



AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING
HOME RESIDENTS

April
2018

Conway (501) 607-8976

*** Note new phone number!! ***

AANHR's Mission Statement:

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

Next Meeting

April 9th

Meeting

Place:

First Assembly of God
Church

4501 Burrow Road
North Little Rock

Directions to church

On back of

Newsletter.



April 9th , 11:00 AM Meeting Topic:

Legal Issues Facing Senior Citizens

Speaker: Attorney Jeff R. Priebe

Mr. Priebe received his Bachelor of Science, cum laude, in Agriculture Business in 1998 and his Juris Doctorate in 2001, both from the University of Arkansas. While in law school, Mr. Priebe was the Research Editor of the University of Arkansas Law Review and a member of the Board of Advocates.

Prior to joining James, Carter & Priebe, LLP, Mr. Priebe practiced law with Wilkes & McHugh, PA; The Banks Law Firm; Armstrong Allen, PLLC; and served as an in-house counsel to retired General Wesley Clark's 2004 Presidential Campaign. Mr. Priebe also served as an Assistant Attorney General in the Civil Division of the Arkansas Attorney General's Office and is the author of *Field v. Mans* and *In re Keim: Excepting Debts from Bankruptcy Discharge* and the Difference Between "Experienced Horsemen" and "Reasonable Men," 54 Ark. L. Rev. 99 (2001).

In 2010, Mr. Priebe had the honor of being appointed by the Governor of the State Arkansas, Governor Mike Beebe, to serve as a Special Justice on the Arkansas Supreme Court.

Mr. Priebe is licensed to practice law in Arkansas, Tennessee, Oklahoma, Missouri, Illinois, Kentucky, the United States District Courts for the Eastern and Western Districts of Arkansas, the Eighth Circuit Court of Appeals, and before the United States Supreme Court. In addition, he is a member of the American Association for Justice, the Arkansas Bar Association, the Arkansas Trial Lawyers Association, and the Pulaski County Bar Association.

Areas of Practice: Civil Litigation, Nursing Home Litigation, Assisted Living Facility Litigation, Residential Care Facility Litigation, Election Law, Personal Injury, Voting Rights, Negligence and Wrongful Death.

Please join us at 11:00 AM for an informative presentation on legal issues affecting senior citizens.

10:00 - 11:00 A.M.

Open Forum

11:00 A.M.

Program Speaker:

(See article at right.)

Welcome

SPRING





From the President's Desk . . . Martha Deaver

In the event readers are not aware: tort reform will be on the November 2018 ballot this year. Remember Issue 3 on the November 2014 ballot that had hidden issues and ramifications? Well, this issue also has hidden intent and sponsors. Unfortunately, many voters will enter the voting booth without having an understanding of the issues --that is IF they are familiar at all with this proposed constitutional amendment. AANHR's hope is that its members will inform themselves to make an educated, thoughtful decision on SJR8. To that end, we are reprinting an opinion piece by our AANHR friend, Mike Masterson.

MIKE MASTERSON: SJR8 on ballot -- Not 'reform'

Posted: January 21, 2018 at 4:30 a.m. arkansasonline.com

Expect to hear plenty about SJR8 in coming months. Nursing home owners and the legislators to whom they contribute handsomely, along with other special interests, will employ advertising campaigns aimed at swaying voters into seriously restricting the amount courts can award victims of injuries, abuse and death.

Once the Legislature is in session the avalanche of advertising will make it appear this proposed amendment to our state Constitution will benefit everyone. I, for one, expect just the opposite.

While its impact would be broad, I'm particularly focused on the dire effect upon nursing home residents who too often are victimized by everything from shoddy care to lethal errors. Should this bad idea become law, I believe the biggest winners will be the offenders whose legal culpability will be capped at \$500,000.

Medication errors have provided the latest evidence that reveals care in our senior care homes has been shamefully substandard. Martha Deaver, who heads Arkansas Advocates for Nursing Home Residents, reports state inspectors have cited our nursing homes more times than those in Louisiana, New Mexico and Oklahoma combined over the past five years. For instance, over 20 percent of our state's homes have been dinged each year, compared with an average of 5 percent in those states. As with many mistakes, medication errors often are deadly serious.

Millions upon millions of Medicaid dollars pour into nursing homes who carry sufficient liability insurance. I know some of the finest angels among us work in these homes because they care. I not only deeply admire what they do each day, but I sometimes wonder how they do it. Many are quick to concede their facilities are understaffed, undercompensated and undercapitalized as so much money is siphoned away from patient care to wind up at corporate offices.

With an aging population, medical advances and the industry's intense political activities, the profit margins in nursing homes inevitably will increase, yet too often at the continuing expense of their residents. Recent public embarrassments haven't deterred the industry's political involvements. It remains prolific in contributing to legislative candidates, lobbying those in power, and now toward pushing their anticipated sugar baby: SJR8.

I'm betting families forced to spend down their parents' assets and subject themselves to onerous bureaucratic red tape would prefer available dollars be invested primarily into patient care. Instead, SJR8 will help boost nursing homes' bottom lines and limit their liability, while disguised as a form of pro-business "tort reform."

The attempt to rig the justice system in favor of defendants in injury cases for me represents nothing less than the nursing home industry's greatest betrayal to the residents it should serve above all. Sadly enough, it seems every day we Arkansans somehow come out on the losing end when big money and friendly politicians join forces.

Yep, we surely will be hearing far more than we care to in months ahead about SJR8. Those pushing it will promise the initiative will make Arkansas more "jobs" friendly and prevent those lawyers and unscrupulous Arkansans from being lawsuit-happy. Oh, rest assured, this particular piggy's snout will be adorned with layers of expensive red lipstick (maybe even false eyelashes).

However, no one I know can cite a flood of lawsuits or runaway Arkansas juries granting unjustified awards to the injured. Seriously, can you? Arkansas juries are pretty much comprised of common-sense folks who could one day become injured or seriously harmed by another's actions and seeking a reasonable judgment in our courts. Perhaps they also will find themselves relying on nursing home care with a strict financial cap on the amount any wrong ranging from causing quadriplegia to a medication error is worth.

By needlessly amending our state's Constitution that has served us well since 1874, SJR8 assigns an arbitrary legal value to any life or catastrophic injury. It basically states no matter what happens, regardless of how terrible the circumstance, our lives can never be worth more than \$500,000. The injured person then deducts any fees and expenses from that figure.

Anyone else believe such an un-realistic restriction provides justification to vote against this issue that so heavily favors those responsible for injury?

Never again will nursing homes or others who cause harm (and their insurance companies) worry beyond that amount over any financial consequence for their misconduct, gross negligence, or even for causing death.

Every citizen deserves, as our Constitution allows, the right to file a justifiable claim of any amount against a care home (or for any type of personal injury) and try their case before a jury of peers. The courts should continue to decide (without being hamstrung by limitations pushed by those who invariably will be defendants) what they believe is justifiable compensation.

*Mike Masterson is a longtime Arkansas journalist.
Editorial on 01/21/2018 Arkansas Democrat-Gazette*

Volunteer Ombudsmen Always Needed to Assist Regional Ombudsmen

**Paid Regional Ombudsman contact info along with their pictures
should be posted in a prominent location in your facility.**

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 your local Area Agency on Aging or Martha Deaver at 501-450-9619; she will put you in touch with your regional ombudsman.

Debunking the Myths of Older Adult Falls

Do you remember the last time you took a tumble??

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 10 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.

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.

Reprinted from [ncoa.org](http://www.ncoa.org) (National Council on Aging) - See more at: <http://www.ncoa.org>

End of Life Issues: Three Basic Types of Advance Directives:

- **A Living Will** tells family members and medical professionals to what extent special means should or should not be used when a person becomes incurably ill or permanently unconscious. Such a statement can relieve family members of the burden and stress of trying to guess at a very emotional what their loved one might want.
- **Financial Durable Power of Attorney** - in which a person is appointed to make business and financial decisions for the resident. This person is not authorized to make health decisions.
- **Health Care Durable Power of Attorney** - which names the person to make decisions about health care and treatment. Appointment of such a person may avoid later quarrels between family members who may disagree about treatment.

Advance Directives must be in writing, signed by the maker, and witnessed by two other adults. Forms prepared by the Health Law section of the Arkansas Bar Association are available at <http://www.arkbar.com> or from any attorney.

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

AANHR Special Thanks

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

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 his support and assistance, and his providing POA documents pro bono.

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

The Law Office of Bob Edwards and Mrs. Edwards for providing financial assistance as well as AANHR Good Care booklets

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

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

AANHR Officers and Board Members

President - Martha Deaver, Conway (501-607-8976)

Vice President - Pat McGuire, Conway (501-847-1016)

Secretary - Julie Shaw, Memphis (901-508-0558)

Treasurer - Nancy Patterson, Searcy (501-278-6577)

Members of the Board: Martha Blount, Searcy (501-278-9168); James Brooks, North Little Rock (501-454-6279);

Harry Burns Jr. White Hall (870-267-5298) Julie Edwards, Alexander (501-425-9959); Cindy Murders, Sheridan;

and Ann Pinney, Benton (501-249-1084).

Newsletter Editors: Martha Blount, Searcy; Marcy Wilson, Sherwood

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/seniorjustice



Arkansas Advocates for Nursing Home Residents

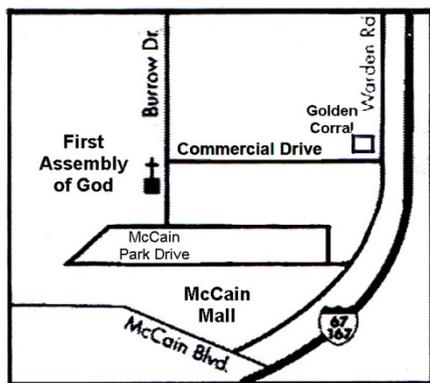
AANHR

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www.aanhr.org

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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, 2018.

Today's Date _____

Name _____

Mailing address _____

City/State/Zip _____

Phone _____

Email _____

- I wish to receive the AANHR newsletter.
- \$20 per family or corporate membership.
- Waive dues because of financial hardship.

Please make checks payable to: AANHR and mail to 111 River Oaks Blvd, Searcy AR 72143.

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 just inside the door off the alley-drive.