

## NIC Reports AL/IL Gains In Occupancy, Cap Rates

Healthy occupancy rates, unprecedented loan performance, and falling capitalization rates were music to the ears of attendees at the recent National Investment Center for the Seniors Housing & Care Industry (NIC) 15th Annual Conference in Washington, D.C.

Speaking to a record number of nearly 1,600 conference attendees, NIC President Robert Kramer reported that the seniors housing industry has “made a strong recovery from a period of falling occupancies and poor loan performance.”

Median occupancy rates for independent living (92 percent) and assisted living (89 percent) for the second quarter of 2005 were the highest that NIC has tracked since the second and third quarters of 2000. Median occupancy rates for independent living were 90 percent in the first quarter of 2005, and assisted living occupancy rates were 88 percent in the first quarter. More than 3,200 properties with approximately 370,000 units reported their numbers to NIC.

Capitalization rates for assisted living ranged from 7.25 at the low end to 10.5 at the high, with a mean of 9.2. Those for independent living ranged from 7 to 10.5, with a mean of 8.2.

“We’re starting to see many transactions of the very best assisted living properties—what we call the upper quartile or upper decile properties—trading down around 7 percent,” explained NIC Research Director Anthony Mullen, “and pushing them toward independent living, thereby narrowing that 100 basis point gap. But that’s only true for the top-performing properties,” said Mullen.

NIC also saw increases in revenue after examining trends in the top 30 metropolitan markets. NIC reported that revenue rose during second quarter 2005 from the same period during the prior year for independent living, assisted living, and skilled

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## CMS Offers Tips To Prevent Beneficiary Fraud

The Centers for Medicare & Medicaid Services (CMS) has offered basic advice to Medicare beneficiaries so they can protect themselves from someone trying to take advantage of them during the marketing and enrollment phases of the Medicare Prescription Drug Benefit.

CMS has issued these guidelines for beneficiaries:

- Part D salespeople are not supposed to come to your door uninvited.
- No one can ask you to enroll before Nov. 15.
- No one can ask you for personal information during their marketing activities.
- CMS is encouraging people to keep all personal information confidential. Treat your personal information as if it were your bank account number.
- Don’t give out personal information until you are certain that the salesperson or product is approved by Medicare.
- Whenever you have a question or concern about sales and marketing activity, call 1-800-MEDICARE.
- If you suspect fraud, call a local law enforcement agency or the Health and Human Services Office of Inspector General at 1-800-HHS-TIPS.
- If you find that someone is inappropriately using your personal information, contact 1-800-MEDICARE. (TTY users should call 1-877-486-2048.)
- The Federal Trade Commission’s ID Theft Hotline is 1-877-438-4338. (TTY users should call 1-866-653-4261 to file a report.)

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nursing. The monthly revenue per occupied unit/bed for independent living rose to \$2,070 in second quarter 2005, from \$1,965 in the same period during 2004. Assisted living rose to \$2,931 during second quarter 2005, up from \$2,866 from the same quarter 2004.

“Our second-quarter indicators give factual corroboration to what has been both heard and observed in the industry, namely, that seniors housing is very hot right now and trends are all heading in the right direction,” said Kramer.

Another notable indicator was the 4.25 percent increase in loan performance, from 94.25 percent in second quarter 2004 to 98.5 percent in second quarter 2005—the highest number NIC has ever tracked for this indicator.

“We have said for years the industry needed to be at 98.5 percent, so, naturally, we’re very encouraged,” Kramer told conference attendees.

Overall loan volume for AL/IL and skilled nursing facilities rose to \$692 million during the second quarter of this year, up from \$674 million in the

first quarter, also “very encouraging news,” said Mullen, noting that this “finally puts the seniors housing industry on a par with other commercial real estate asset classes.”

Kramer said a “buzz is in the air” for investments into independent and assisted living facilities, but fellow panelists do not believe the current favorable financial environment will give birth to an overbuilding spree such as seen in the ‘90s.

“I think we’ll see more thoughtful growth” says Granger Cobb, chief executive officer of Summerville Senior Living, San Ramon, Calif. “The industry has matured,” he said, and there are more experienced managers and operators, with more measurable data available on the sector.

Thilo Best, president and chief executive officer of Horizon Bay Senior Communities, Tampa Bay, Fla., agreed that while the industry has more sophisticated management teams, costs for raw materials to build new facilities remain high, making it a tough environment to make the “economics work.”

“We are not going back to ‘build it

and they will come,’” Best said. However, with capital available at low interest rates and no particular sector in the stock market doing particularly well, Cobb said institutional and real estate trust fund investors are attracted to the seniors housing sector. He believes in the next year the industry will see numerous mergers and acquisitions.

What could change this current good economic environment, Best said, is the effect of Hurricane Katrina on facility building and operations insurance rates. Labor costs may rise because of escalating costs of providing health care insurance to employees.

“Our margins could diminish,” he said.

Cobb is also concerned about labor and fuel costs eating up profits. “If labor costs and fuel costs eat up an increasing percent of revenue...then the underwriting changes,” Cobb said.

Every quarter since 1999, the nation’s leading senior living lenders, owners/operators, and appraisal professionals have reported their key financial and performance data to NIC. Financial Indicators on [www.NIC.org](http://www.NIC.org).

## Medicare Prescription Drug Benefit Enrollment Begins

**B**eginning Nov. 15, beneficiaries can start enrolling in the Medicare Prescription Drug Plan in the following ways:

- By paper application. Beneficiaries can contact the company offering the drug plan they choose and ask for an application. Once they fill out the form, they can mail or fax it back to the company.

- On the drug plan’s Web site. Beneficiaries can visit the drug plan com-

pany’s Web site and join online.

- On Medicare’s Web site. Beneficiaries will be able to join a drug plan at [www.medicare.gov](http://www.medicare.gov), using Medicare’s online enrollment center.

- By calling 1-800-MEDICARE. Beneficiaries can join a drug plan by calling 1-800-MEDICARE (1-800-633-4227) and talking to a Medicare customer service representative. TTY users should call 1-877-486-2048.

Dec. 31, 2005, is the last day to

enroll for those who want benefits to begin Jan. 1, 2006. Enrollment during the rest of the initial open enrollment period, which ends May 15, 2005, will be effective the first day of the month following enrollment.

To determine the best plan, beneficiaries can visit Medicare’s drug plan finder page: [www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/Questions.asp](http://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/Questions.asp).



## AARP Report Examines Global Workers In Long Term Care Settings

Foreign-born nurses and nurse assistants from underdeveloped countries like the Philippines are becoming a mainstay of the long term care workforce in wealthier nations like the United States, Japan, and Italy, as these nations all face aging populations and a dwindling supply of both skilled and unskilled caregivers.

The prevalence of such workers in the United States has increased from 6 percent of the long term care workforce in 1980 to 16 percent in 2003. In addition, that percentage is likely to increase, as more skilled and unskilled caregivers are needed to fill gaps at increasingly understaffed long term care facilities.

The impact of foreign-born workers was the subject of a study by the AARP Public Policy Institute entitled "We Shall Travel On: Quality of Care, Economic Development, and the International Migration of Long Term Care Workers." The report was unveiled at a recent AARP forum on global workforce issues.

"The most intimate care to frail older persons in developed countries is increasingly likely to be provided by young women whose native tongue, race, and culture are different from those they serve," said Don Redfoot, a co-author of the report. "Demographic trends are increasing the need for caregivers in countries all over the globe."

In two developed countries with the oldest populations—Italy and Japan—the number of people age 80 and above is projected to triple by the year 2050, the report said, while the working-age population (15-64) is projected to decline by 38 percent. In the United States, there is currently a shortfall of 100,000 workers, at a time when the demand for nurses, nurse assistants, and personal care work-

ers in both institutional and home-based settings is expected to grow by 45 percent, from 1.9 million to 2.7 million, between 2000 and 2010.

The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) are strong proponents of immigration and domestic policies designed to reduce the workforce shortage.

The one-day forum, sponsored by AARP's global aging program, examined long term care worker migration and the critical workforce shortages in long term care settings.

Many countries, besides the United States, are vying for a dwindling supply of Filipino nurses and nurse assistants, as that country's own eligible workforce dwindles.

In addition to seeing its young workforce diminish, the Philippines has also seen a dramatic decline in the graduation of eligible nurses and other skilled aides. In 1995, 20,098 people graduated with nursing degrees, a number that decreased to only 5,980 by 2002, according to Philippines Assistant Secretary of Labor Maria Allones.

Filipinos comprised by far the largest number of foreign-born nurses employed by long term care facilities in the United States. They numbered 12,500, or 25 percent, according to the 2000 U.S. census. Other nations that supply a large number of nurses to the long term care workforce include Jamaica, 4,800 nurses (9 percent); Haiti, 3,300 nurses (7 percent); and India, 3,100 nurses (6 percent).

The top five countries and territories of origin supplying skilled nurse assistants to U.S. facilities include Jamaica, 14,500 (13 percent); the Philippines, 13,300 (12 percent); Mexico; 12,800

(11 percent); Haiti 11,700 (10 percent); and Puerto Rico 4,800 (4 percent).

Saudi Arabia, however, far surpasses the United States as the destination for Filipino-born nurses. For the 10-year period from 1992 to 2002, the Philippines sent 43,800 nurses to Saudi Arabia, compared with the 11,326 sent to the United States.

The Philippines exports nearly 70 percent of its nurse graduates, with similar exportation in sub-Saharan Africa, Mexico, the Caribbean, Eastern Europe, and the Pacific Islands, the AARP report found.

The exportation of nurses from developing nations to wealthier countries has begun to raise issues of fairness, the report said. Some experts are concerned about the extreme shortages of nurses in sub-Saharan Africa, where there are fewer than 20 nurses for every 100,000 people. This compares with about 1,000

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### ALF Sales And Marketing Summit Scheduled

The Ninth Annual Advanced Sales and Marketing Summit for Assisted Living, Seniors Housing, and Nursing will be held Dec. 1 and Dec. 2, 2005, at the Hilton Costa Mesa in Costa Mesa, Calif. This year's theme is "If You Are Good You Should Be Full—No Excuses!"

This is the only advanced conference of its kind featuring the techniques and secrets of the most experienced professionals in the sales and marketing discipline.

Go to [www.idealsoft.com/pdf/summit\\_NCAL.pdf](http://www.idealsoft.com/pdf/summit_NCAL.pdf) to view the summit's brochure, which contains the registration form.



## N.J. Facilities Illustrate Best Practices: Dining

**H**ow do New Jersey's assisted living facilities (ALFs) solicit comments and then integrate the residents' feedback into their dining services?

Dining diaries, monthly meetings, and continuous interaction among the facility's chef, dining services manager, or dietician at every meal are a few of the dining strategies used by three ALFs that New Jersey's Department of Health and Senior Services has determined to have the best practices in the state.

The 2005 winners of "The Dining Experience: Using Resident Feedback to Enhance Service" best practices are: St. Barnabas Assisted Living in Lakewood; Christian Health Care Centers' The Longview Assisted Living Residence, Wycoff; and The Orchards at Bartley, Jackson, N.J. All three facilities are members of the Health Care Association of New Jersey.

The winners were asked to deliver a presentation about their best practices strategies at an educational seminar recently held in Princeton, N.J. The winners' presentations are posted on the agency's Web site.

### St. Barnabas Assisted Living

"It's an open door, every day and every meal," says St. Barnabas Assisted Living's Administrator Alexis Comodore. The 39-apartment facility has its executive chef interacting with residents during mealtimes. For those residents who would rather write their comments rather than express them to a staff member, Comodore says St. Barnabas has a dining diary located in the facility's library. Residents can write their comments anonymously, and by placing the diary in the library, the residents are assured privacy.

The program has been operating for the past year. As a result of these continuous conversations with residents, Comodore said that the facility has changed food vendors, extended meal times, and instituted an "always available" feature on the menu. Residents also asked for ethnic foods, a birthday-of-the-month club, and improvements to the dining room's décor.

"What this is about is making it like home," says Comodore. Internal audits on residents' satisfaction with their meals and dining experiences rose from 67 percent to 94 percent.

"We have so much resident buy-in that the residents feel like they are part of the process," says Comodore. "Our philosophy is, 'You don't live in our facility, and we work in your home.'"

### Longview Assisted Living

Kristin Greenspan, food services director at Longview Assisted Living Residence, a 95-unit/bed facility that also provides care for people with Alzheimer's, reads the dining diaries on a daily basis. The resident chefs and food services managers do the same.

"I try to solicit the negative as well as the positive feedback," says Greenspan. "While we are encouraged by the positive, we learn from the negative comments."

The dining diary notebook is located right outside the dining room. To obtain feedback from those residents with memory impairments, a notebook has been set up for the personal care assistants. Greenspan says she learns from the assistants what the residents with memory impairments like or do not like. Meals are served during a 90-minute open period, with no assigned seating

times, which allows residents to eat "whenever they want," says Longview's Administrator Shirley Wladar.

The facility's menus, which are reviewed quarterly, are planned on a five-week cycle. However, that does not mean the menu remains static. If residents want the meals prepared differently, the chefs make changes to incorporate the residents' preferences. The facility menu offers heart-healthy choices, snack selections, and an "always offered" menu. Special events include monthly birthday parties, summer barbecues, Friday afternoon socials, and special dinners for the holidays.

### The Orchards

Susan Shaffer, executive director of The Orchards, spoke about the difference between providing a dining "service" and providing a dining "experience." The Orchards' award-winning program was delivered in a presentation entitled "Listen, Learn, and Communicate with Your Customers Everyday."

The Orchards program includes satisfaction surveys of residents and family members that are completed by an outside company. Specialty dining includes a category called "Just Because," which serves root beer floats and pretzels made by the executive chef. Among the changes the residence made during the past year was to offer residents the option of having large or small portions, offering alternative cooking methods for foods usually served fried and offering to put all sauces on the side.

"We listen, learn, and communicate every day with our residents," said The Orchards' Executive Chef Brian Cook.

To view the presentations, visit: [www.NJDOHSS.gov](http://www.NJDOHSS.gov).



## Capital Senior Living Leases Ventas Healthcare Property

Capital Senior Living, Dallas, has announced it has executed a lease agreement with Louisville, Ky.-based real estate investment trust Ventas for a senior living community located in Ft. Wayne, Ind.

Capital Senior Living says the triple net operating lease has an initial term of 10 years with two five-year renewal options. The initial lease rate is 8 percent and is subject to conditional escalation provisions. Ventas purchased Georgetown Place, a 162-unit senior living community located in Ft. Wayne, Ind., for \$19.5 million.

“Georgetown Place is the seventh property that we have leased from Ventas, and we continue to explore additional opportunities which would be mutually beneficial for both parties,” said Capital Senior Living Chairman James Stroud. Capital Senior Living has four communities in Indiana with a combined resident capacity of 800.

### GE Healthcare Loan Closings

GE Commercial Healthcare Financial Services has closed on two loans worth about \$120 million: a \$60 million senior housing acquisition line with Chain Bridge Capital, and a \$58.7 million five-year fixed-rate term loan with a

Canadian assisted living real estate investment trust (REIT).

Maryland-based Chain Bridge Capital will use the financing to acquire, develop, and finance senior housing properties to expand its portfolio of senior housing assets across the nation.

The loan is structured to enable IPCAL REIT, the Canadian REIT, with a portfolio that includes 17 assisted living facilities and one skilled nursing facility, to extract equity from the transaction and to continue to grow its senior housing portfolio.

### MetLife Invests In Sunrise Properties

MetLife Real Estate Investments, Cedar Knolls, N.J., and Sunrise Senior Living, McLean, Va., have created a limited partnership that will result in the construction of up to 10 senior living facilities.

The communities are scheduled to start construction this year or in 2006 and will have a combined capacity of more than 900 units. Sunrise has secured long-term management agreements to oversee the facilities.

In conjunction with the announcement, one community currently under construction was acquired by the new partnership from Sunrise.

The communities will feature assisted living and dementia care services, including Alzheimer’s care.

### Real Estate Investment Firm Partners With ALF

Benchmark Assisted Living and Intercontinental Real Estate Corp., a national real estate investment firm, purchased The Crossings Portfolio, a package of nine assisted living facilities located in Connecticut, Massachusetts, and New Hampshire.

No sales information was released by the companies. The purchase was made with funds from Intercontinental Real Estate Investment Fund III, a Boston-based company that has been interested in investing in senior properties.

The Crossings Portfolio communities were opened between 1997 and 2000 and are collectively 93 percent occupied. The communities have 672 units with a capacity for 778 beds.

Benchmark will serve as the daily operating partner and provide onsite property management services, while Intercontinental Real Estate Fund will serve as the managing partner.

### Walgreens Enters Senior Living Market

Walgreens has joined forces with SeniorMed Pharmacy, Aurora, Colo., to provide prescription drug services to seniors in assisted living, independent, and specialty care facilities.

Walgreen Company is a corporation operating almost 5,000 retail pharmacies in 45 states and Puerto Rico. SeniorMed will continue providing prescription services to residents in assisted living, independent, and specialty care facilities.

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nurses for every 100,000 in countries like Norway and Finland.

Experts agree that there is no single solution for solving the complex problems caused by the immigration of nurses from the developing world to more developed countries. However, there is consensus that a careful examination of immigration policies, long term care programs, and recruitment policies of the different countries is a step toward developing some solutions.

“As long term care needs continue to grow, meeting this demand will require more engagement across international borders,” said Redfoot.

To view the report, visit [www.aarp.org/ltcforum](http://www.aarp.org/ltcforum).



## Chateau Des Mons Earns Colorado's First Eden Certification

Englewood, Colo.—An elder waters the flower garden growing outside her home in Chateau des Mons Assisted Living. Besides her watering responsibilities, the woman is also the facility's official greeter and elder council president. She ensures new residents are introduced to everyone else living in the residence.

All of Chateau des Mons residents are involved in household functions. Some mop floors. Some residents care for each other, while others help prepare meals and snacks.

It's all part of the facility's philosophy to create a loving environment, says Heidi Pedersen, administrator of Colorado's first assisted living facility to become certified as an Eden facility. Chateau des Mons is a secured facility for seniors who are 55 and older and coping with early to middle stages of dementia. Located in Englewood, a suburb of Denver, the three-level facility has the capacity for 40 seniors. In addition, the assisted living facility is Medicaid-certified and part of a larger long term care campus.

"The basis of the Eden Alternative is to combat loneliness, helplessness, and boredom," says Pedersen.

"You do that by building a human habitat where seniors feels productive and where there's an atmosphere of mutual respect," says Pedersen.

Elders are at the center of the decision-making tree in Chateau des Mons.

"Seniors are making decisions on almost everything," says Pedersen. "The elders wanted to play Bingo three times a week. So they play Bingo three times a week."

The residents determine their activities calendar, which includes a travel

group and a library group. The Eden philosophy also extends to the managing the staff. Two years ago, there were staff teams consisting of one person for medical tasks, one caregiving person for meals, and one caregiver for activities. "The structure didn't allow the caregivers a chance to learn the behavior patterns of the people they take care of," says Pedersen.

Now, under the Eden Alternative journey, two sets of teams work day and evening shifts, and one team does overnight shifts. Every staff member is doing everything: activities, meals, medication, and caregiving.

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The staff even determine their own work shifts. A supervisor is not involved in determining shifts; caregivers work out shift changes amongst themselves.

Pedersen herself is coordinator of the library group. Twice a month she takes residents to the library where they check out books under the facility's library card. "They take out as many books as they like. Many like to read, and they share books with each other," she says.

Pedersen has worked at the Pinon-managed community for the past five years. During the past year, she and her colleagues have noticed a trend. New

admissions are comprised of more people with alcohol-related dementia, or Pick's disease, and some with Lewy body disease.

With more than 100 forms of dementia, Pedersen believes heightened public awareness coupled with advancements in early detection of Alzheimer's are the reasons that fewer residents have been diagnosed with Alzheimer's and more residents with front temporal dementias. It used to be that all people with dementia were thought to have Alzheimer's. Now, with more medically sophisticated diagnostic tools, the medical community is more capable of differentiating the types of dementia.

Each type of dementia has different symptoms and requires specialized caregiving approaches.

Pick's disease, named after Arnold Pick, is a degenerative brain illness that causes dementia. Pick's disease affects the frontal and temporal lobes first, with earliest symptoms showing up as changes in personality and a decline in function at home as well as work. As Pick's disease progresses, patients often become quiet and speak slowly or in brief sentences. They have difficulty forming words. Pick's usually begins after age 40 and is less common after age 60. The average course is about five years, but ranges between two to 15 years, according to Northern California Alzheimer's Disease Centers.

For people with Pick's disease, "words get bottled up in their minds," says Pedersen. To assist someone in bathing, for example, rather than issue lots of verbal instructions, the caregiver would turn on the shower and then

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direct the resident with hand motions to move into the shower and bathe.

Another key to successful caregiving is to learn about the person's history, routines, and preferences before the onset of the dementia.

"The more we know their personal history, the better we are at taking care of them," says Pedersen. "If you can keep them to their old routines, the more successful you'll be in working with them and making the resident more independent." For those residents with alcohol-related dementia, which is related to excessive drinking of alcohol, residents have problems with memory and balance and exhibit difficulty with clear and logical thinking, organizing, or common-

sense judgment, according to the Alzheimer's Association.

For people with alcohol-related dementia, a caregiver needs to be very careful how to approach them, says Pedersen.

These residents tend to be more volatile and are more susceptible to sudden hitting and outbursts. Pedersen says their buttons are easily pushed.

To avoid outbursts, she says, staffers have developed a nonconfrontational type of caregiving.

For instance, say a resident with alcohol-related dementia soils his pants because of incontinence. The resident is walking down the hallway wearing the soiled pants. A caregiver would say to the resident, "It looks like you spilled

something on your pants. Let's go change your pants."

Pedersen says if the resident says no, he does not want to do that, the caregiver does not insist. Instead, the caregiver might let some time go by and then make a tactful suggestion such as going back to the resident's room to look at family photographs.

These types of techniques can be developed between staff and residents because of the unique staffing structure, which allows bonds to develop. A staffer learns the cues of each resident.

"Our whole approach is actively focused on the resident," she says and the facility acts like a home for both residents and staffers.

"It's the elder's home, it's our home."



**Charles Moril Dume**, a certified nurse assistant at Kensington Court Assisted Living, Tinton Falls, N.J., is the winner of a \$1,000 scholarship granted by the Health Care Association of New Jersey. Dume is taking classes at the Monmouth County Vocational School's practical nursing program to become a licensed practical nurse. The scholarship award grants him \$1,000 per year for tuition and course-related expenses. He is scheduled to graduate in June 2006. Dume is a resident of Ocean, N.J.

Tatnuck Park at Worcester, Mass., has hired two new directors. **Nancy Testa** of Millbury, Mass., was hired as the facility's resident relations director. **Nancy Pasquale** of Worcester, Mass., was hired to become the facility's community relations director. Tatnuck Park is operated by Benchmark Assisted Living, headquartered in Wellesley, Mass.

Seattle-based Merrill Gardens has named **Ron Haines** vice president of corporate real estate and **Paula Willems** vice president of human resources.

The National Investment Center for the Seniors Housing & Care Industry (NIC), Annapolis, Md., has announced the officers of its Board of Directors for the 2005-06 term, which began Oct. 1, 2005.

**Sarah Sumner Duggan**, senior vice president, GMAC Commercial Mortgage, will chair the board.

**Raymond Braun**, president and chief financial officer, Health Care REIT, assumes the position of vice chair.

**Kathryn Sweeney**, principal, AEW Capital Management, is the board's secretary, and **James Pieczynski**, managing director, Healthcare Real Estate Group, CapitalSource Finance, will be treasurer.

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Your suggestions and feedback about NCAL FOCUS are welcome. Contact Lisa Gelhaus by e-mail (lgelhaus@ncal.org), by phone (202-898-2825), or by writing to the address above.

A Covenant For Affordable  
And Ethical Long Term Care



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