



AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING HOME RESIDENTS

April 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
April 13
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.)

April 13th AANHR Meeting topic:
Alzheimer's Special Care Units (ASCU)
in Long Term Care Facilities
Speaker: Sherri Proffer, RN

Alzheimer's Special Care Units (ASCU) in Long Term Care Facilities....What are they and how do they differ from a "secure unit"? A discussion on why the ASCU regulations were written and the differences between the ASCU and a "secure unit".

Sherri Proffer is a RN and Qualified Intellectual Disability Professional. She has twenty-five years with the State of Arkansas, twenty of which have been with the Medical Needs Determination and Assisted Living Sections within the Office of Long Term Care. She assisted in the development of the long term care medical eligibility criteria, assisted living regulations and wrote the Alzheimer's Special Care Unit Regulations for nursing facilities and assisted living facilities.

Please join us at 11:00 AM on Monday, April 13th for this important topic relative to our frailest family members. Knowledge is power! There is both safety and support in numbers. We invite you to join AANHR's "numbers" in advocating for Arkansas' senior citizens.

Alzheimer's Request
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,
And I'm 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;
I 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 till my life is gone.



Spring Has Sprung!





From the President's Desk Martha Deaver

On behalf of the Advocates for Nursing Home Residents I recently spoke in Support of HB 1932, intended to establish video monitoring of residents, before a committee at the state legislature. Here are my remarks:

Good morning, Committee members! I am here to speak in support of HB 1932 which would allow nursing home residents and/or their representatives to video the happenings in their personal living areas at a nursing facility.

It wasn't that long ago, when two nursing assistants, crept into "Willie May Ryan's room" and did the unthinkable! One held her down, while the other beat the struggling, defenseless, 81-year-old woman's face with a pair of brass knuckles. The assault mangled Ms. Ryan's Facial bones leaving her "barely recognizable" to her family.

That horrific event grabbed national headlines, and etched a pivotal moment, in the care of our parents and grandparents who live in Arkansas' 229 nursing homes. As you would suspect, well-meaning lawmakers and industry representatives, vowed to prevent similar occurrences in the future. It was in 2003 that the first monitoring bill was proposed...Called the Willie May Ryan Bill. So now...a decade-plus after the death Mrs. Ryan, we must take a collective step back and ask, "has nursing home care really changed in Arkansas since that brutal night?"

Yes, there have been some attempts to improve quality, "such as person-centered care enhancements", and "newer technologies to reduce medication errors." By and large, care remains grossly the same. Inspection reports also reflect a grim record with mistreatment and neglect happening to, far too many of our family members who live in nursing homes.

Over the past three years, state regulators cited *every* Arkansas nursing home one or more deficiencies, for violating residents' rights! Nearly two-thirds of all homes had 20 or more citations, and almost half were cited for actual harm or immediate jeopardy to residents. Those violations resulted in more than 2 million dollars in federal fines. The numbers don't lie! In the past five years, according to government data, there have been over 6,000 violations cited for Harm or the Potential for death. In 2012 alone there were 2,500!

Every year there are hundreds of unexplained burses, lacerations, and broken bones that are documented. It was just last month, that I dealt with a case where another resident, sexually assaulted a 27 year old physically and mentally disabled resident! Let's be honest, If we're kept in the dark, by not knowing who is causing the harm then we can't collectively fix the problems, that endanger our loved ones. That would be a great disservice to our most frail and vulnerable AR Citizens!

The AR Advocates for Nursing Home Residents, strongly believes, that it would be a WIN-WIN situation for nursing homes & residents, if cameras were in place! It would weed out employees that were not doing their job. It would protect the nursing homes by exposing employees, who mistreated residents, but more importantly it would protect residents!

This bill, HB1932 sponsored by Democratic State Representative Greg Leding of Fayetteville, failed to get past the House Committee on Aging, Children and Youth, Legislative and Military Affairs. In fact, the vote was a unanimous "NO"! The Arkansas Healthcare Association (AHCA) made up of most of the nursing home owners in Arkansas are known to be near the top of donors to legislators' campaigns. However, video surveillance cameras are becoming commonplace today. AANHR would like to see them become commonplace in nursing homes also. Let's all work toward that goal!

MISTAKES FAMILY'S SOMETIMES MAKE WHEN PLACING A LOVED ONE IN A NURSING HOME

- Not getting a Durable Power of Attorney or guardianship. DPOA is a necessary step for the resident's protection because the DPOA can ask for medical records etc and tend to business on the resident's behalf. Keep in mind though that DPOA does not apply as long as the resident can speak for self and tend to his/her business.
- Accepting the facility medical director as the resident's physician. Retaining a physician outside the facility probably tends to yield more objective opinions on diagnoses and care plan.
- Allowing admission on a weekend when staffing is lower. Many times this can't be avoided.
- Failing to ask to see the facility's last five annual inspection reports. These reports can be accessed online and most recent reports should be posted somewhere near the main entrance so they are available for inspection.
- Not informing the facility that resident is not to be hospitalized without permission. Theoretically, a family member/responsible party should be contacted BEFORE a resident is transported to a hospital.
- Not keeping detailed notes of care. It's very important to keep a journal!
- Failing to seriously question skin tears, bruises or do regular complete body checks.
- Not taking pictures of all suspicious injuries and neglect incidents. In this day & time of cell phones it's easy to document. A word of caution: be discreet about taking pictures in order not to attract attention or create suspicions.
- Not filing well-documented (who, what, when, where and why) complaints with the state. Always document! The OLTC will want facts!
- Not calling the police and insisting on a police investigation when abuse is suspected. Never "let it go"! Better to be safe than sorry.
- Not taking residents seriously when they complain of abuse; failing to pay attention to body language that may indicate fear or anxiety
- Not attending quarterly, required Care Plan meetings and asking for a written copy. This time is well spent discussing care choices and deficiencies in care. Normally, staff members present will review the resident's meds, weight changes, dietary choices, illnesses since last care plan meeting, and ask for suggestions for improving care. Follow-up on plans will be necessary to assess whether the plan is carried through properly.
- Ignoring the appeal process when complaint determinations come back "invalid"
- Failing to visit often and at "off" hours like evenings, weekends, midnight and early morning. This one is critical for good care. Also, check staff sign-in sheets which should be posted in a prominent place, to determine whether staffing numbers for the current shift are adequate.
- Not becoming familiar with state and federal laws governing nursing home care. The nursing home will not volunteer rules/regulations so family members must do research to learn the rules which are many!
- Not challenging the facility when they ask to move the resident. A resident's room is his/her home so moving is sometimes critical since older folks do not adapt well to change.
- Failing to look at the resident's chart and asking for copies of the records periodically. You should get better care for your resident family member if staff knows you will be checking out the paperwork periodically.
- Not getting an itemized bill of all charges billed on behalf of the resident. Medicaid residents should have personal funds set aside each month from their social security check for personal needs (usually \$30 or so).
- Failing to join an advocacy group that can provide support and advice. Comfort, support, and safety in numbers! Don't be a "lone ranger".

Quality, Service and Pride: Three Key Components in Long Term Care

Written by: Jonas Schaffer, Administrator at Greenhurst Nursing Center

Three key components to a successful and loving environment for our state's fragile and elderly are often overlooked. In the sometimes unfortunate business-like culture of some nursing homes, the nursing home corporation simply does what corporations do: streamline, standardize, increase profit, rinse and repeat. The side effect of profit obsession has a few side effects: increased profits and decreased moral values. It's a classic case of short-term gain. It will never work out in the long run; a nursing home will never be a good nursing home if the majority of employee talent is focused on overhead, expenses, budgets and financial goals. How can we avoid this? Sometimes the people in charge need to step out of their business world and ask themselves "What are our objectives?" Powerful questions like this oftentimes evoke simple, yet powerful answers. I believe every answer should be the same: we exist to make a person's life a better life. Greenhurst's objectives haven't changed in the decades that we have operated. The following wonderful and magical words were written by my Grandfather A.R. Schaffer II, the husband and business partner of our patron saint Maggie Schaffer (my Grandmother). These were written on June 1st, 1972, and our objectives remain the same to this day. I will list a couple of points from these corporate objectives:

1. "Our most important concern is to make each patient or resident feel that he or she is in a home away from home; that he is wanted, respected, admired; and that he is an individual rather than just a name or number. He should never feel that his needs, hopes, wishes or desires are subjected to modifications because of the needs of others."
2. "To motivate each person to live each day to its fullest and to give each person the hope and desire to live yet another day because tomorrow is a day to anticipate and look forward to, not only for the activities and programs it holds out as an attraction, but because he is sincerely wanted and needed."

With this foundation and hard work, Greenhurst has built a good reputation. However, it seems a few other nursing homes have lost their way, and systematically overlook simple yet powerful tools to help make a nursing facility a home filled with love. I've developed and implemented specific training on "customer service" over the past few years, and more recently we have a very big focus on "pride." Together, I believe that the following three components should take the front passenger seat in a nursing home, with the resident in the driver's seat. They are:

1. **Quality.** Luckily the Centers for Medicare and Medicaid Services (CMS) are becoming more focused on quality outcomes. They are now creating standards to link payment with quality. Just what is quality, anyhow? In a short summary: it is the best practicable solutions (for living) being successfully implemented. To me, it means someone is living a happy life. Greenhurst always strives to never let anything get in the way of quality, or the implementation of a quality outcome. This can be directly related to our objective above; "To motivate each person to live each day to its fullest and to give each person the hope and desire to live yet another day because..... he is sincerely wanted and needed." Greenhurst has focused on quality the old-school way: always put the resident first. This is how you achieve quality. Whatever the resident may need or desire, we will exhaust all efforts to

1. (continued) limited to skilled nursing care, proper medication, proper durable medical equipment, home-like settings, restaurant style dining, meal and shower preference times, activities, and one on one time. One on one time may be the most important one - making sure you spend quality time with someone and getting to know them may make all the difference in the world when searching for quality outcomes.
2. **Service.** Greenhurst is well-known for a warm, friendly atmosphere. One of the most frequent compliments I receive is how my warm and friendly staff treats people. We train our staff relentlessly on “customer service.” Simply put, good customer service enables an employee to do a better job and better communicate with our residents and resident families. One of our most important rules- it’s literally rule #1 in my customer service program- is “NO EXCUSES.” My staff knows that no matter what, an excuse is NEVER an appropriate answer or solution. An excuse has never helped anyone. This can correlate directly with our corporate objectives, specifically the line “He should never feel that his needs, hopes, wishes or desires are subjected to modifications because of the needs of others.” At Greenhurst you never, ever, no matter what, give an excuse. You find a solution or an answer.
3. **Pride.** This is a difficult dimension because it involves so much of your employee’s mind and heart. We strive to hire an employee that is not here because of money, not because we are just down the road, but here because their life purpose involves giving compassion and care. I take time with our employees to make sure their hearts are truly in the right place, and they understand that we want the absolute best from them. Most importantly, we take the time to teach an employee that what they do is beyond important, and that they are here to change the world. They are here to make a person’s life a better life. Our employees should not only be proud of that fact, but be sincerely proud of *themselves*, and go home proud that they really do make a difference. It’s a bridge to a person’s personal life and how they live their life. Not too long ago, at one of our stand up meetings, this dimension really hit home. Normally these are joyful quality assurance meetings and we love to cheer for people “caught being good.” However at this meeting I read a couple of very special thank you letters written to the staff. The sincere and heartfelt words caused most eyes to get teary. The pride factor was then brought into the discussion, and I explained to the staff that this emotion is what we need to remember every minute we work. They need to remember that they made these resident’s lives happy and their world a better place to be in, and they need to take pride in that fact. The things they did, and the care they gave, *will never be forgotten*. Nearly the entire group was in tears. We were all proud of the difference we had made. Again, this harks to our objectives, specifically “Our most important concern is to make each patient or resident feel that he or she is in a home away from home; that he is wanted, respected, admired; and that he is an individual rather than just a name or number.” We make our residents feel this way.

These components and examples are all important touching stones for Greenhurst’s culture and moral compass. We laugh together and cry together. We all know the reason we are here. We all know our objectives. We know how we should treat other people. We know we are here to always do the right thing. There are good nursing homes in Arkansas, but finding the great ones that focus on simple elements like quality, service and pride can sometimes appear elusive. Thankfully we have people like Martha Deaver and AANHR to help us.





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

Bernie Quell, Program Manager for the A+ Team shared statistics showing that in Arkansas nursing homes there is a ten percent low-care population that would do well being served in the community. It is known that state dollars can serve three individuals through long term support services for every one person served in a nursing home. The A+ Team is an initiative within the Medicaid Expansion Program that serves residents of nursing homes and assisted living

facilities, and is part of the Division of Aging and Adult Services. The program is funded with tobacco settlement monies, began in 2000, and is scheduled to continue for twenty-five years. He points out that the A+ team serves at the request of the resident. They receive referrals from the ombudsmen and the facility. They do not provide services such as housing, personal care, etc only the connections to those services/goods.

In 2008 an Options Counseling Law (Act 516) was passed requiring that a person entering a nursing home be asked if they would like to talk to someone about the possibility of leaving the facility and returning to live and receive services in the community. Options counseling must be offered to an individual or their representative. Often families are unaware that other options are available. The A+ team will meet with those residents and families to explain the options available and set up a realistic transition plan. Can the individual do well with less than 8 hours help (meals, bathing, meds) as opposed to 24 hour care? They will also make families aware of the Money Follows the Person program that can assist with rent, furniture, clothing, etc. for up to one year.

The A+ team has transitioned more than twenty-eight residents back to home through this Options Counseling program. They are looking at the possibility of many more_ this year. The A+ team cannot solicit, but try to make the information available. If you know a resident in a nursing home that you feel could possibly live outside the facility with some assistance please tell them about Choices in Living. For information about this program call the Choices in Living Resource center toll free at **1-866-801-3435** or email at:

www.choicesinliving.ar.gov



AANHR Special Thanks

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First Assembly of God Church in North Little Rock for providing AANHR a meeting room.

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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)

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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

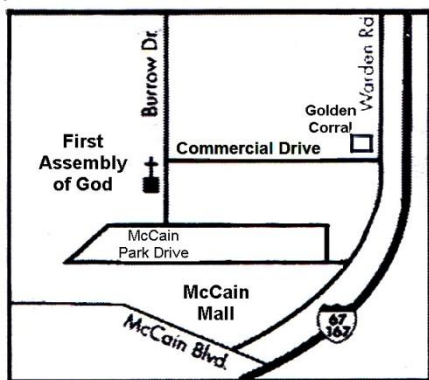
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Strength in Numbers, AANHR Needs You!!

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.