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Seniors Housing Indicators Positive

Median occupancy for assisted living facilities (ALFs) increased by 2.1 percent in 2004, according to a recent report from the American Seniors Housing Association (ASHA), in conjunction with the National Investment Center for the Seniors Housing & Care Industry, the American Association of Homes and Services for the Aging, and PricewaterhouseCoopers.

Assisted living facilities that submitted data for the 2004 and the 2005 surveys, known as same-store analysis, saw an increase in revenue of 6.1 percent, and net operating income rose 10 percent during the same period, the report said.

The same store analysis is part of "The State of Seniors Housing 2005," a report that summarizes fiscal year 2004 data collected from a survey of 344 seniors housing properties. Those 344 seniors housing properties represent 65,492 independent and assisted living units and long term care beds nationwide. The same-store analysis is comprised of 120 communities that submitted data for both the 2004 and 2005 reports. The report covered three seniors housing sectors— independent living, ALFs, and continuing care retirement communities (CCRCs).

Same-store analysis also showed that costs related to employee benefits increased just above 13 percent in 2004 for ALFs, while both independent living communities and CCRCs experienced a significant decrease, 5.48 percent and 2.94 percent respectively.

"The State of Seniors Housing" research study has been conducted for 13 consecutive years and provides useful data for owners, operators, and financiers of independent living communities, ALFs, and CCRCs said David Schless, ASHA president.

The 2005 survey revealed healthy occupancy rates for all three property types, with CCRCs receiving the highest median occupancy rate of 93 percent, followed closely by independent living (92.4 percent) and ALFs (90.4 percent).

Michigan Proposes Unusual Regulations

Michigan's long term care organizations have banded together in opposition to the state's effort to add new licensing provisions for assisted living. The provider organizations say the proposed changes seek to impose onerous administrative duties and contain an unusual provision that would give unions or employees managerial control over a facility's staffing and salary benefit packages.

Supporters of the licensing changes say that the additional language is needed to improve the quality of care in the state's assisted living facilities. The provider organization—the Coalition for Affordable & Quality Care—says the proposed rule changes would diminish the quality of care because frontline caregivers would have to focus on mandated administrative duties rather than caring for residents.

"Our major concern is the moving of frontline caregiving staff into administrative roles," said Linda Lawther, president and chief executive officer of the Michigan Center for Assisted Living (MCAL), a member of the coalition. Other organizations of the coalition include the Health Care Association of Michigan, the Michigan Assisted Living Association, and the Michigan Association of Community Health Boards. Together, the coalition represents about 5,000 adult foster care homes and homes for the aged—Michigan's licensing terms for assisted living. An estimated 50,000 people are being cared for in facilities that range in size from one or two beds up to 300 beds.

The proposed changes would require facilities to create two separate, employee-staffed committees—safe staffing and health benefits. The safe staffing committee would determine a facility's staffing levels and would oversee

Michigan, continued on page 5

Inside Focus

2. Business: American Retirement Communities Acquires Facilities And Provides 3rd Qtr. Earnings

5. Policy: CMS Increases Physician Payments For ALF Visits

6. Operations: ALF Providers Develop Fitness And Alzheimer's Programs

7. Facility: Air Force Village Overcomes Obstacles To Open Hawthorn House

8. People



ARC Acquires Eight Facilities From Epoch

American Retirement Communities (ARC) has acquired eight assisted living facilities from Epoch Senior Living for \$128 million, according to the Brentwood, Tenn. company statement.

The facilities are located in seven states: Arizona, Colorado, Georgia, Kansas, Minnesota, Nevada, and Texas.

"These communities fit us very well. They're located in major metropolitan markets, target upper-end, private-pay consumers, and operate similarly to our current portfolio," said ARC Chairman, President, and Chief Executive Officer (CEO) Bill Sheriff. He noted that although the acquisition price was below replacement costs, the deal has "a significant upside potential."

Epoch initially purchased the facilities for \$85 million from affiliates of Sun Healthcare in 1999. At that time, the facilities were at 41 percent occupancy, and Sun was in Chapter 11 bankruptcy. Under Epoch, occupancy rose to 93 percent.

"We made a significant investment in those facilities, both by introducing proprietary Epoch programs and improving the quality of care being delivered," said Epoch Chairman and CEO Laurence Gerber. "This successfully completes a challenging turnaround of a distressed portfolio, and it has generated terrific returns for our investors."

Epoch currently owns and operates 14 assisted living and skilled nursing facilities in Massachusetts and Rhode Island. After completion of the sale, Gerber announced his plans for potential acquisitions closer to the Waltham, Mass.-based company.

"We can now focus on our natural market here in New England and look to expand our presence as a leading provider of assisted living and skilled nursing services," he said. Epoch would continue to focus its growth on campus-style, or clustered, facilities offering a continuum of care.

"The best health care model for our seniors is the most independent setting appropriate to their individual needs, which change over time," Gerber said.

For ARC, the acquisition adds 831 units—742 assisted living and 89 Alzheimer's specialty units. The eight communities generated total annualized revenue of about \$29 million for the nine months ending Sept. 30, 2005. The ending occupancy for most of October was about 93 percent for the entire portfolio.

The portfolio was actually acquired by a joint venture entity—Epoch owns 20 percent and a senior housing affiliate of Prudential Real Estate Investors owns 80 percent. The Prudential investors provided \$85 million of debt financing for the transaction.

ARC Third Qtr. Earnings

American Retirement Communities reported third-quarter 2005 diluted earnings of \$0.13 per share, compared with a loss of \$0.27 per share for the same quarter in 2004.

Freestanding assisted living communities produced a 10 percent increase in the average monthly revenue per occupied unit and a 21 percent increase in operating contribution per occupied unit. The occupancy rate for these facilities during third-quarter 2005 was 91 percent. The facilities provide assisted living and specialized care, such as Alzheimer's and memory enhancement programs.

ARC reported little property damage from the recent the hurricanes. The company did incur about \$350,000 in increased operating expenses and lost revenue related to Hurricane Rita due to the closure of some of its Texas communities.

"For both hurricanes, our teams performed with distinction—they put the residents' safety and care above all else. We are proud of their dedication, resourcefulness, and self sacrifice," said Bill Sheriff, ARC's CEO.

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Advocat Departs North Carolina

In an effort to reduce debt and focus on nursing facility operations, Brentwood, Tenn.-based Advocat announced the sale of all 12 of its North Carolina assisted living facilities in late November. Eleven of the facilities were sold to Agemark Acquisition, a North Carolina-based limited liability company. The remaining facility was sold to an undisclosed buyer, pending “satisfactory completion of due diligence.”

“Though we worked to stabilize the North Carolina operations, we were not making meaningful progress toward positive operating results,” said William Council, Advocat’s chief executive officer. “The facilities continued to produce negative cash flow and operate at a loss.”

The firm signed a definitive agreement to sell the 11 facilities to Agemark at approximately \$11 million, which was to be paid at closing and was contingent upon the purchaser’s ability to obtain licenses to operate the buildings.

While closing of the deal was expected to occur during the first quarter of 2006, a pre-tax charge of approximately \$4.5 to \$5 million was recorded in the fourth quarter of 2005 to reduce the carrying value of the facilities to the amount that was expected to be realized from the proceeds of the sale, after payment of estimated transaction costs.

The 12th facility was sold for approximately \$3.5 million. At press time, the buyer had been given until the end of the year to conduct due diligence on the agreement. This transaction was expected to result in a pre-tax gain of approximately \$1.3 million in the quarter the facility is sold.

Advocat estimated the mortgage debt on the North Carolina buildings to be \$18 million. The company expected net proceeds (after costs and commissions) from the transactions to leave a debt balance of approximately \$4.5 to \$5 million, which was to be financed with a term loan from the firm’s existing lender.

Advocat provides skilled nursing and assisted living services in eight states, primarily located in the Southeast. The firm leases 35 nursing facilities and owns another eight. The sale of the 12 North Carolina assisted living facilities left Advocat with two leased properties in Arkansas.

Five Star Reports Third-Quarter Loss

Newton, Mass.-based Five Star Quality Care reported a net loss of \$84.3 million, or \$5.64 per share, in third-quarter 2005, due primarily to the termination of 12 management agreements with Sunrise Senior Living, the company said.

To help offset those terminations, the company in the third quarter entered into a sale-leaseback transaction for six assisted living communities, which resulted in a \$2.3 million asset impairment charge. Five Star’s third-quarter report also included about \$2.1 million in insurance costs incurred from previous quarters.

Without these charges, Five Star would have reported income from continuing operations in the third quarter of 2005 at \$1.7 million, or a gain of \$0.11 per share.

Five Star owns and leases 155 communities with more than 17,300 units located in 28 states. The communities include independent living, assisted living, and skilled nursing facilities.

Most States Covering Some Part D Excluded Drugs For Dual Eligibles

As dual eligible individuals make the switch from Medicaid to Medicare Part D drug coverage on Jan. 1, 2006, concern has arisen that many of these individuals may lose access to drugs excluded by Medicare Part D.

According to a Nov. 16 analysis by Avalere Health LLC, Washington, D.C., all states—except Tennessee—will cover some of the Part D-excluded medications for dual eligibles (those covered by both Medicare and Medicaid).

Forty-eight states—all except Texas and Tennessee—will cover some or all benzodiazepines and barbiturates for dual eligibles, according to the Avalere analysis of The Centers for Medicare & Medicaid Services (CMS) data. The data did not provide information for Arizona.

A table summarizing states’ coverage decisions on Part D excluded drugs can be found on NCAL’s Members Only Web site at

http://www.ahca.org/members/assisted/part_d/excluded_drug_table.pdf.

Information on each state’s coverage decisions concerning Part D-excluded drugs can be found on CMS’ Web site at <http://www.cms.hhs.gov/medicare-reform/states/optdrugcov.asp>.

Such drugs include benzodiazepines, barbiturates, over-the-counter drugs, weight control drugs, fertility drugs, cosmetic treatments, vitamins, and smoking cessation medications.



Electronic Health Records Closer To Fruition: Administration Awards Funds To Projects

The Bush administration's goal of creating an electronic medical records system within 10 years is moving forward after the U.S. Department of Health and Human Services (HHS) announced a series of grants and initiatives that set up the foundation of a national electronic network.

HHS Secretary Michael Leavitt recently announced that the department entered into an agreement with organizations that would plan and promote the widespread use of electronic health records (EHRs) in the Gulf Coast regions devastated by hurricanes.

The hurricanes destroyed the paper medical records maintained by hospitals, long term care facilities, physicians, and other health care facilities, in the region. While paper-based records were destroyed, HHS reported that providers and payers that used EHR systems were largely able to preserve their systems and patient information, despite the damage caused by Hurricanes Katrina and Rita.

President George Bush has issued an executive order that seeks to establish an EHR network within the next 10 years. For the past year, NCAL and AHCA have been participating in developing a network and an electronic health record that would enable long term care facilities to transmit patient health information to all kinds of care settings, from doctors' offices to acute and ambulatory care centers.

The creation of an EHR could eliminate the need for a paper-based system. The administration believes electronic health records would improve efficiency as well as reduce costs and prevent medical errors.

An EHR would contain a person's important health information, including

medical history, family health history, blood pressure, and the names of the prescription drugs currently being taken.

As physicians, hospitals, and other facilities return to rebuild their operations in the storm-ravaged Gulf Coast, these health entities will have to reconstruct their medical records systems. HHS' recent agreement with two Gulf Coast entities should help their efforts.

HHS and the Southern Governors Association will create a Gulf Coast Health Information Task Force, which will combine local and national resources and coordinate the planning for a digital health information recovery.

In a separate agreement, HHS and the Louisiana Department of Health and Hospitals will develop a prototype of health information sharing and EHRs that can be replicated throughout the region.

HHS is fostering further growth of EHR networks—also known as regional health information organizations (RHIOs).

HHS recently awarded \$18.6 million to four health care and information technology groups to develop prototypes for the Nationwide Health Information Network by establishing RHIOs in various markets around the country.

The contracts awarded to these groups move the nation one step closer to creating a national network that would allow health care records to follow consumers no matter where they access health care, says HHS.

The four groups are led by Accenture, Computer Science, IBM, and Northrop Grumman. Each consortium is a partnership between technology developers and health care providers in one of the local health care markets.

Each group will develop its own architecture and a prototype network that allows information to be shared among hospitals, laboratories, pharmacies, and physicians in these markets.

In addition, all four consortia will work together to ensure that information can move seamlessly among them, thus establishing a nascent and single infrastructure for the EHR.

"These prototypes are the key to information portability for American consumers and are a major step in our national effort to modernize health care delivery," said David Brailer, MD, the National Coordinator for Health Information Technology, an office operating within HHS.

According to the General Accountability Office, HHS will spend more than \$5 billion on information technology projects during fiscal year 2006.

Another government development of the electronic medical records network accompanies the activation of the new Medicare Part D prescription drug benefit.

Beginning on Jan. 1, 2006, the prescription drug plans—the organizations administering the Part D benefit—will have to implement the hardware and software of the foundation for an e-prescription system.

Electronic prescribing enables a physician to transmit a prescription electronically to the patient's pharmacy.

The e-prescribing would only be pertinent to those individuals choosing to participate in the Part D plan.

For more information on the government's efforts, visit <http://www.hhs.gov/healthit>.



Michigan Proposes Unusual Regulations

Michigan, continued from front page
staffing levels to “resolve staffing problems that adversely affect residents.” The health benefits committee would identify and eliminate the causes of injuries to workers and residents. The committees would be required to meet regularly and would have to provide minutes of the meetings to the state. Lawther says the costs of complying would be too onerous for small facilities. It either would require these facilities to redirect those employees to staffing the committees or would force facilities to hire more employees, she says.

The coalition estimates these two provisions alone would cost assisted living providers an additional \$35 million per year. The coalition’s estimate does not include the costs for implementing a committee’s recommendations.

Assisted living policy experts believe the state’s proposed rules are unique. The National Center for Assisted Living Executive Director David Kylo says the proposed rules are “unprecedented” for licensing requirements.

“This proposal takes overly prescriptive regulation to a new level,” he says.

Michigan providers believe that union organizers were behind Gov.

Jennifer’s Granholm’s (D) introduction of the proposed changes. The rules include language that would allow an organization representing direct caregivers to sit on the committees and be involved in determining wage and health benefits.

State officials have denied that unions wrote the proposed draft; however, the American Federation of State, County, and Municipal Employees publicly supports the initiative, saying it would improve the quality of care.

Providers disagree, stating that quality of care can’t be improved through administrative reporting requirements, and they are already concerned about quality of care, including employee issues such as wages and benefits, employee safety, and turnover rates.

“These rules out-regulate even the tremendously over-regulated skilled nursing industry,” said Dean Solden, co-owner of University Living, an assisted living facility in Ann Arbor, Mich. Solden is chair of MCAL and president and chief executive officer of a skilled nursing facility.

“No state in the country has proposed anything so obviously pro-union and so anti-privacy as these proposed rules,” he said, adding concerns about

employee privacy. “Nowhere is there even a nursing home provision where a facility must send to the state a list of employees, with their names, addresses, telephone numbers, and social security numbers ... In the age of identify theft is this wise?” he said.

“Let’s be leaders in innovation, not over-regulation.”

The State Office of Administrative Hearings and Rules is reviewing the changes. The public cannot comment until the agency holds public hearings later. Providers, however, believe by then it will be too late. The state legislature recently held a hearing giving providers such as Solden an opportunity to express their concerns. However, the legislature serves as an advisor in the process and is unable to be involved in the rule-making process. Coalition members believe any bill introduced by the predominantly Republican state legislature would be vetoed by Granholm.

The coalition efforts have generated press coverage of their opposition to the rule changes. The State Office of Administrative Hearings and Rules has reported receiving a lot of calls opposing the rule change, which, Lawther says, has slowed the rule-making process.

Medicare Rates Increase For House Calls To ALFs

The American Academy of Home Care Physicians (AAHCP) has issued a press release stating CMS will begin paying physicians and other providers caring for residents in assisted living facilities rates that are comparable to those being paid for physicians making house calls to private homes.

Currently, the reimbursement for a physician house call to examine resi-

dents of an assisted living facility is on average 48 percent lower than a visit to a private home.

The new payment schedule goes into effect Jan. 1, 2006, and has the potential to significantly increase the presence of physicians in assisted living facilities.

In addition, the increase in payments could reduce the transportation needs of assisted living residents because they

may need to make fewer trips to their doctors’ offices.

AAHCP advises assisted living facilities to review their policies and procedures to ensure that they address physician house call visits.

For more information about this new rule, see AAHCP’s press release at http://www.aahcp.org/pr_cmsrais-esmedicare.shtml.



ALF Companies Develop New Alzheimer's And Fitness Regimes

Brain Fitness Regime Offered To Residents

Leisure Care and San Francisco-based Posit Science have developed a "brain fitness" program to help stave off the effects of Alzheimer's disease. The program is available in 25 Leisure Care facilities and to any nonresidents interested in participating.

Leisure Care tested the Posit Science Brain Fitness Program in its Heritage Estates community located in Livermore, Calif. Residents participating in the initial program felt the positive affects midway through the eight-week program.

"We believe in this program and look forward to all we can do together to enhance our residents' daily lives," said Gina Sileo, the brain fitness coach at Heritage Estates. "The participants love coming to the Brain Gym. They have a great time with it. It's genuinely fun!"

Leisure Care says it is the first manager of multiple assisted living communities to become a certified provider. The company has 36 communities throughout the United States and Canada.

"Medical science has made tremendous progress toward mitigating the physical effects of aging—helping us to live longer," said Posit Science Chief Executive Officer Jeff Zimman. "Posit Science's programs complement these advances by helping people improve their memory and mental agility at any age. We are thrilled to partner with a leader who wants to play a part in the revolution coming in brain health and fitness."

Posit Science works with more than 40 brain scientists from leading universities and institutes around the world to create programs that enhance cognitive performance.

"Leisure Care communities emphasize maintaining a fun, active lifestyle, and we were inspired to find an entertaining brain fitness program that helps keep you sharp," said Dan Madsen, chief executive officer of Leisure Care. "Our residents love to live life, and there's nothing more important to living life to the fullest than an active mind."

Merrill Gardens Launches Active Living Program

Seattle-based Merrill Gardens announced a new physical activity program for its more than 8,000 senior residents living in its 70 communities in 12 states.

Merrill Gardens Active Living program is designed to improve overall health and teach residents how to age in healthy ways. Physician Chris Fordyce, the Medicare medical director for Group Health Cooperative in Seattle and a well-known expert in healthy aging, developed the program for Merrill Gardens.

"We designed Active Living to weave the best clinical research around aging into the fabric of everyday life in each Merrill Gardens community," Fordyce says. "Physical activity and social connectedness are the two most significant determinants of health outcomes in seniors, and with this program, Merrill Gardens is redefining retirement community living. Through my years of working with seniors, I know that the single most important prescription that any doctor can write is for increasing physical activity. Seniors who engage in at least 30 minutes of activity each day will see a dramatic increase in their overall health and mental attitude, regardless of medical problems or dis-

ability." Fordyce developed the program in partnership with the National Blueprint to Increase Physical Activity in the 50-plus population, sponsored by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation.

The regime is tailored for each resident. The physical components are designed to increase muscle strength, balance, flexibility, and endurance. The mental component will focus on improving cognitive abilities and mood. Active Living offers month-long programs that build upon each other, and results are tracked according to the resident's ability and personal goals.

"We believe that Active Living is much more than an exercise program for our residents," says Bill Pettit, president of Merrill Gardens. "It is an opportunity for them to learn new skills, improve their quality of life, and have fun. We believe that Active Living is the culmination of our commitment to provide a unique living experience for everyone who calls Merrill Gardens home."

Erickson School Of Aging Receives \$200,000 In Donations

The Erickson School of Aging Studies at the University of Maryland, Baltimore County (UMBC), Baltimore, received two \$100,000 donations from leading seniors housing advocates.

The National Investment Center for the Seniors Housing & Care Industry (NIC) donated \$100,000 to the school in honor of William Colson, president and chief executive officer of Holiday Retirement, headquartered in Salem, Ore. Colson was the first recipient of

Donation, continued on page 7



Air Force Enlisted Village Opens Assisted Living Residence

After two years, a reneged \$8 million donation, and several major hurricanes, the Air Force Enlisted Village in Shalimar, Fla. opened the doors to Hawthorn House, the latest addition to a campus that already serves widows of retired enlisted airmen.

Hawthorn House, a 64-apartment assisted living residence, brings a 38-year dream to fruition for the organization whose goal has always been care for these widows.

"It definitely was a challenge," says Jim Binnicker, president and chief executive officer of the Air Force Enlisted Village (AFEV). "We had many obstacles to overcome, including funding and one of the most damaging hurricane seasons on record."

"But without the people living there, it was just another building," he adds. "Hawthorn House [officials] really breathed life into the building and made it a home."

Binnicker also recalls the significance of the project that began about two years ago.

"Operating an assisted living facility is a monumental task—starting one from scratch is even more so," Binnicker says. "The entire Air Force Enlisted Village team has been totally involved from the start."

The facility is divided into four neighborhoods, which include 16 apartments, a dining area, living area, and laundry room. The upscale, two-story, state-of-the-art facility was built on five acres of land on the Bob Hope Village campus.

Eighty-four-year-old Bob Hope Village resident Marcia Solheim was the first to move into the Hawthorn House.

"I've been waiting forever, it seems, to move into Hawthorn House," said

Solheim. "It was all more than worth the wait. So much care, planning, and consideration has gone into making this home the beautiful place it is."

In the initial days of opening, about 30 residents occupied the facility. Many of these residents were already living in the Air Force Enlisted Village. Several former residents who were no longer able to live independently were invited to return.

"What a joy to be able to bring these ladies back with their Air Force family," Binnicker says. "I've always told people the saddest thing we have to do is tell these widows goodbye as they head off to local nursing homes or leave with their families. Now they feel as though they're right where they belong."

The construction of the Hawthorn House allows the residents of the campus to simply move across the street rather than leave the friends they have developed, says Glenn Yost, Hawthorn House administrator. "Settling into a new home along with familiar neighbors makes the whole transition much easier on our ladies."

"Instead of the elderly, ill women that we are, we feel like special guests who are loved, pampered, and well cared for," Solheim says. "I hope to be able to enjoy it for a long time. It is a pleasure to live here."

The \$11.6 million complex features 24-hour staffing for the 64 individual apartments. All the amenities, such as free transportation and prescription pickup, are provided for the residents, as well as three full meals, snacks, and light housekeeping.

The residence also boasts a snack bar and country store to satisfy those cravings for a great burger or short notice

need for a loaf of bread. The most important ingredient for success, as Marcia Solheim says: "It's definitely home. Everyone is so kind and loving and wants to take care of you," she says. "The people are the difference." To reinforce the feeling, resident Mirtala Calix told the staff, "Thank you for the joy that I receive daily."

For more information, visit www.afenlistedwidows.org

Donations, cont. from previous page

NIC's Lifetime Achievement Award.

Colson, in return, matched the gift and brought the total donation to \$200,000. The gifts will be used to fund a new scholarship program for students attending the Erickson School of Aging Studies. The fund will be named the William E. Colson Scholarship Fund.

The first scholarships are expected to be awarded in the fall of 2006, when the school debuts its undergraduate program. The Erickson School of Aging Studies currently offers a series of executive education courses in seniors housing and care, ranging from business and operations issues to marketing and finance.

"These major contributions are just two examples of the senior living industry's recognition of the importance of this new school," said Freeman Hrabowski, president of UMBC. "NIC's and Mr. Colson's gifts will help us significantly in our efforts to educate the next generation of leaders, both in the seniors housing and care industry, as well as other services for the aging population."



Todd Woollard, owner and operator of Woollard Ipsen Management, in Medford, Ore., was elected to the Oregon Health Care Association's Board of Directors as the assisted living facilities/residential care facility representative.

The Kansas Center for Assisted Living (KCAL) has announced assisted living award winners for 2005. The Assisted Living Worker of the Year was awarded to **Rosie Moore**, a certified nurse assistant and certified medication aide at The Gran Villas, located in Goddard, Kan. KCAL's Assisted Living Nurse of the Year is **Elizabeth "Betty" Cline**, a regional nurse with Medicalodges, located in Coffeyville, Kan. The Assisted Living Operator of the Year is Connie Evenson, operator and manager of The Gran Villas of Fedonia.

KCAL also recognized an outstanding resident of a Kansas assisted living facility. **Grace Rogers**, a resident of Rolling

Hills Assisted Living, located in Topeka, Kan., was given KCAL's 2005 Distinguished Elder award. Rogers attended KCAL's first Distinguished Elder event held at the KHCA/KCAL 7th Annual Conference in Lawrence.

Alterra Sterling House Assisted Living of Greenville, S.C., has hired **Stacey Sanford** as a community sales representative. She has a background in marketing, therapeutic recreation, and Alzheimer's care.

Robert Brehl has been named chief accounting officer and controller of Ventas, located in Louisville, Ky. Prior to joining Ventas, Brehl worked for Atria Senior Living from 1998 to 2005. Ventas is a real estate investment trust with a portfolio of independent and assisted living facilities, skilled nursing facilities, hospitals, and medical office buildings in 42 states.

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