

New Assisted Living Nursing Certification Available

The American Assisted Living Nurses Association (AALNA) has created a professional certification process based on precedent-setting standards for registered nurses (RNs) and licensed practical nurses (LPNs) who work in assisted living.

To earn the new certification of assisted living nursing practice, RNs and LPNs will need to pass an exam that will be held sometime this spring.

"Nurses and LPNs who are dedicated to delivering and demonstrating outstanding resident care have a wonderful opportunity to demonstrate their knowledge through this new assisted living-specific certification program," said Sandi Flores of AALNA.

Previously, only RNs could earn geriatric nursing certification through the American Nurse Credentialing Centers. Yet, the geriatric nursing certification was not based on assisted living practices nor did it recognize the assisted living specialty.

"AALNA's 'Scope and Standards of Assisted Living Nursing Practice' are the first scopes, standards, and competencies developed for the assisted living nursing profession," said Flores. "The profession was crying out for these standards because we are a relatively new field. Assisted living nursing did not exist 20 years ago."

The "Scope and Standards of Assisted Living Nursing Practice" do the following:

1. Describe the ethical obligations and duties of the assisted living nurse;
2. Guide the practice and conduct of the assisted living nurse; and
3. Articulate the assisted living nurse's understanding of the profession's commitment to health care, nursing, and society.

Assisted living nurses are often compared with nursing facility

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Assisted Living Salary Report Reveals Increase For Administrators

The national median salary for an assisted living administrator in 2006 was \$65,000, a sharp increase over the \$53,000 wage in 2005, according to a recently released salary and benefits survey.

The ninth annual "Assisted Living Salary & Benefits Report," published by Hospital & Healthcare Compensations Service, Oakland, N.J., also reveals that the national median salary for administrators working in facilities with up to 74 units was \$57,678, compared with \$72,696 in facilities with 75 units or more.

Of the 103 facilities reporting bonuses for administrators, the 2006-2007 report revealed that an average annual salary of \$70,175 contained an average bonus of \$14,217, slightly more than 20 percent of the salary.

The report contains data collected from almost 760 assisted living facilities, both for-profit and not-for-profit, representing 35,000 employees nationwide. The report covers 16 management and 23 nonmanagement categories.

Data are reported according to for-profit and not-for-profit status, geographic region and state, revenue size, and unit size. In addition, the report includes 22 fringe benefits, turnover rates by department, and projected salary increases for 2007.

NCAL supports the development of the annual reports. NCAL members can obtain a copy of the report at the reduced price of \$225. The price for nonmembers is \$295.

To order, call HCS at (201) 405-0075 or visit www.hhcsinc.com.

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Construction Of Assisted Living Units Occurring In Midwest/Central U.S.

Of the nation's largest 75 metropolitan markets, Kansas City, Omaha, and Milwaukee have the highest percentages of new assisted living unit construction compared to existing supply, according to a recently released seniors housing construction report.

Nationally, there were 5,961 units under construction, with 79 new assisted living projects accounting for 4,280 units in the top 75 largest metro areas. The remaining 1,681 units are being added to existing assisted living properties. Assisted living units account for 15 percent of all the seniors housing units under construction, according to "Seniors Housing Construction Trends Report 2006," published by the National Investment Center for Seniors Housing & Care Industry and the American Seniors Housing Association.

The new construction in assisted living represents 2.29 percent of the existing 260,176 assisted living units estimated to be in the top 75 markets, according to the report.

The metro areas with the highest percentage of assisted living units under construction, compared with existing units, are Kansas City, Mo., with 10.7 percent; followed by Omaha, Neb., with 10.6 percent; Milwaukee with 10.1 percent; Syracuse, N.Y., with 8.2 percent; and Dallas with 8.1 percent.

The project types considered for this report included senior apartments, independent living, assisted living, dementia care, nursing care, and continuing care retirement communities.

The report identified a total of 39,520 units or beds under construction in these categories. Seniors housing construction has remained at about the same level since 2004. Between 1997 and 2006, the report identified 1999

Top 5 Metro Markets In Construction As Percent Of Existing Inventory

Assisted Living

1. Kansas City 10.7%
2. Omaha 10.6%
3. Milwaukee 10.1%
4. Syracuse 8.2%
5. Dallas 8.1 %

Dementia Care

1. Albany 45%
2. Kansas City 23.4%
3. Nashville 18.9%
4. Omaha 18.1%
5. San Jose 17.9%

Source: "2006 Seniors Housing Construction Trends Report"

as the peak year, with construction of 65,879 units, and 2002 as the lowest year, with just 21,945 units.

Many of the dementia care units were located on assisted living properties. Construction or expansion of dementia care units constituted 4 percent of all the seniors housing units under construction. In new properties, the mean number of dementia care units being built is 23.

To obtain a copy of the report, visit www.nic.org.

New Assisted Living Nursing Certification Available

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nurses. This comparison does not recognize that assisted living nurses serve a different clientele than nursing facility nurses. Nor does it recognize the specialized knowledge needed to care for an assisted living resident.

Unlike their cohorts in acute care who work closely with doctors and specialists, assisted living nurses work more autonomously. They often have the dual role of being the facility administrator and the nurse. In many instances, assisted living facilities employ these specialized nurses as consultants. As a consultant, the assisted

living nurse is often required to review residents' health records, direct unlicensed staff in the optimization of a resident's function and quality of life, monitor a resident's chronic illness, or conduct an assessment during any acute changes in the resident's conditions. All of the different roles necessitated the need for developing a document identifying nursing standards for assisted living. Flores says an AALNA work group wrote the scope and standards document with one critical question in mind: What does an assisted living nurse need to know?

"The nurses who worked on devel-

oping this document were looking to define the practice, standards, and recognition of nurses working within this realm," she said. "Assisted living employs a huge number of LPNs. We worked hard to include them in the competency process."

AALNA has developed two separate exams, one for RNs and another for LPNs. The exams cover four areas: context of care of the older adult, health issues of the older adult, the long term care continuum, and professionalism. For more information on the self-study course and the exam, visit www.alnursing.org.



AHCA/NCAL Study Examines Long Term Care Usage Of Health Information Technology

An AHCA/NCAL white paper indicates that assisted living and nursing facilities, particularly those that are part of smaller business entities, may be further behind in transitioning to health information technology (HIT) than conventional wisdom suggests.

“Today, there remains a predominant reliance on paper communication as opposed to digital communication among a majority of the nursing facilities and assisted living residences participating in this survey,” according to “A Snap-Shot of the Use of Health Information Technology in Long Term Care.”

Fielded in August and September, the survey asked about current and future use of HIT and drew responses from 166 assisted living residences and 916 nursing facilities. The survey found that, proportionally, assisted living residences might be entering the HIT era slightly faster than nursing facilities.

Sixty assisted living residences (36 percent of those responding) said they were doing most of their work on paper. Twenty-eight percent said they were just starting to do more of their work on computers. Thirty-three percent reported doing most of their work on computers. Only three assisted living residences reported that they were fully computerized and beginning to or fully communicating electronically with all their health care partners through a national or regional HIT network.

“While there are efforts among most of the nursing facility and assisted living companies included in this survey to increase their HIT capabilities, clearly, three years from now, the majority of those companies will still be in the

Quality Award Applications Due

AHCA/NCAL has begun processing Quality Award applications for 2007. The deadline for any facility interested in participating in the Quality Award program is March 31, 2007.

Facilities may apply for the awards at one of three levels—Level I, II, and III—each level requires a more detailed and comprehensive demonstration of the facility’s systematic quality processes.

“Winning the AHCA/NCAL Step I Quality Award has given our assisted living residence the determination and dedication to excel in quality,” says Nicolette Merino, vice president of operations, Chelsea Senior Living, Summit, N.J. “Each staff member has dedicated themselves to enhancing the quality of care and services that we provide. This award has given us the opportunity to show the public and our competition how committed we are to our residents, staff, and the overall well-being of the senior population.”

All assisted living facility providers that are members in good standing of NCAL are eligible to participate. To download an application packet, visit www.ahca.org/quality/awardinfo.htm. To order an application packet by phone, call (202) 898-6332.



early stages of transitioning to HIT,” the paper says.

Fewer assisted living residences (17, or about 10 percent of total responses) saw themselves still doing most of their work on paper in three years compared to the 60 residences that said they do so today. Most saw themselves using computers more over the next three years. Twenty-one residences (13 percent) expected to be paperless and doing all work on computers in three years.

Forty-seven residences (29 percent) expected to be completely paperless in three years and beginning to communicate electronically with some of their health care partners. Two residences

(1 percent) expected to be paperless and communicating with all external health care partners in three years.

“A number of national multifacility companies are leading and will continue to lead the HIT transition and, in three years, are expected to be highly sophisticated in their use of HIT,” the study concludes.

The findings were published in a white paper by AHCA’s HIT Committee. The paper cautions that this should be viewed as a “snapshot” and not a comprehensive survey of HIT use because only a small fraction of the nation’s long term care facilities responded, and responses were concentrated in particular states.



How To Contain Norovirus Outbreaks

Outbreaks of the norovirus around the nation are currently striking in hotels, restaurants, and nursing and assisted living facilities, flooding emergency rooms with people who have the highly contagious virus and causing some facilities to be quarantined.

To contain the fast-spreading virus, the Centers for Disease Control and Prevention (CDC) offers some protocols for health care facilities.

Below is a description of the virus symptoms, containment strategies, and the CDC Web site, which maintains more detailed resources.

- *What are noroviruses?* Noroviruses are a group of viruses that cause stomach flu.

- *What are the symptoms?* They include nausea, vomiting, diarrhea, and some stomach cramping. Victims sometimes experience a low-grade fever, chills, headache, muscle aches, and a general sense of tiredness.

In most people the illness lasts for about one to two days.

- *When do symptoms appear?* Symptoms usually appear about 24 to 48 hours after being infected with the virus, sometimes symptoms appear as early as 12 hours after exposure.

- *What treatment is available?* Currently, there is no antiviral medication that works, nor is there a vaccine to prevent infections. The norovirus cannot be treated with antibiotics.

When people are ill with vomiting and diarrhea, they should drink plenty of fluids to prevent dehydration.

Dehydration among the elderly can be common and is the most serious

health effect. By drinking juice or water, people can reduce the likelihood of dehydration. Sports drinks do not replace the nutrients and minerals lost during this illness.

- *Can norovirus infections be prevented?* Person-to-person spread of norovirus occurs by direct fecal, oral, and airborne transmission.

Such transmission plays a role in propagating disease outbreaks, notably in institutional settings such as long term care facilities, restaurants, and cruise ships.

Although interruption of person-to-person transmission can be difficult, certain measures might help.

Preventive Measures

- Frequent hand washing with soap and water is an effective means of prevention.

The recommended procedure is to rub all surfaces of lathered hands together vigorously for up to 10 seconds and then thoroughly rinse the hands under a stream of water.

- Because spattering or aerosols of infectious material might be involved in disease transmission, wearing masks should be considered for persons who clean areas substantially contaminated by feces or vomitus.

- Soiled linens and clothes should be handled as little as possible and with minimum agitation. They should be laundered with detergent at the maximum available cycle length and then machine dried.

- Because environmental surfaces have been implicated in the transmission of enteric viruses, surfaces that have been soiled should be cleaned with an appropriate germicidal product

Consultant Pharmacist Guidelines Developed For Assisted Living

The American Society of Consultant Pharmacists has developed model guidelines that assisted living operators and residents can use to learn about what to expect from consultant pharmacists.

The guidelines are intended to:

- Enable residents of assisted living facilities to receive the medication therapy management services they need to promote their health, functionality, and independence;

- Direct pharmacists who provide consulting and dispensing services to assisted living settings;

- Educate assisted living facilities about services they should expect to receive from consultant pharmacists and the dispensing pharmacy; and

- Educate residents, family members, policy makers, and others about the important role of pharmacy services in the assisted living setting.

To obtain a copy of the guidelines visit, www.ascp.com/resources/policy/upload/ASCPALFGuidelines-092706.pdf.

(for example, a 10 percent solution of household bleach), according to the manufacturer's instructions.

In situations in which the epidemic is extended by periodic renewal of the susceptible population, the facility or institution might have to be closed until it can be cleaned appropriately.

For more information, visit the Centers for Disease Control and Prevention Fact Sheet Norovirus in Healthcare Facilities at www.cdc.gov/ncidod/dhqp/id_norovirusFS.html.



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Develop a Step-by-Step Marketing Plan That Produces Leads and Gets Results.

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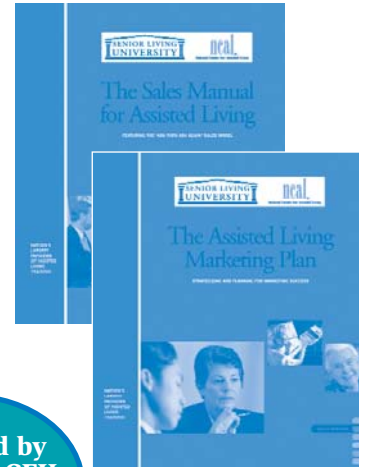
This nationally recognized program offers comprehensive training for assisted living marketing and sales. The self-study course includes two manuals: *The Sales Manual for Assisted Living* (featuring the “Ask then ask again” sales model) and the *Assisted Living Marketing Plan: Strategizing and Planning for Marketing Success*.

Senior Living University, 2004, binder, 222 pages

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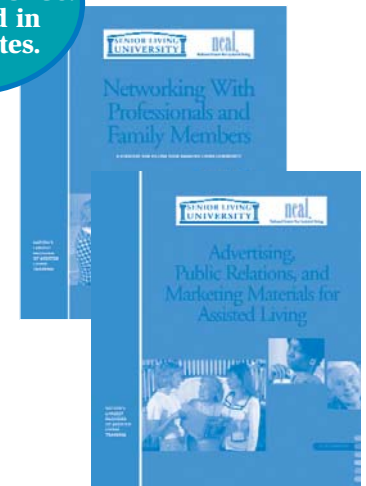
NATIONAL SALES AND MARKETING CERTIFICATION— LEVEL TWO

This national program includes two manuals designed to maximize the marketing and sales function within the senior living community—*Networking with Professionals and Family Members* and *Advertising, Public Relations, and Marketing Materials*.

Senior Living University, 1997, binder, 82 pages

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\$750.01 – \$850.00	\$70.00
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Depression In Assisted Living Common

Geriatric psychiatrists believe depression is a common condition among assisted living residents, according to a recent study undertaken by researchers from the University of North Carolina School of Medicine, division of geriatric psychiatry and neuropsychiatry, and the division of medical psychology, department of psychiatry and behavioral sciences, The Johns Hopkins Hospital, Baltimore.

The study sought to obtain an estimate of the prevalence of depression, associated conditions, and rates of treatment among residents of assisted living facilities located in central Maryland.

Twenty-four percent of the participants were diagnosed with depression. In further analyses, depression was tested in relation to medical comorbidity, need for assistance with activities of daily living (ADLs), more days spent in bed, and less participation in organized activities. After controlling for pertinent covariates, researchers found that only the need for assistance with ADLs remained significantly associated with depression.

In regards to resident treatment, researchers found that 43 percent of those currently depressed were receiving antidepressants and were more likely to receive their medications if they lived in a large assisted living facility. Sixty percent of depressed residents, however, had no regular source of psychiatric care.

The study consisted of randomly selected assisted living facilities in Baltimore and seven Maryland counties. The 196 participants were selected from 22 residences (10 large and 12 small) and had an average age of 86 years, most were female and widowed, and 68 percent met a consensus criteria for dementia.

“In the first clinical study implemented by geriatric psychiatry professionals in [assisted living], depression was found to be common, undertreated, and related to physical burden,” the researchers concluded.

“AL is a rapidly growing segment of long term care and represents an important setting in which to find and treat serious depression.”

Preventing Recurrent Stroke Guidelines Available To Providers

Almost a third of the estimated 700,000 strokes that occur each year in the United States are recurrent strokes, and survivors of strokes and TIA (transient ischemic attack) have a 40 percent chance of having another stroke within five years. The American Heart Association and the American Stroke Association have issued “Guidelines For Prevention Of Stroke,” which shifts from earlier guidelines by recommending that stroke and TIA be treated interchangeably.

To obtain a copy of the guidelines, visit <http://stroke.ahajournals.org/cgi/reprint/37/2/577> or call (800) 242-8721 or write to the American Heart Association, Public Information, 7272 Greenville Ave., Dallas, TX 75231-4596. Ask for reprint No. 71-0339, “Guidelines for Prevention of Stroke in Patients With Ischemic Stroke or Transient Ischemic Attack.”

VA Pension Benefit Available For Long Term Care Services

The Department of Veterans Affairs (VA) is publicizing a little known pension benefit that could help eligible war-time veterans and their surviving spouses obtain financial aid for in-home care, assisted living, and skilled nursing.

Individuals who are already receiving long term care services may qualify for the special monthly benefit called Aid and Attendance.

Among the basic criteria is the inability to feed oneself, or to take care of one’s bodily functions. People who are bedridden or need help adjusting special

prosthetics or orthopedic devices or have physical injuries or mental illness may also be eligible.

To qualify, the war-time veteran must have entered active duty on or after Sept. 8, 1980 (Oct. 16, 1981, for officers) and must have completed at least 24 continuous months of military service or the period they were ordered to active duty. The income threshold for a veteran without dependents is \$18,234 annually. The annual income threshold for a veteran with one dependent is \$21,615, and any additional dependent garners an

increase of \$1,866. The annual Aid and Attendance income threshold for a surviving spouse is \$11,715. If there is one dependent, then the threshold rises to \$13,976, and for each additional dependent another \$1,866 is added.

Applications may be submitted online at www.vabenefits.vba.ba.gov/vonapp/main.asp.

For more information and assistance in applying for the Aid and Attendance benefit call (800) 827-1000 or visit www.va.gov, or contact any local veterans service organization.



AARP Study Shows The General Public Still Believes Government Covers Long Term Care

An AARP study of Americans aged 45-plus shows they know less about long term care and its costs and funding sources than they think they do.

“Our findings show that little has changed regarding public perceptions about long term care services since our original survey in 2001,” wrote Linda Barrett in AARP’s latest report, “The Costs of Long Term Care: Public Perceptions Versus Reality in 2006.” “They underestimate, or simply do not know, what long term care costs. They often think long term care will be covered by public programs when it may not be covered. People may also believe they have long term care insurance when they probably do not,” she said.

According to the findings:

- Sixty percent of Americans aged 45-plus say they are at least “somewhat familiar” with long term care services currently available, including about one in five (21 percent) who say they are “very familiar” with these services. This finding is virtually unchanged since 2001, and it

is still not supported by respondents’ reported knowledge of long term care costs.

These results and others are based on telephone interviews of a representative sample of 1,456 Americans 45 years or older. In addition, 400 people 45 years or older were interviewed at the state level in California, Florida, Ohio, Pennsylvania, and South Carolina.

The report also revealed Americans’ knowledge of long term care costs:

- Fewer than a quarter (23 percent) correctly estimate the monthly cost of an assisted living facility within +/- 20 percent of the correct cost.
- Fewer than one in 10 (8 percent) correctly estimate the monthly cost of a nursing facility within +/- 20 percent of correct cost.
- Twenty-three percent say they don’t know the cost of an in-home visit from a skilled nurse. There is no real cost consensus among those who offer an estimate.

- A substantial portion (21-40 percent) of people who estimated the cost for home care services say their estimate was based on “just a hunch.”

- Twenty-nine percent say they purchased long term care insurance.

The survey also revealed Americans’ knowledge of funding sources for long term care.

- Fifty-two percent incorrectly believe Medicare covers assisted living costs.

- In California, 40 percent incorrectly believe Medi-Cal will defray assisted living costs.

- Nearly half of Ohio’s respondents (45 percent) incorrectly believe Medigap/Medicare supplemental insurance covers assisted living costs.

- About half of the South Carolina respondents (48 percent) incorrectly believe Medicare will pay for assisted living care.

The full report is available at www.aarp.org/research/longtermcare/costs/ltc_costs_2006.html.

Administration On Aging Launches Financial Planning Web Site On Long Term Care

The Health and Human Services Administration on Aging is hoping a newly created Web site will provide consumers with a centralized planning tool for long term care.

The clearinghouse Web site, www.longtermcare.gov, is designed to increase the public’s awareness of the costs of long term care and their potential need for services.

The Deficit Reduction Act of 2005 mandated that the Web site contain objective information to help consumers decide whether to purchase long term care insurance or to pursue other private

market alternatives that pay for long term care. It must also offer information about the availability and limitations of coverage for long term care under Medicaid.

Consumers will find a number of resources, including savings calculators, contact information for programs and services, and real-life examples of how individuals successfully planned for their long term care.

The new Web site also houses information about the government’s Own Your Future education campaign, a joint federal-state initiative designed to

help Americans take an active role in planning for their future long term care needs.

According to the “2006 Overview of Assisted Living,” more than half, or 52 percent, of all residents say they pay for their assisted living costs primarily by themselves, while 33.8 percent say the family is the primary payer. Almost half, or 47.8 percent, of the residents in freestanding assisted living facilities rely on their families.

Only 3.4 percent of the residents used long term care insurance as their primary source of payment.



The Michigan Center for Assisted Living recently elected its board members for 2007. The board members are chair, **Dean Solden** of Solden Development; vice chair, **Margaret Lightner** of Botsford Continuing Care Corp.; secretary/treasurer, **Glenn Wilson** of Botsford Continuing Care Corp.; immediate past-chair, **Paul Ver Lee** of Pine Meadows; directors at large: **Gail Clarkson** of Medilodge; **Scott Clarkson** of The Heritage Assisted Living and Edgewood Retirement Center in Lansing; **Gail Sanderson** of Oak Crest Assisted Living; **Laurie Shepard** of Ingham Regional Assisted Living; **Danelle Tighe** of Colonial Villa; and **Jeffrey Wilcos** of Drews Place Assisted Living.

Deb Choma, a registered nurse and administrator of Shard Villa in Salisbury, Vt., has been named to the executive board of the American Assisted Living

Nurses Association. For the past six years she has been representing residential care and assisted living as an executive board member of the Vermont Health Care Association.

Faun Spencer, owner of Steven's Residence, an assisted living facility in Minnetonka, Minn., has been elected to Care Providers of Minnesota's board of directors. Spencer also serves on the NCAL board of directors.

Idaho Health Care Association has named **Delta Holloway**, chief operating officer for Western Health Care Corp., Boise, Idaho, as the recipient of the Long Term Care Nurse of the Year award. For more than 40 years, Holloway has served as a staff nurse, a director of nursing, an assistant administrator, and a nurse consultant. Western Health Care owns and operates long term care and assisted living facilities in Idaho.

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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.

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