

# FOCUS

*The Source for Business,  
Management, News, and  
Policy Information*

**March 2007**

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## Oregon Senator Promises Introduction Of Part D Co-Pay

An NCAL-supported bill seeking to eliminate Part D co-pays for low-income individuals in assisted living and other residential communities found a Senate champion in Sen. Gordon Smith (R-Ore.), the ranking member of the Senate Special Committee on Aging.

At a recent Aging Committee hearing on how the Medicare Part D program was working for low-income seniors, Smith said, "I plan to reintroduce a bill filed last Congress that creates parity in the cost sharing charged beneficiaries living in nursing homes and assisted living facilities. Current policy waives cost sharing for beneficiaries in nursing homes, but those who live in assisted living and other community-based facilities must pay it. Frankly, I find that unacceptable."

The legislation Smith was referring to is The Home and Community Services Co-Payment Equity Act, originally introduced during the 109th Congress (S. 2409 and H.R. 5907). NCAL has been working with Smith's office on the bill. Smith said his colleagues on the Aging Committee, Sens. Bill Nelson (D-Fla.), Hillary Clinton (D-N.Y.), and Blanche Lincoln (D-Ark.), would be the bill's co-sponsors.

At the hearing was Larry Kocot, senior advisor to the Centers for Medicare & Medicaid Services (CMS) administrator. Smith asked Kocot what CMS could do to eliminate the inequity. Kocot explained that he thought Congress had to pass legislation because of the Medicare prescription drug bill's statutory definition of "institutional."

"For CMS, in the interpretation of institutionalized beneficiaries, it does not include those facilities that you had talked about," Kocot said, CMS is investigating an administrative solution and would report its findings to Smith. Smith acknowledged that he knew the fix required Congress to pass legislation that would

*Bill, continued on page 2*

## 'Legacies Of Love' Selected As Theme For 13th Annual National Assisted Living Week

NCAL, creator of National Assisted Living Week (NALW), has announced the theme for this year's NALW: Legacies of Love.

The week begins on Grandparents Day, Sunday, Sept. 9, and ends Saturday, Sept. 15, 2007. Each year, assisted living providers, residents, families, and caregivers look forward to developing special programming around the theme that the whole community can enjoy.

The assisted living profession is proud of its caregiving legacy of providing individualized, person-centered care that maintains a person's independence, dignity, and right to choose.

Each resident, caregiver, and community has a legacy to share. Legacies can be illustrated through personal stories, traditions, or keepsakes that are passed on to friends, families, and to the next generation.

An NALW planning guide is being developed and will be sent to NCAL's member communities this summer. The guide will contain ideas and products to help assisted living providers plan events.

NCAL recognizes outstanding NALW programming, through its NALW Best Programming Award, which recognizes the program that best integrates residents, caregivers, the community at-large, friends, and volunteers into the week. Representatives of the winning facility will receive the award at AHCA/NCAL's annual convention during the convention's award ceremony.

NALW was created in 1995 by NCAL and is a registered trademark. For more information about previous NALW celebrations, please visit [www.nalw.org](http://www.nalw.org).

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## Traffic Safety Board Clears Sunrise In Bus Fire, Faults Operator And Federal Safety Agency

The National Transportation Safety Board (NTSB) has closed its investigation into the Sept. 23, 2005 motorcoach fire that resulted in the tragic deaths of 23 residents and employees from Brighton Gardens of Bellaire, Texas, during their evacuation from Hurricane Rita. NTSB found that the facility's operator, Sunrise Senior Living, took reasonable action in using a bus broker to obtain the motorcoach operated by Global Limo during the emergency.

NTSB determined that the fire was caused by Global Limo's disregard for regular maintenance, which allowed a right, rear wheel tire hub to become "bone dry." The lack of oil over the wheel's bearings, combined with the movement of the wheel, created friction and heat between the metal parts, which subsequently ignited the tire. In addition, NTSB found that the Federal Motor Carrier Safety Administration's (FMCSA) compliance system also con-

tributed to the cause of the fire.

"Unless there is adequate oversight, I am afraid we will continue to see motorcoach accidents that contribute to the unacceptable number of deaths on our nation's highways," said NTSB Chairman Mark Rosenker.

After the meeting concluded, NCAL asked Rosenker what he would recommend that long term care providers do since providers could not rely on federal safety ratings to ensure motorcoaches were safe for their residents. Rosenker recommended that providers conduct "due diligence" when hiring a motorcoach. Rosenker recommended that providers contact FMCSA and the state to obtain pertinent safety records and most importantly obtain references on the bus operator.

In the Sept. 23, 2005, incident, NTSB found Global Limo systematically disregarded various federal regulations and a host of preventative maintenance procedures. Among the viola-

tions was that Global Limo hired a driver who did not speak English or possess a valid driver's license. Further, Global Limo did not perform drug or alcohol tests on the driver after the accident. Global Limo switched license plates off a registered bus to the bus used during the evacuation. In addition, in a form submitted to the bus broker, Global did not accurately report its violations.

NTSB recommended that FMCSA immediately issue an emergency rule that would strengthen the agency's ability to catch "bad actors," such as Global Limo. However, an NTSB staff member informed the board that it could take up to 18 months to issue a rule.

Rosenker said that overall most motor coaches are safe, but in a recommendation said it wants FMCSA to become more aggressive with its oversight capabilities.

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## Oregon Senator Promises Introduction Of Part D Co-Pay Bill

*Bill, continued from front page*

change the statutory language in the Medicare Modernization Act, the law that created the Medicare prescription drug benefit.

Under the Medicare Part D law, CMS defines institution as a nursing facility, an intermediate care facility for people with mental retardation and developmental disabilities, or an inpatient psychiatric hospital.

NCAL recognized the senator's promise to reintroduce the legislation.

"We thank Senator Smith for his efforts, understanding, and support on this issue," said David Kylo, executive

director of NCAL. "These are elderly citizens who have prescription drug needs similar to nursing home patients, but often are financially unable to afford the co-payments for their Part D prescriptions."

In a statement, Kylo informed the committee that analysis of the Part D co-payment found that by 2008, the number of home- and community-based dual-eligible beneficiaries would be larger than the number of dual-eligibles receiving nursing facility services. The study was completed for NCAL by The Lewin Group.

Last year, NCAL spearheaded a

coalition of more than 35 national organizations representing consumers, health care and long term care providers, geriatric care professionals, pharmacists, and state officials, including long term care ombudsmen, to support the bill. NCAL will continue to push for passage of this legislation.

"We believe that the existing gap in Medicare Part D coverage may well have been a mistake of omission made as policy makers put together this complex legislation and that Medicare Part D needs to be modified so that our frailest dually eligible seniors are treated equally," Kylo stated.



## CCHIT Agrees To Review Long Term Care Health Information Technology Products

The Certification Commission for Health Information Technology (CCHIT) has agreed to expand its scope of work to include products being developed for the long term care (LTC) profession.

The decision came after the American Health Care Association/NCAL, in conjunction with other LTC organizations, persuaded CCHIT, the credentialing body, that LTC businesses needed the assurance that LTC health information technology (HIT) products purchased by LTC providers would comply with established government standards and therefore operate smoothly.

CCHIT expects to begin discussing and developing a certification program for LTC products in July 2007, with a

program launch scheduled for 2008.

A CCHIT report stated the Commission felt that "EHR [electronic health record] adoption in the emergency department and long term care settings had the greatest potential [savings]. Both of these settings consume over \$100 billion in annual health care costs."

"Expanding the use of certified IEHRI for different specialties within the health care community means more patients will have access to better quality care at better value, said Robert Kolodner, interim national coordinator. "This expansion of the certification process will lead to significant improvement in the quality of individuals health care and the overall health of the population."

In 2004, President Bush asked the medical profession to develop EHRs by 2014. He established an Office of the National Coordinator for Health Information Technology. Under a contract with the president's national coordinator, CCHIT has the mission of accelerating the adoption of HIT by creating an efficient, credible, and sustainable product certification program. Use of certified products will be required by all health care providers doing business with the government in the years to come.

AHCA/NCAL worked with the National Association for the Support of Long Term Care, the American Association of Homes and Services for the Aging, and several other stakeholders in preparing the scope of work proposal.

2007

# AHCA-NCAL CONGRESSIONAL BRIEFING

## MAY 9-10, 2007

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[ PRELIMINARY SCHEDULE ]

REGISTER  
TODAY

**MAY 9TH**  
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Featured Congressional Speakers and Briefing  
**6:00 PM**  
Reception at hotel

**MAY 10TH**  
**8:30 – 9:30 AM**  
Advocacy briefing  
**9:30 AM**  
Depart for Hill visits

- Attend briefings where you will gain a comprehensive understanding of the new Congress, the Democratic leadership's agenda, and AHCA/NCAL's legislative goals for 2007.
- Establish new relationships or build upon an existing relationship with Members of Congress from your delegation and their staff. Brief them on the challenges of the new leadership's agenda and how it impacts you and your residents.
- Meet with key congressional decision makers and discuss your long term care experiences and AHCA's legislative agenda.
- Receive advocacy training on "How to conduct a Hill visit" and network with other long term care peers.
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American Health Care Association



National Center for Assisted Living



## Indiana Long Term Care Company Offers Ownership To Employees

For more than 40 years, Miller's Health System has been a family-owned long term care company. While the Warsaw, Ind.-based company will remain privately held by the founders' four surviving children, the company is taking the unique step of offering ownership to its 3,000 employees through an employee stock ownership plan (ESOP).

Miller's Health Systems operates 30 nursing care centers, nine assisted living communities, and hospital transitional units located throughout Indiana.

"Since our parents first began this company in 1964, we've been keenly aware that the dedication and support of our employees were important keys to our success," according to the four Miller children, V. Richard, R. James, Beverly, and Barbara. "Our family believes that the best way to carry on the proud traditions and culture of this company is for our employees to acquire the business through an employee stock ownership plan."

Patrick Boyle, president and chief executive officer, said the ESOP would

be offered to employees in addition to their 401(k) plan, and participation is voluntary. Employees are eligible to participate if they have worked for the company at least one year of service, have completed at least 1,000 hours, and work for 20 or more hours per week.

The Miller ESOP is a trust, which functions as a qualified retirement benefit plan, with the investment being in the company's stock.

An ESOP allows future growth to benefit the company and its employees, and as a transition plan can alleviate some of the concerns that might result from a traditional sale, according to a company statement.

"ESOP's are a great motivator for retention and recruitment of employees," said Boyle. "It's just one more thing our employees can get excited about while working in this great profession."

Research indicates that employee-owned companies grow faster than they would have been expected to

grow without employee ownership and that they are more stable than their counterparts, according to the National Center for Employee Ownership (NCEO) Web site. NCEO is a private, nonprofit membership and research organization based in Oakland, Calif.

At press time, Boyle said the ESOP plan was being finalized. Once finalized, a presentation explaining the

## Deadline Approaches For AHCA/NCAL Quality Award Applications

March 31 is the application deadline for the 2007 AHCA/NCAL Quality Awards.

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.



The application process itself also delivers great benefits, among them:

- Assessing and maximizing your facility's strengths;
- Receiving customized feedback and solutions to improve performance; and
- Increasing your performance management, planning, training, and assessment proficiencies. All assisted living facility providers that are members in good standing of NCAL are eligible to participate.

To download an application packet, visit [www.NCAL.org](http://www.NCAL.org) or [www.ahca.org/quality/awardinfo.htm](http://www.ahca.org/quality/awardinfo.htm). To order an application packet by phone, call (202) 898-6332.

program to employees was being scheduled for each Miller's Health System facility.

"We think our parents would approve of this important decision and that as a succession plan, it's the best way to ensure that the traditions and care standards that the company was founded on will continue for generations," said V. Richard Miller. "The ESOP is a good way to achieve our transition goals and to give back to our employees."

## NCAL Looking For Resident Artwork To Display In Gallery

NCAL and the American Health Care Association (AHCA) recently established a resident art gallery in their Washington, D.C., headquarters and are looking for more artwork to display.

The various art works brighten the halls and walls of the building. NCAL and AHCA are proud to show visitors the beautiful accomplishments of our residents.

Donations should be sent to AHCA/NCAL unframed and accompanied by a short biography of the artist, along with a photo of the artist that could be posted alongside the artwork. If you have any questions or would like to donate, please contact Alexis Starkey at [astarkey@ahca.org](mailto:astarkey@ahca.org) or call (202) 898-6301.

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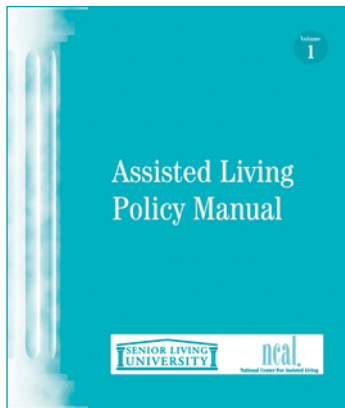
## VITAL POLICY GUIDES FOR RESIDENTIAL CARE PROVIDERS FROM NCAL

### ASSISTED LIVING POLICY MANUAL

This two-volume manual gives small and midsized providers the same policy resources the biggest providers enjoy at a fraction of the cost! Customize forms and policies easily with the bonus CD-ROM. Developed in conjunction with Geriatric Nursing Ventures. Written materials cover the following topics:

#### Activities

- Communications
- Dementia care
- Dining services
- Emergency response
- General
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- Marketing and PR
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- Quality management
- Resident care



Senior Living University, 2003, binder, 1,016 pages

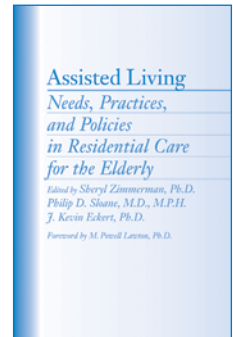
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NCAL MEMBERS \$395.00 NON-MEMBERS \$450.00

### ASSISTED LIVING

#### NEEDS, PRACTICES, AND POLICIES IN RESIDENTIAL CARE FOR THE ELDERLY

Assisted living represents a promising model of long term care that blurs the sharp distinction between nursing homes and community-based care and reduces the gap between receiving care in one's own home and in an "institution." This book examines the evolving field of residential care and focuses on national issues of regulation, reimbursement, and staffing. The book is based on a four-state study of assisted living facilities and describes the facilities, the residents, their needs, and how the services vary by facility. Special attention is devoted to dementia care. Finally, it also focuses on how today's long term health care environment evolved and discusses the future direction and implications of assisted living.



Johns Hopkins University Press, 2001, hb, 344 pages

Product #6941

NCAL MEMBERS \$57.00 NON-MEMBERS \$68.40

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6926	Assisted Living Policy Manual			
6941	Assisted Living Needs, Practices and Policies...			

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\$650.01 – \$750.00	\$53.00
\$750.01 – \$850.00	\$70.00
\$850.01 – \$950.00	\$83.00
\$950.01 – \$1,200.00	\$100.00
\$1,200.01 – \$1,500.00	\$125.00
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## Creating Intergenerational Relationships

Within assisted living, intergenerational activities typically mean residents interacting with young children. Ask what intergenerational activities means to Dean Solden, founder and co-owner of University Living, a 75-unit assisted living residence located near the University of Michigan in Ann Arbor, and you'll discover intergenerational means all age groups and is what is strived for at University Living.

"Intergenerational relationships means having residents interact with people of all ages," says Solden. "I believe that seniors should have relationships with people of all age groups—infants, pre-schoolers, primary, middle, and high school and college age students, and most importantly adults of all ages—young adults, middle-aged adults, and older adults. Real life is intergenerational living. So intergenerational relationships in assisted living should be like real life."

Solden opened University Living in 2001 on the premise that activity programming would capitalize on its proximity to the university. He established a formal relationship with the university's geriatric institute and hired the retiring director, Richard Adelman, to create the programming. Solden originally thought the institute could set up a work-study program for students to perform social research that involved the residents. The idea grew beyond even what Solden had dreamed. "Dr. Adelman and Ted Barss, our administrator, have implemented the mission and program far beyond our expectations."

Students involved in a work-study program are paired with residents and required to participate in twice-weekly discussion groups with the residents. In

addition, students have to spend time with their assigned resident. Over time, close relationships were formed that transcended traditional age boundaries, and participants began to generate their own shared activities. Students and residents are spending their free time together shopping, eating out, sharing secrets, and memories, or planting herb gardens. Both students and residents talk about how the relationship has enhanced their lives. Today, the program is so popular, students outnumber

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*'Residences should focus on three key groups: employees, families, and members of the community.'*

—Dean Solden

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residents. At one point, there were seven different departments involved with University Living.

While University Living benefits from its proximity to a major university, it is not the only way for a facility to begin adding more generations into a facility.

"While every community may not have the human resources of a university to draw from, there are interesting people in every town, doing interesting things that residents would love to hear about," he says. "Once an AL community embraces this concept of enhancing relationships, the ideas flow like a waterfall," he says. "Each community has its own unique people and characteristics and can draw on its own human resources."

Solden says residences should focus on three key groups: employees, families, and members of the community.

Solden encourages employees to share their personal lives with residents.

"Staff have a tendency to compartmentalize their relationships with the resident," he says. "It is natural for some staff to protect themselves emotionally and not get too close to residents. Personally, I encourage staff to open up about their personal lives and form a real relationship. While occasionally a problem may arise if a boundary is crossed, the benefits of employees talking about their children or grandchildren, weddings, and events are a great gift that many employees can give to residents."

Family members also provide a natural treasure trove of activity programming resources. Solden believes family members should be continually encouraged to visit as often as possible.

"We all know when families bring their Mom or Dad to live in an assisted living community, many times the family members withdraw, and can feel embarrassed or awkward getting involved in activities or even personal care. I believe families need to be constantly taught and encouraged from day one to interact more, not less, with their family member."

Further, Solden believes, "the AL community should not replace the entire family caregiving system. While we do most of the caregiving, there is still a place for the family. In fact, the more the family does, the less guilt they have, and the more the resident continues to feel like they are still a part of the family."

One way to involve relatives is to invite family members to give a lecture or casual talk on their profession or their hobby or to lead a book club or discussion group. At University Living, students and residents have discussed

*Generations, continued on page 7*



## President Bush's 2008 Budget Proposal Increases Funding For Assisted Living Conversions

President Bush's 2008 budget plan includes an increase to a Housing and Urban Development (HUD) program that grants funds to nonprofit organizations interested in converting an elderly person's home or apartment into an assisted living unit.

Bush's \$29 trillion budget plan seeks to balance the budget by 2012 and includes about \$50 billion for the Iraq War, yet also proposes to reduce entitlement programs through \$66 billion in Medicare cuts and approximately \$7 billion in Medicaid during the next five years. Congress considers the administration's budget as it begins its own work on the government's 2008 budget.

The administration's proposal continues to expand home- and community-based long term care options for individuals.

Among those budget items supporting this concept was an allocated \$25 million in grants to HUD's Assisted Living Conversion (ALC) program. The ALC program grants nonprofit organizations funds to convert all or part of

existing properties into assisted living facilities. The idea is to enable elderly residents to remain in their homes.

In addition, the administration has allocated up to \$71 million of the grant funds for service coordinators who help elderly residents obtain supportive services while they remain in their homes.

Overall, the 2008 budget allocates \$575 million to the Supportive Housing for the Elderly (Section 202) program, a net increase of \$30 million compared with the FY 2007 request. Section 202 funding for housing for seniors is awarded competitively to nonprofit organizations. The program also offers rental subsidies so that low-income seniors can be included in the program.

While these items target low-income seniors, the president's budget also impacts homeowners with more than \$500,000 in home equity.

The proposal builds on a provision in the Deficit Reduction Act of 2005 (DRA) that prohibits individuals who have more than \$500,000 in home equity from becoming eligible for

Medicaid long term care services.

Currently under the DRA, states have the option to increase the home equity level to \$750,000. The president's proposal seeks to eliminate the state's option to raise the home equity level and caps the level at \$500,000. The proposal would save \$400 million over five years.

Congressional Democrats already have indicated opposition to the cuts to entitlements and other proposals. Congress has a tentative deadline of Sept. 30, 2007, to pass a 2008 budget. Until FY 2008 begins on Oct. 1, 2007, the House and Senate will conduct their own hearings, develop proposals, and negotiate the final bill.

At press time, the Senate had just approved and the president promised to sign the \$463.5 billion omnibus appropriations bill to keep the government operating for the current fiscal year.

For more information about the ALC program, visit [www.hud.gov/offices/hsg/mfh/progdesc/alcp.cfm](http://www.hud.gov/offices/hsg/mfh/progdesc/alcp.cfm).

## Creating Intergenerational Relationships

*Generations, continued from previous page* the Middle East conflict, different religions, spirituality, and books.

Another way to encourage family members to stay and visit is to offer them services, settings, and amenities. Solden says facilities could purchase a big screen television for watching movies and sporting events.

Alternatively, a facility can offer free access to the internet, so relatives could read their e-mails. Establishing a coffee shop or a general store or offering banking services are other ways ALF's can

entice more families to spend time in the community.

Community groups such as the Boy or Girl Scouts, service organizations, and religious groups can be contacted and integrated into some aspect of the assisted living community's daily way of life. For example, after meeting a 70-year-old artist, Solden invited him to deliver a lecture about his life to the residents. The residents became so interested in his work that University Living and the artist developed a series of workshops on art.

The creativity and original programming spurred on by the relationships between resident, staff, family or community member are pathways to more emotionally satisfying and intellectually stimulating relationships, Solden says.

"Living, learning, loving: These usually happen within the context of a relationship. All relationships are intergenerational relationships," he says. "Enhance them and you will dramatically enhance the quality of your residents' lives."



**Gregory Weishar** has been named chief executive officer (CEO) of PharMerica Long Term Care, a new institutional pharmacy business formed by Amerisource Bergen, located in Valley Forge, Pa., and Kindred Healthcare in Louisville, Ky. Weishar was the CEO and president of PharmaCare Management Services, a pharmacy benefit management, mail order, and specialty pharmacy services subsidiary of CVS.

Northland Foundation in Duluth, Minn., has named **Connie Anderson** administrator of Northland Village, a new assisted living community being built in McGregor, Minn. Prior to joining Northland Village, Anderson was the resident services director at Cornerstone Villa in Buhl, Minn. The new facility will open during the spring of 2007.

**Tom Anderson** has been named executive director of Lake Forest Park

Retirement and Assisted Living Community in Fort Pierce, Fla. He has also worked for Classic Residence by Hyatt, Marriott Senior Living Services, Life Care, and Five Star.

My InnerView has announced that **Mary Tellis-Nayak, John Mabry, and Rick Watkins** have joined the Wausau, Minn.-based company. Tellis-Nayak has been named vice president of quality initiatives. Mabry is chief technology officer. Rick Watkins is the company's vice president of business development.

**Brad Cadiere** has been named executive director of HarborChase of Vero Beach, Fla.

The assisted living facility also announced the promotion of **Deborah Scattergood Chastain** to director of community relations and marketing.

**NCAL is the assisted living voice of the American Health Care Association.** *NCAL Focus* (ISSN: 1095-5585) is published monthly by the American Health Care Association (AHCA), 1201 L Street, NW, Washington, DC 20005. Copyright © 2007 by AHCA. Reproduction in whole or in part is prohibited without written authorization from the copyright holder. NCAL or AHCA members' subscription fees are included in membership dues. AHCA is the nation's largest federation of assisted living, nursing facility, and subacute providers. AHCA has 48 affiliated organizations, together representing nearly 12,000 individual facility members.

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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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