

NALW Theme Incorporates The County Fairs Of Yesterday

Under the theme "A Fair To Remember," thousands of assisted living facilities will celebrate the 11th annual National Assisted Living Week® (NALW®) Sept. 11-17, 2005, beginning on Grandparent's Day.

This year's theme recalls the local fairs of yesteryear, with blue ribbon bake-offs, petting zoos, and pony rides. Under this theme, staff will be able to create a fair-like atmosphere within the facility and engage the community with exciting events. The annual NALW planning guide will help assisted living providers celebrate the theme in their residences and community.

Providers will receive the planning guide this summer to prepare for the annual week-long celebration.

NALW was created in 1995 by the National Center For Assisted Living (NCAL) and, for the second year in a row, is being celebrated in conjunction with the American Association of Homes and Services for the Aging and the Assisted Living Federation of America. This collaboration enables thousands of assisted living facilities to celebrate in unison.

The celebration highlights the crucial role assisted living residences play in helping our nation's elderly to live as independently as possible while enjoying a meaningful quality of life. It also is a time to celebrate the involvement of families, staff, volunteers, vendors, and individuals from the local community in the lives of assisted living residents. During NALW, providers also are encouraged to educate the public about their important role, residents served, and services available.

All three organizations welcome the return of last year's NALW corporate sponsor, CNL Retirement Corp. A real estate investment trust, CNL is one of the nation's leading investors in the seniors housing market and specializes in the acquisition of premium independent and assisted living communities.

For more information on NALW, please go to www.nalw.org.

Green House Applies Its Concepts To Assisted Living

While many long term care professionals are familiar with the Green House concept for nursing facilities, few may realize that the concept can be incorporated in the assisted living setting. Currently, the first Green House assisted living residence is scheduled to open this year in Mississippi. Others are being developed in Florida, North Carolina, and Arizona. *NCAL FOCUS* recently interviewed Jude Rabig, executive director of the New York-based Green House Project, and asked about how the group's concepts apply to assisted living.

FOCUS: Describe the Green House philosophy.

JR: Green House is about giving elders who are frail the opportunity to live in a home rather than an institution. There are two groups that our society consistently institutionalizes: frail elders and convicted murderers. Green House wants to change that. We want to create a small intentional community for a group of elders and staff that is intended to produce the most positive elderhood possible. It would be a place that focuses on life, and its heart would be found in the relationships created there.

The assisted living profession has done a wonderful job of creating a more private space for its residents, but still hasn't restored a sense of community within that home. Many residents live in silos, one small space that is next to another small space. Although, I will say that it is hard to make generalizations about assisted living given the differences in state regulation. Green House wants to build on what assisted living has brought to long term care, which is accommodating the needs of the individual person and not creating a broad-scope policy for everyone.

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Price Of AL Units Rose 30 Percent In 2004

After surviving the bankruptcies and over-building of the past five years, the senior care acquisition market has surged, with demand pushing prices to new heights, according to a new report.

The “Senior Care Acquisition Report” published by New Canaan, Conn.-based Irving Levin Associates, reported that the average price paid per assisted living unit rose 31 percent in 2004, to just over \$95,000 per unit, while the median jumped by a more modest 18 percent, to \$75,000 per unit. The increase in the average price follows an 11 percent increase in 2003. Irving Levin tracks mergers and acquisitions in the seniors housing and health care markets.

“Just like the skilled nursing side of long term care, higher quality, newer, and stabilized assisted living facilities came on the market in 2004, and buyers pounced, driving up the per-unit prices,” says Stephen Monroe, editor of the report. “This class of real estate is becoming more acceptable to institutional investors, who are snatching up the better-quality properties in search of higher yields than other real estate types.”

The 100-page, \$549 report contains statistics on the nursing facility, assisted living, and retirement housing merger and acquisition market, including prices per bed or unit, capitalization rates, and income multiples. The statistics are based on more than \$1.3 billion of senior housing asset sales in 2004. It also includes transaction information on each publicly announced senior care, home health care, and hospice acquisition in 2004.

To order a copy of the report, call (800) 248-1668.

Green House Concepts Build On Assisted Living Successes

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FOCUS: How is Green House connected to the Eden Alternative?

JR: Green House is based on principles of the Eden Alternative and was founded by the same person, William Thomas, MD. What he learned was that culture change is difficult, and even more difficult to maintain. So, he created Green House to show the concept in practice. We try to get people to see what’s good for the elder first and then find a way to do it within the current regulatory environment.

FOCUS: Do you see the nation’s current model of assisted living as institutional?

JR: I think that assisted living has moved away from the institutional model in successful ways. It is not focused on the medical model. Green House takes assisted living and boils it down to the size that is most accommodating to the elder. Residents do not all live in one building, and it is more of a home, not just homelike.

FOCUS: How does the concept apply to assisted living?

JR: First, you must change the physical environment into separate small clusters of elders. The philosophy has to be taught to every worker so they understand the model of providing services, which is different from what most providers currently do. There has to be a reframing of patterns of control. In most assisted living facilities, decisions are made by leadership and management, passed to line workers, and passed to elders. In a Green House, elders make requests, and it goes to the director to ensure that it can be done within the

regulatory framework. The role of the leader is to present the problem to the elder and get a solution.

We find that when people participate in their own solutions, they work better. For example, in a Green House, we asked the staff what the dress code should be. After some discussion, they defined one that included uniforms, since some said that they didn’t want to spend money on clothes when they had just bought uniforms. The dress code wasn’t the issue, but that the staff made the policy themselves.

FOCUS: Does Green House engage the “aging in place” concept?

JR: Yes. It’s a state-by-state issue given the regulatory environment for assisted living. We envision that over time we would be working with states where people can age in place. The reimbursement for services could change if the elder’s condition changes. Or, alternatively, there could be a blended rate of reimbursement from the point of entry to death.

FOCUS: Are all Green Houses built, or can an existing facility be transformed?

JR: Nothing is impossible, but the best opportunity would be to create a Green House in a new building. While the philosophy could be instilled and training given, some of the architectural and care benefits wouldn’t be seen in a large building. By building new homes, it is impossible to slip back into the institutional model.

For more information, go to www.thegreenhouseproject.com or call (646) 792-2960.



Facility Free Of Communication Barriers Enhances Life For Elderly

Imagine the isolation a hearing-impaired senior would feel if she were living in a mainstream assisted living facility. She most likely couldn't talk to or be understood by other residents or staff, the dependence on writing to communicate would be complicated by painful arthritis, and she wouldn't likely have 24-hour access to a computer so she could e-mail family and friends.

In August 2003, however, Chestnut Hill opened east of Portland, Ore., and offered a new interpretation of the golden years for the nation's elderly who are deaf or deaf-blind. Most importantly, the 70-unit assisted living residence offers an environment where communication is not a barrier to living a vibrant life. All of the staff are fluent in American Sign Language, and 95 percent of them are deaf themselves, including cooks, housekeepers, and caregivers.

According to Jackie Blair, Chestnut Hill's director since October 2004, residents and families appreciate the sense of community that has been created at Chestnut Hill. "Family members are so grateful that their parents can communicate here and receive high-quality care," says Blair, who hears and is working with the elderly for the first time. Blair was previously a kindergarten teacher for deaf students and a counselor to hearing-impaired adults.

While care and services are similar to those offered in a mainstream assisted living facility, Chestnut Hill offers some amenities especially tailored for its residents. For example, the community's call system is linked to pagers carried by staff. When a resident pulls an emergency cord or needs assistance, the pagers display the room number where help is needed. To help residents com-

municate with friends, family, and physicians, Sprint donated five video phones. Boeing also donated three computers that allow residents easy access to e-mail and the Internet, which are long-standing communication methods used by those who are deaf.

Blair also noted that the apartment doorbells flash and the fire alarm is a strobe light. The community's five deaf-blind residents carry pagers that vibrate when their doorbell is pushed and have beds that shake during an emergency.

Resident and staff meetings are also a bit different at Chestnut Hill, with everything done in sign language. Each meeting requires sign language interpreters in the room for the seeing deaf, among the seats for low-vision residents and one-on-one for the deaf-blind residents. "Suffice it to say," explains Blair, "that spontaneous meetings don't happen very often."

To keep her residents connected with the local community, Blair regularly opens the facility's rooms to community groups, recently hosting meetings for legislators to discuss resources for the deaf community and a local advisory board focused on issues for those who are deaf. Local community college students intern at the facility to practice their sign language skills and offer residents counseling services.

Though the facility isn't full, Blair doesn't do much marketing. Most residents, she says, learned about Chestnut Hill through word-of-mouth. "The deaf community is fairly tightly knit in the United States," she says, noting that several of the residents attended the same school for the deaf as children. For more information about Chestnut Hill, call (503) 674-0364.

Benchmark Expands By Acquisition

Wellesley Hills, Mass.-based Benchmark Assisted Living announced it will acquire five assisted living properties from Athena Health Care Systems, which is based in Southington, Conn. Real estate sources value the transaction at about \$80 million.

With this transaction, Benchmark adds 526 dementia care and assisted living units in Connecticut to its portfolio of 33 properties and 3,300 units located throughout New England. Benchmark properties offer independent and assisted living and dementia care.

"Athena's communities have a reputation for offering great care and hospitality," says Thomas Grape, Benchmark founder, chief executive officer, and president. "We are pleased that these communities are joining the Benchmark brand." According to a company spokesperson, corporate executives will concentrate on transitioning the newly acquired properties into the Benchmark brand.

This is the company's second major purchase recently. In November, Benchmark acquired nine seniors housing properties with more than 1,100 units from Village Retirement, which is based in Greenville, R.I.

Earlier this year, Nashville, Tenn.-based American Retirement and McLean, Va.-based Sunrise Senior Living announced acquisitions.

American Retirement purchased a senior living community in Texas for \$8.7 million and one in Alabama for \$5.5 million. Sunrise Senior Living acquired 18 communities and management of an additional property for \$508 million from Tucson, Ariz.-based provider The Fountains.



Virginia Governor Signs Sweeping Reform Of Assisted Living Rules; Reimbursement Considered In Delaware And New Jersey

More than a month into most legislative sessions, lawmakers in several states are looking closely at assisted living. States that are seeing increased activity this year include Virginia, Delaware, Arizona, and New Jersey.

Virginia

One of the first legislatures to adjourn its 2005 session, the Virginia Assembly passed two companion omnibus assisted living bills (SB 1183 and HB 2512), which were signed by Gov. Mark Warner (D) in late March with invited members of the Virginia Health Care Association (VHCA) and Virginia Center For Assisted Living (VCAL) present.

The new law requires administrators of most assisted living facilities to be licensed by the Board of Long Term Care Administrators (BLTCA) within the Department of Health Professions and the BLTCA to adopt regulations before July 1, 2007. The law also permits the Department of Social Services (DSS) commissioner to issue an order of summary suspension of a license to operate an assisted living facility in cases of immediate and substantial threat to the health, safety, and welfare of residents or participants and increases from \$500 to \$10,000 the maximum civil penalty for an assisted living facility out of compliance with licensure requirements. It also requires medication aides in assisted living facilities to be registered with the Board of Nursing.

"We anticipate a great deal of activity on the regulatory front to implement the law's provisions," says Beverley Soble, VHCA/VCAL vice president of regulatory affairs. She noted that the Virginia Board of Nursing will convene a task force to develop regulations for medica-

tion aides' registration and training, the BLTCA will convene a task force to develop licensing requirements for ALF administrators, and DSS will develop regulations to implement the law's disclosure and staff training requirements.

"We also anticipate significant provider involvement on the task forces," Soble says, noting that VHCA/VCAL supported the bill's passage.

New Jersey

During this year's legislative session, the Health Care Association of New Jersey will advocate for the prevention of Medicaid budget cuts and for a rate increase for assisted living facilities. However, the state currently has a \$5 billion budget deficit, making the prospects for a funding increase unclear.

Following in the steps of other states, Gov. Richard Codey's (D) administration is considering implementation of the Money Follows the Person program, where state reimbursement for an eligible participant is available in whatever setting the consumer prefers, e.g., home, assisted living, or skilled nursing.

Delaware

This year, Delaware assisted living facilities will participate in a one-year pilot project to improve assistance with self-administration of medications. Working with the state's Board of Nursing for the past three years, the Delaware Health Care Facilities Association (DHCFA) believes that enhancements to the training content for frontline caregivers will lead to reduced error rates and improved outcomes. While the project does not allow delegation of medication administration to trained designated caregivers, it does offer increased educa-

tional opportunities now, with a later goal to initiate a Med Tech program, according to Yrene Waldron, DHCFA executive director.

DHCFA is also addressing reimbursement issues. "We are appealing to the Joint Finance Committee for more dollars for our Medicaid assisted living waiver program," says Waldron. The program has not received any significant funding in the past four years, which discourages facilities from applying to provide care under the program. DHCFA contends that the program's lack of appropriate reimbursement costs the state more in Medicaid assistance dollars, as people that could have otherwise been admitted to assisted living facilities are going to skilled nursing facilities.

Arizona

The Arizona Health Care Association (AHCA) has its hands full with several long term care issues this session. First, AHCA will support revisions to the Arizona Adult Protective Services Statute, including language to limit recoverable attorney fees in elder abuse prosecution cases and clarification of the standard for punitive damages. Currently, punitive damages flow automatically in such judgments, says Kathleen Collins Pagels, executive director of AHCA. The legislation is designed to reduce the number of predatory/profit-oriented lawsuits while protecting elders' rights and maintaining a victim's right to sue.

AHCA is also supporting a bill to continue the Arizona Assisted Living Alzheimer's Demonstration Project. This bill delineates key components of care required for Medicaid funding eligibility in assisted living centers.





Assisted Living Companies End 2004 With Strong Financial Performance, Most With Double-Digit Increases In Revenue

American Retirement

Nashville, Tenn.-based American Retirement Corp. reported \$116 million in revenue for the fourth quarter of 2004, a 12 percent increase over the prior year's quarterly revenue of \$103 million. The company reported a profit of \$1.8 million for the fourth quarter of 2004, compared with a loss of \$6.7 million in 2003's fourth quarter. For the year ending Dec. 31, 2004, American Retirement reported revenue of \$448 million, or 12 percent above the 2003 fourth quarter revenue of \$399.9 million.

The company's freestanding assisted living portfolio generated a 10 percent increase in average monthly revenue per occupied unit to \$3,372 in the fourth quarter and a 7 percent increase in occupancy. Revenue from this portfolio increased 18 percent to \$25.5 million in 2004's fourth quarter, compared with last year's fourth quarter revenue of \$21.7 million. The portfolio includes 31 assisted living communities.

Five Star Quality Care

Newton, Mass.-based Five Star Quality Care reported fourth-quarter revenue as \$169 million for 2004, compared with \$147 million for the same period in 2003. The company reported its net income for the 2004 fourth quarter as \$1.06 million, compared with a loss of \$2.26 million in the fourth quarter of 2003.

For the year ending Dec. 31, 2004, Five Star reported revenue of \$628 million, compared with \$575 million for the year ending Dec. 31, 2003. The company's net income for 2004 was \$3.29 million, compared with a loss of \$7.9 million in 2003. Five Star owns

and leases 148 seniors housing communities with a resident capacity of 16,573 in 27 states.

Emeritus

Seattle, Wash.-based Emeritus reported an increase in revenue of 60 percent, to \$94.1 million, for the fourth quarter of 2004, compared with \$58.9 million in revenue for the same period in 2003. The increase was the result of the acquisition or lease of 52 additional properties and a 7 percent increase in occupancy. However, the company reported a net loss for the 2004 fourth quarter of \$26.3 million, due in part to an adverse jury verdict of \$18.7 million and lease accounting.

For the year ending Dec. 31, 2004, Emeritus reported revenue of \$317.9 million, compared with \$202.9 million in 2003. Approximately \$110.7 million of the increase resulted from the acquisition or lease of new properties. The company also attributes \$9.9 million of the increase to higher average occupancy rates, which increased in 2004 4.6 percent to 82.2 percent, compared with 77.6 percent in 2003.

Advocat

For the fourth quarter of 2004, Franklin, Tenn.-based Advocat reported a net loss from continuing operations of \$3.9 million, or \$0.69 per diluted share, compared with a net income from continuing operations of \$2.1 million for the same quarter in 2003. Advocat's net revenue increased 8.2 percent, to \$53.6 million, compared with \$49.5 million in the fourth quarter of 2003. The company's 2004 results include \$7.7 million in impairment charges for fourth quarter 2004, com-

pared with \$1.7 million in such charges during fourth quarter 2003.

For the year ending Dec. 31, 2004, Advocat reported net income from operations of \$4.4 million, or \$0.68 per diluted share, compared with a net loss of \$12.1 million, or \$2.25 per diluted share, in 2003. The company attributes the 2004 profit primarily to non-cash expense reductions caused by downward adjustments in its accrual for self-insured risks associated with professional liability claims. Net revenue increased 10.5 percent, to \$202.8 million, compared with \$183.5 million in 2003. Advocat operates both nursing facilities and assisted living properties in nine states, primarily in the Southeast.

Extendicare Health Services

Based in Milwaukee, Wis., Extendicare Health Services reported net earnings for the 2004 fourth quarter of \$39.1 million, compared with \$8.2 million in the 2003 fourth quarter. Results for the 2004 fourth quarter included a \$31.9 million tax benefit associated with a 1999 sale of a former subsidiary. From its assisted living portfolio, the company reported \$9.1 million in revenue for the 2004 fourth quarter, compared with \$9.5 million in the same 2003 period. Its assisted living occupancy for the 2004 fourth quarter was 83.8 percent, compared with 87 percent in the 2003 fourth quarter.

In January 2005, the company finalized its acquisition of Dallas, Texas-based Assisted Living Concepts for \$132 million, adding 177 assisted living facilities to its portfolio of 266 nursing facilities. Overall, Extendicare operates 440 long term care facilities with a resident capacity of 34,400.



CDC Report: Virus Outbreaks In Long Term Care Facilities Occur When Infection Control Practices Are Not Followed

According to the Centers For Disease Control (CDC), standard infection control practices led to outbreaks of hepatitis B virus (HBV) at three long term care settings, including one assisted living facility.

In its March 11, 2005, edition of the "Morbidity and Mortality Report" (Vol. 54, No. 9), CDC reported that the facilities were found to have shared glucose monitoring devices during routine diabetes care and other breaks in infection control practices related to blood glucose monitoring. The state or local health departments reported all three outbreaks to CDC.

Since 1990, CDC and the U.S. Food and Drug Administration have recommended that finger-stick devices

be restricted to individual use because of outbreaks of HBV infection associated with glucose monitoring. The assisted living facility, which was only identified by CDC as being in Los Angeles, was found to have often performed finger-stick procedures in a central living area where residents with diabetes were seated at a common table. Nursing staff at the facility reported that a single glucometer was typically used for all residents and that they were discouraged from wearing gloves to decrease the sense of a clinical environment. In addition, the nurses reported that no hand hygiene was performed between procedures.

According to CDC, preventing transmission of HBV among patients in

long term care settings requires adherence to recommended infection control practices and prompt response to identified instances of transmission. While CDC did not recommend routine screening of long term care residents, it did recommend a prompt investigation when any long term care resident shows evidence of acute viral hepatitis. For a case involving a resident with diabetes, the investigation should include particular scrutiny of finger-stick blood sampling procedures. In its report, CDC noted that it is working toward improved implementation of infection control procedures.

To read CDC's full report, go to www.cdc.gov/mmwr/weekcvol.html and look under the March 11 edition.



Richard Youngberg has been named executive director of Bristol Assisted Living Community in North Woodmere, N.Y. The 139-unit residence offers assisted living services and care for those with dementia. Youngberg has 14 years' experience in seniors housing.

Heather Prentice, Erin Weerts, and **Jeanne Watkins** have joined 4 Seasons Assisted Living, Moorhead, Minn. Prentice was named administrator and has more than 10 years of experience in caregiving and management. Weerts was named activities director and recently graduated from North Dakota State University. Watkins was named public relations director and has six years' experience working with adults.

Vicki Escajeda was named director of Manchester Home Assisted Living and Memory Care, a 33-unit assisted living facility in Oklahoma City, Okla. Escajeda

has more than 12 years' experience in seniors housing, most recently at the Deaconess at Bethany Hospital Senior Diagnostic Center.

The Palace Management Group has named **Lisa Verdecia** director of customer service for The Palace Gardens Assisted Living in Homestead, Fla. The company also named **Veronica Palma** director of human resources of The Palace Royale and Renaissance Assisted Living in Kendall, Fla.

Sharon Reyes, personal care assistant at Country Meadows of Bethlehem in Bethlehem, Pa., received the Martin Luther King Jr. Award from the Delaware Valley chapter of the Alzheimer's Association. Reyes, who has worked at Country Meadows for nine years, earned the award for exemplary service to persons with Alzheimer's disease or related dementia.

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