



FOCUS

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Facilities Increase Use Of Temporary Staffers

Nationally, assisted living facilities increasingly have turned to agencies to fill vacant registered nurse (RN) and licensed practical nurse (LPN) positions, according to the eighth annual "Assisted Living Salary & Benefits Report 2005-2006," recently published by the Hospital & Healthcare Compensation Service (HCS).

Assisted living facilities (ALFs) reported using RNs 144.54 hours per month and LPNs 103.92 hours per month during 2005-2006, up from 70.67 hours for RNs and 88.75 hours for LPNs during 2004-2005.

In the 2005-2006 survey, an executive director of an ALF earned a reported \$97,015 annually, up from the \$85,663 annually reported in the 2004-2005 survey. Assisted living administrators earned \$53,000 per year in the 2005-2006 survey, a slight decrease from the previous year's reported \$54,621 per year.

The 2005-2006 survey had a record number of facilities respond. More than 1,100 nonprofit and for-profit assisted living facilities participated in the study and provided compensation data on more than 35,000 employees nationwide. The report covers 16 management and 23 nonmanagement positions. Data are effective as of October 2005.

ALF facility administrators took a little more than 35 days to fill a vacant RN position and almost 45 days to fill an LPN position, the report said. Facilities needed an estimated 16 days to hire a new certified nurse assistant (CNA) and almost 19 days to fill a vacant resident assistant position.

In 2005, the national median salary of a director of nursing (DON) working at an assisted living facility was \$47,507 per year, an increase of 9.76 percent compared with the previous year's figures.

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Two Senate Bills Address ALF Dual Eligibles Drug Co-Pays

Two Senate bills recently introduced seek to eliminate the drug co-pays that dual eligibles in assisted living and residential care facilities must pay in order to receive their medications under Medicare's new prescription drug program. An estimated 120,000 assisted living and residential care residents are considered dual eligibles—people eligible for both Medicare and Medicaid.

The bills would extend a benefit currently awarded to dual-eligible residents in nursing facilities. Unlike nursing facility residents, dual-eligible beneficiaries residing in non-institutional settings such as assisted living residences must pay co-payments for each prescription they receive.

The bills were announced Feb. 2, at a Senate Special Committee on Aging hearing on problems arising from Medicare's Part D program.

Many senators expressed concerns about how Part D is affecting assisted living residents, particularly dual eligibles. Committee Chairman Sen. Gordon Smith (R-Ore.) introduced his bill, S. 2234, which would eliminate cost sharing for residents of home- and community-based services, including dual-eligible assisted living/residential care residents (ALF/RCFs). Sen. Jeff Bingaman (D-N.M.) is co-sponsoring the bill.

NCAL has been working with Sen. Smith's staff to develop the bill's language and supports this legislation.

"NCAL applauds Sens. Smith and Bingaman for introducing legislation that would help ensure that assisted living residents who don't have the monetary means to purchase medications have access to their prescription drugs," said NCAL Executive Director David Kylo. "NCAL will continue to push for this bill on Capitol Hill until assisted

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Architectural Guidelines Are More 'ALF/RCF Friendly'

NCAL took the lead in organizing an effort with other assisted living organizations to exclude highly prescriptive construction guidelines from a national guide used by states and federal agencies as the basis for development of licensing and regulatory policies for the profession.

The multiyear lobbying effort paid off. The American Institute of Architects (AIA) "2006 Guidelines for Design and Construction of Hospitals and Health Care Facilities," scheduled to be published in April, preserves assisted living's resident-centered model. Although the guidelines carry no direct authority, AIA says 42 states and many federal agencies often use the guide as a basis for regulatory changes. The guidelines are updated on

a four-year cycle by AIA's multidisciplinary Health Guidelines Revision Committee. NCAL was at the table throughout the revision process and examined original drafts of the chapter, which included recommendations that dictated the size of a resident's room, and limited the number of Alzheimer's units per facility. NCAL and other assisted living associations felt the original draft's prescriptive nature threatened the consumer-oriented nature of assisted living.

The associations introduced a new term—"Residential Plus" to allow for the construction of different types of assisted living or residential care facilities. The guide also recommends that new buildings include technological advances that enhance life safety such

as automated fire sprinkler systems.

In June 2004, AIA's workgroups published a draft—which the NCAL Executive Committee had provided extensive comments on—to avoid overly prescriptive requirements. In December 2005, NCAL's Executive Committee and the 150-member AIA committee unanimously approved the final draft of the 2006 edition.

"NCAL's influence on the AIA assisted living guideline initiative demonstrates why NCAL membership on the national level is so important to the long term success of the assisted living industry," says NCAL Chair Van Moore. "Without NCAL's expertise and involvement, the AL industry would now be strapped with onerous design guidelines."

CMS Provides Drug Plan Contacts For Filing Exceptions

As residents make the transition to new Medicare Part D drug coverage, some may need to request an exception to their drug plan's policy on whether a particular drug is covered or the level of cost sharing required. Under Part D, all drug plans must establish a timely coverage determination and exceptions process within guidelines set by the Centers for Medicare & Medicaid Services (CMS).

CMS has established a Web site where residents and those assisting

them can find a spreadsheet listing exceptions and appeals contacts for the many Medicare prescription drug plans. The list can be found at www.cms.hhs.gov/PrescriptionDrugCovGenIn/04_Forumary.asp#TopOfPage.

Under Part D, if a drug is not covered or is covered at a more expensive cost-sharing tier level, an exception can be filed. If the plan does not make a coverage determination within 72 hours, or within 24 hours for expedited requests, the request is automatically

forwarded to an independent review entity (IRE), which is a CMS contractor that reviews determinations made by a plan. If the IRE's reconsideration is unfavorable, an enrollee may request a hearing with an administrative law Judge (ALJ), if the amount in controversy requirement is satisfied. The next steps in the appeals process are the Medicare Appeals Council, an entity within the Department of Health and Human Services that reviews ALJ decisions, and federal district court.

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living residents no longer have to make co-payments for their prescription drugs."

At the hearing, New York Sen. Hillary Clinton (D) and Sen. Bill Nelson (D-Fla.) also discussed a similar bill that they introduced. The Clinton-Nelson bill

would remove cost sharing for dual eligibles in assisted living facilities.

Both bills seek to eliminate co-payments. The Clinton bill, however, would be retroactive to Jan. 1, 2006, when the new Medicare prescription drug bill went into effect.

NCAL Chair Van Moore and NCAL Vice Chair Marj Shell went to Capitol Hill in mid-February to meet with key House and Senate offices to explain the problems ALF/RCF residents face with Part D, and to urge support for legislation that addresses the co-pay issue.



What Is A 'University-Based' Community?

Spotting a new trend in seniors housing and care, a George Mason University professor has developed criteria to assist consumers who are considering retirement communities associated with universities or colleges.

Professor Andrew Carle, director of the Fairfax, Va.-based university's Senior Housing Administration program, believes there are more than 100 university-based retirement communities (UBRCs) already in existence or under consideration. The new form of senior communities will gain in popularity as college-educated baby boomers approach retirement, he says.

"Current retirees and boomers coming down the pike are the most educated demographic in the history of the world," he says. "But what they feel they will be getting when they move into a university retirement community may or may not be what the community actually has to offer."

Carle established the following list of criteria required for a community to be defined as a UBRC:

- A location within an accessible distance (preferably one mile or less) of core campus facilities, such as theaters, sports complexes, and classrooms.
- Formal programs to ensure that retirees can participate in university activities, including a letter of agree-

ment saying that residents of the retirement community are permitted to audit classes, attend events, and use campus services. The university should also detail plans for student internships—both paid and volunteer—to work at the senior community.

- A requirement that communities provide the full continuum of senior housing services, including independent living, assisted living, skilled nursing, and dementia care.

- A documented financial relationship between the school and the senior community such as a long-term lease.

- Documentation that at least 10 percent of the residents living in the community have a connection with the university—either as alumni, retired faculty or staff members, or relatives of a university employee.

Carle says many communities market themselves as being affiliated with a college or university strictly on the basis of proximity, but residents discover that they are not permitted to participate in campus life.

In addition, Carle says, many senior communities located near colleges offer independent living only.

"Who's going to tell the retired university presidents they have to move when they begin to need extended levels of care?" he says.

NCAL Discusses Part D Issues With CMS

NCAL's Vice President David Kylo, NCAL's Senior Director of Assisted Living Policy Karl Polzer, and American Health Care Association (AHCA) staff met with the Centers for Medicare & Medicaid Services' (CMS) Jeff Kelman, MD, chief medical officer at the Center for Beneficiary Choices, to discuss the problems assisted living and residential care providers are experiencing with the new Medicare prescription drug benefit (Part D).

Kelman outlined steps that CMS had taken to reduce the number of Medicare beneficiaries missed by the Medicare Part D computer system. He also discussed ways to reduce confusion over whether drugs are covered under Medicare Part D or Part B (which has caused slowdowns in people receiving medications). Missing information in the system has caused many problems, including dual-eligible beneficiaries not showing up as being enrolled in plans and not appearing to qualify for low-income subsidies. Longer-term policy issues were also discussed, including NCAL's proposal to extend the waiver of cost sharing under Part D to dual-eligible residents living in assisted living and residential care facilities.

Facilities, cont. from page 1

Data are reported according to for-profit and not-for-profit status, revenue size, unit size, geographic region, and state. Also covered in the study are 22 fringe benefits, turnover rates by department, and projected salary increases for 2006.

The report is sponsored by the

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All combined	\$47,507

American Association of Homes and Services for the Aging and supported by NCAL and the Assisted Living Federation of America. NCAL members can obtain the report for a reduced price of \$225. The price for nonmembers is \$295. To order, call HCS at (201) 405-0075 or visit www.hhcsinc.com.



Cognitive Memory Program Works For Early- To Mid-Stage Alzheimer's Residents

A cognitive program piloted at a Massachusetts assisted living facility for people with early- to mid-stage Alzheimer's disease and dementia is improving residents' memories along with their cognitive and social skills.

The Serper Method™ is based on a theory that if residents use their existing knowledge, it is possible to prevent the degenerative progression normally associated with Alzheimer's disease and other forms of dementia.

Three residents of The Atrium-at-

Drum Hill, in North Chelmsford, Mass., were participants in a multisite pilot study conducted by researchers from Boston University School of Medicine. Sixteen participants were observed during a 15-month period.

Twice a week for 40 to 90 minutes these residents were guided through a series of lessons based on history, geography, and word and math games by the facility's activities director. The activities director followed a lesson plan developed to appeal to each resident. She used gentle encouragement, repetition, and audio and visual cues to help the residents problem solve, match answers, and recall knowledge.

The researchers found that more than half of the residents who participated in the classes were generally happier and more hopeful. More than half of the residents thought the program improved their memory and led to clearer thinking. In addition, when the study ended, a majority of the residents wanted to continue the classes.

The study's results were presented at the Alzheimer's Association annual dementia care conference last year. Researchers say the Serper Method should be used in tandem with other proven cognitive exercise programs to maintain brain health.

Now the program is becoming an integral part of the therapeutic activities at The Atrium-at-Drum Hill. Moreover, the founder of the program says this activity can be easily taught to those assisted living staffers interested in bringing the program to their residents.

The Serper Method was developed by Lynn Lazarus Serper, who in 1990 suffered a brain aneurysm that caused

her to lose her ability to speak, read, write, and think clearly. After her aneurysm, friends and an advocate helped her embark on a six-year program of rehabilitation at residential care facilities and at home. In 1995, Serper received her doctorate in cognitive education, and in 1999, she founded her own company called the Brain Enhancement Strengthening Treatment, located in Brookline, Mass., the home of the Serper Method.

"Once people are taught logic and reasoning through our methods and strategy," Serper said, "they realize they could hold on to their memories and even learn."

The Atrium-at-Drum Hill's Executive Director JoAnne Thomas says the program works for residents who are interested, can read, and have a long-enough attention span.

At first, Thomas was doubtful the program could improve upon the facility's vigorous activity program. She wondered, "How is this going to improve the residents' quality-of-life?" The residents, family members, and caregivers answered her question. "The residents loved it," Thomas said. Staff members reported it was easier to take care of these residents because they were initiating conversation with caregivers. In one instance, a caregiver who normally helped a resident dress walked into an apartment to find the resident fully dressed.

"We had residents bragging to their families about what they learned," said Thomas. "One resident told her family, 'Do you know, the brain never dies?'"

For more information, visit: www.theserpermethod.com.

Exercise Reduces Dementia Risk

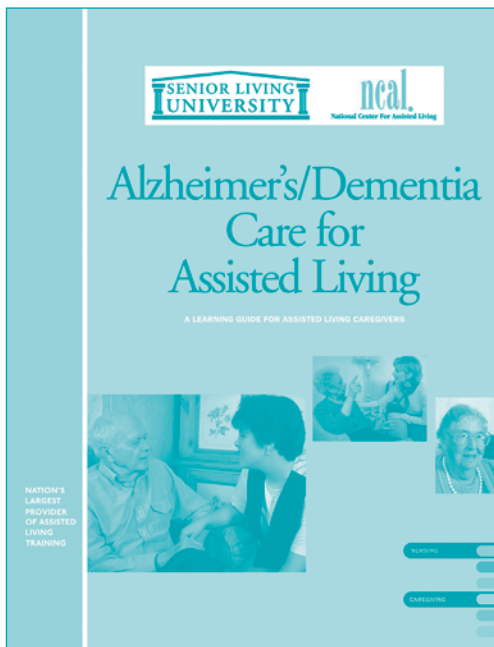
Seniors who participated in moderate exercises—15 minutes of hiking or yoga three times a week, for example—were 32 percent less likely than those who did not exercise to get Alzheimer's disease or other dementias over a nine-year period, according to a new study published in *The Annals of Internal Medicine*.

More than 1,700 individuals 65 and older were followed by researchers between 1994 and 2003 to determine if exercise could reduce their risk of Alzheimer's or other dementias. All subjects were cognitively sound at the outset. The researchers examined the volunteers biennially, and the mean follow-up period was 6.2 years.

Of those 1,740 individuals, 158 developed dementia, including 107 Alzheimer's cases, 33 cases of vascular dementia, and 18 cases of other forms of dementia. One hundred and twenty-one volunteers withdrew from the study, and 276 died, according to the researchers.



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Veterans In Assisted Living Share Their Stories As Part Of Library Of Congress Project

Joan Barch, a resident of Riderwood Village, in Silver Spring, Md., began collecting the personal stories of men and women veterans. Barch called her former employer, the Library of Congress, and discovered a Veterans History Project already in progress. In addition, as an offshoot of the Veterans History Project, the library had developed a program specifically for long term care and retirement communities.

The Retirement Community Outreach Initiative (RCOI) was launched after library officials visited several assisted living and retirement communities in the Washington, D.C., metropolitan area during the latter part of 2004 and early 2005.

"There are so many veterans who now live in our nation's retirement communities, each with wartime tales of courage and valor. It's critical that we add their stories to our growing collection," says Diane Kresh, director of the Veterans History Project.

"We have found that assisted living center management and residents welcome the opportunity to

record and share stories," she adds.

The U.S. Congress created the Veterans History Project in 2000, and to date has gathered approximately 35,000 stories. The mission is to collect and preserve first-hand accounts of wartime veterans and other U.S. citizens working to support war efforts, such as Red Cross, USO, and wartime industry workers.

The library has been compiling oral histories, interviews, memoirs, photographs, letters, diaries, and other historical documents from WWI through the current conflicts.

"Every American who served during wartime, supported our efforts, or knows someone who did can play a vital role in the Veterans History Project," says Jeffrey Lofton, spokesperson for the RCOI program. Lofton is hoping activity directors nationwide will introduce the program to their facility residents via a tool kit. Residents can follow the kit's simple systematic instruction sheets on how to collect the oral histories and memorabilia.

"Participating is as simple as having

a conversation," he says. "Recording the stories is a source of great fun and a wonderful way to show resident veterans they are appreciated."

Barch recommends that one resident coordinate submitting material to the library. This ensures that everyone signs the required releases and that materials are submitted according to the library's requirements, she says.

At one point, Barch says, five Riderwood Village residents were conducting interviews and collecting material.

"Some of the stories were intriguing, some were compelling, some were funny, and some were sad," says Barch. "A lot of veterans never shared their experiences with their families. Now these veterans want to talk about it."

To obtain more information about the Veterans History Project and to request an RCOI tool kit, contact Jeffrey Lofton at jloft@loc.gov or call (202) 707-6432; or visit the project's Web site at www.loc.gov/vets.

A toll free phone number is also available: (888) 371-5848.

Congressman Honored At Pennsylvania Assisted Living Facility

Rep. Jim Gerlach (R-Pa.) was awarded the American Health Care Association's (AHCA) 2006 Leading Light of Long Term Care Award at Highgate at Paoli Pointe, a Genesis HealthCare assisted living facility located in Paoli, Pa.

The event was well attended by residents, staff, and Genesis HealthCare executives. George Hager, Genesis' chairman and chief executive officer, presented the award to Gerlach, whose commitment to quality of care in long

term care and reasonable Medicare and Medicaid rates for services was expressed through his support of key congressional votes.

AHCA's 2006 Leading Light of Long Term Care Awards is part of the association's yearlong grassroots campaign that familiarizes federal representatives with the issues of long term care. The events have generated local press and media coverage.

NCAL is encouraging ALFs to consider hosting a local grassroots event in

their facility because such events allow facility staff to educate their federal representatives about the concerns and issues currently affecting ALFs.

Operators and administrators can also meet their representatives by attending the Congressional Briefing on June 27 and June 28, 2006, in Washington, D.C. where meetings of members and their representatives on Capitol Hill are the focus. For more information, contact Melissa Clary at mclary@ahca.org.



Center For Excellence Announces Dates For Quality Summit

The Center for Excellence in Assisted Living (CEAL) has announced the second Assisted Living Quality Summit to be held on Thursday, Nov. 30, and Friday, Dec. 1, 2006 in Arlington, Va.

“During the first year, we made important strides in establishing the organization, drawing on various stakeholders to offer two conferences, and initiating a dialogue on important issues with the diverse members of our Advisory Council,” said CEAL new Chair Don Redfoot, a senior policy advisor at AARP Public Policy Institute.

CEAL’s 11-member board unanimously elected the following officers for the 2006 term:

- Chair: Don Redfoot, senior policy advisor, AARP Public Policy Institute
- Vice Chair: Jane Tilly, director, quality care advocacy, Alzheimer’s Association
- Secretary: Josh Allen, executive director, American Assisted Living Nurses Association
- Treasurer: David Kylo, executive director, National Center for Assisted Living.

CEAL seeks to foster access to high-quality care in assisted living by bringing together a diverse group of

stakeholders to advance research, practice, and public policy; promote evidence-based quality practices; and establish a national clearinghouse of information.

“Assisted living has had a major role in transforming the landscape of long term care in America, a role that is likely to become more important in the future,” said Redfoot.

“Consumers are looking for more choices for services. Policy decision makers are looking for cost-effective options for care. Providers are looking for models for offering higher-quality services that honor privacy, dignity, and choice. In such a time of change, the critical role of the Center for

Excellence in Assisted Living in bringing all stakeholders together is all the more apparent.”

CEAL consists of 11 founding organizations that include AARP, Alzheimer’s Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American Seniors Housing Association, Assisted Living Federation of America, Consumer Consortium on Assisted Living, National Center for Assisted Living, NCB Development Corp., Paralyzed Veterans of America, and Pioneer Network.

For more information about CEAL, visit www.theceal.org.

Quality Award Applications Sought

With the application deadline for the 2006 Quality Awards on March 31, NCAL is encouraging member facilities to apply for the nationally recognized award program.

The AHCA/NCAL Quality Award is a distinction given to AHCA/NCAL-member facilities for applying continuous quality improvement principles. By following the series of developmental steps that make up the award process, facilities gain knowledge and skills to help them better serve their residents and, in so doing, better position themselves in an increasingly competitive environment.

“This is a tremendous opportunity for NCAL member facilities to demonstrate their commitment to quality in their facilities and in their local communities,” says David Kylo, NCAL’s executive director.

Award recipients will be recognized at AHCA/NCAL’s 57th Annual Convention and Exposition in San Antonio, Texas, Oct. 8-11, 2006.

The AHCA/NCAL Quality Award was created in 1996, and this year the awards are sponsored by McKesson.

For more information and application materials for the Quality Award Program, go to www.ahca.org/quality/awardapps.htm, and click on the “2006 Brochure” link, or call Adrienne Riaz-Khan at (202) 898-6332.



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NCAL's Vice Chair **Marjorie "Marj" Shell** has assumed the chair position for the United Way of Madison County Board of Directors in Indiana. Shell is the administrator of Rawlins House and the owner of Fall Creek Retirement Village, both located in Pendleton, Ind.

Shell joined the United Way board in 2003 after participating in the Strategic Targeting Committee for United Way.

The Nebraska Health Care Foundation has given a scholarship to **Shelley Towey** of the Valley View Assisted Living Community, located in Fullerton, Neb. The scholarship will enable Towey to participate in an administrator training program. The Nebraska Assisted Living Association offers the Assisted Living Administration Training Program twice a year. The 36-hour class meets the state's new licensure requirement that new assisted living administra-

tors complete a 30-hour program within six months of assuming the administrator responsibilities for an assisted living facility.

The Texas Health Care Association (THCA) has presented **Beth Tindall** with the organization's Outstanding Assisted Living Administrator Award.

Tindall is an administrator at Park Place Assisted Living, a TRISUN Healthcare facility, located in Georgetown, Texas. Tindall began her long term care career as a nurse assistant more than 15 years ago. She has been Park Place's administrator for the past three years.

Assisted living administrators nominated for this award must be community-oriented, participating in civic activities; actively involved with residents, family members, and volunteers; employee-oriented, with motivational programs and activities; and active in THCA activities.

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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
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NCAL Focus
1201 L Street, NW
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