nationwide to assess accuracy of the resident assessment information used to calculate quality measures; and
4. Adjusting how the number of stars awarded for staffing is determined. Up to this time, a facility could have 3 stars for RN staffing and 3 stars for total nursing staff hours and receive four stars for overall staffing. Under the new system, a facility must have at least 4 stars in either RN staffing or total nursing staff hours to be awarded 4 stars.

The new 5-Star Rating System will go live on February 20, 2015. CMS has noted that it expects the changes will result in a number of facilities dropping stars in the quality measure and /or staffing domains with a resulting drop in overall stars in a number of cases.

## Are you attending quarterly Care Plan meetings? Care Plans and Assessment



If you are currently involved in the oversight of a family member's care while he/she resides in a nursing home, have you attended a Care Plan meeting lately? A care plan is essentially the "recipe" that dictates care for your loved family member. Care plans are as different as each resident is different. Each care plan should be individualized to fit the resident it is created to serve. You should receive by snail mail (or other communication) an appointment to attend a care plan meeting with the department heads overseeing the care of your family member nursing home resident.

As the term implies, assessment is the means for measuring the results of overall care and follow through on the care plan components.

**What's a care plan in a nursing home?** *(Reprinted from Medicare.gov)*

The nursing home staff will get your health information and review your health condition to prepare your care plan. You (if you're able), your family (with your permission), or someone acting on your behalf has the right to take part in planning your care with the nursing home staff.

**The basic care plan includes:**

- A health assessment (a review of your health condition) that begins on the day you're admitted, and must be completed within 14 days of admission
- A health assessment **at least every 90 days after your first review**, and possibly more often if your medical status changes
- Ongoing, regular assessments of your condition to see if your health status has changed, with adjustments to your care plan as needed

Nursing homes are required to submit this information to the federal government. This information is used for quality measures, nursing home payment, and state inspections.

**Depending on your needs, your care plan may include:**

- What kind of personal or health care services you need
- What type of staff should give you these services
- How often you need the services
- What kind of equipment or supplies you need (like a wheelchair or feeding tube)
- What kind of diet you need (if you need a special one) and your food preferences
- Your health and personal goals
- How your care plan will help you reach your goals
- Information on whether you plan on returning to the community and, if so, a plan to assist you in meeting that goal

## Debunking the Myths of Older Adult Falls

Many people think falls are a normal part of aging. The truth is, they're not.

Most falls can be prevented—and you have the power to reduce your risk.

Exercising, managing your medications, having your vision checked, and making your living environment safer are all steps you can take to prevent a fall.

Every year on the first day of fall, we celebrate National Falls Prevention Awareness Day to bring attention to this growing public health issue. To promote greater awareness and understanding here are ten common myths—and the reality—about older adult falls:

**Myth 1: Falling happens to other people, not to me.**

**Reality:** Many people think, "It won't happen to me." But the truth is that 1 in 3 older adults—about 12 million—fall every year in the U.S.

**Myth 2: Falling is something normal that happens as you get older.**

**Reality:** Falling is not a normal part of aging. Strength and balance exercises, managing your medications, having your vision checked and making your living environment safer are all steps you can take to prevent a fall.

**Myth 3: If I limit my activity, I won't fall.**

**Reality:** Some people believe that the best way to prevent falls is to stay at home and limit activity. Not true. Performing physical activities will actually help you stay independent, as your strength and range of motion benefit from remaining active. Social activities are also good for your overall health.

**Myth 4: As long as I stay at home, I can avoid falling.**

**Reality:** Over half of all falls take place at home. Inspect your home for fall risks. Fix simple but serious hazards such as clutter, throw rugs, and poor lighting. Make simple home modifications, such as adding grab bars in the bathroom, a second handrail on stairs, and non-slip paint on outdoor steps.

**Myth 5: Muscle strength and flexibility can't be regained.**

**Reality:** While we do lose muscle as we age, exercise can partially restore strength and flexibility. It's never too late to start an exercise program. Even if you've been a "couch potato" your whole life, becoming active now will benefit you in many ways—including protection from falls.

**Myth 6: Taking medication doesn't increase my risk of falling.**

**Reality:** Taking any medication may increase your risk of falling. Medications affect people in many different ways and can sometimes make you dizzy or sleepy. Be careful when starting a new medication. Talk to your health care provider about potential side effects or interactions of your medications.

(continued on next page)

**Myth 7: I don't need to get my vision checked every year.**

**Reality:** Vision is another key risk factor for falls. Aging is associated with some forms of vision loss that increase risk of falling and injury. People with vision problems are more than twice as likely to fall as those without visual impairment. Have your eyes checked at least once a year and update your eyeglasses. For those with low vision there are programs and assistive devices that can help. Ask your optometrist for a referral.

**Myth 8: Using a walker or cane will make me more dependent.**

**Reality:** Walking aids are very important in helping many older adults maintain or improve their mobility. However, make sure you use these devices safely. Have a physical therapist fit the walker or cane to you and instruct you in its safe use.

**Myth 9: I don't need to talk to family members or my health care provider if I'm concerned about my risk of falling. I don't want to alarm them, and I want to keep my independence.**

**Reality:** Fall prevention is a team effort. Bring it up with your doctor, family, and anyone else who is in a position to help. They want to help you maintain your mobility and reduce your risk of falling.

**Myth 10: I don't need to talk to my parent, spouse, or other older adult if I'm concerned about their risk of falling. It will hurt their feelings, and it's none of my business.**

**Reality:** Let them know about your concerns and offer support to help them maintain the highest degree of independence possible. There are many things you can do, including removing hazards in the home, finding a fall prevention program in the community, or setting up a vision exam.

- See more at: <http://www.ncoa.org>

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## 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 501-450-9619; she will put you in touch with your regional ombudsman.



## 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 schoolteacher 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?", "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 paper work to establish us as a non-profit organization under the 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 name tags 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](http://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*

### AANHR Special Thanks

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

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

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

### AANHR Officers and Board Members

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

**Vice President** - Nancy Patterson, Searcy (501-305-4034)

**Secretary** - Nancy Allison, Conway (501-327-3152)

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

**Members of the Board:** Martha Blount, Searcy (501-278-9168); Linda Brimer, Searcy (501-268-4699); James Brooks, North Little Rock (501-454-6279); Pat McGuire, Alexander (501-847-1016); 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](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 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](http://www.ualr.edu/senior justice)



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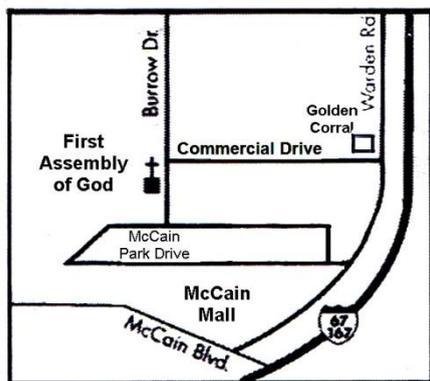
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### Strength in Numbers, AANHR Needs You!!

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, 2015**.

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.
- 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 #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.