



FOCUS

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NCAL Announces Satisfaction Survey Initiative

Dear NCAL Members:
NCAL is proud to announce a strategic partnership with My InnerView to provide the profession with reputable, independent measurement of customer satisfaction in assisted living.

NCAL believes in providing high-quality services and care. As part of that belief, NCAL's Board of Directors determined that satisfaction surveys play an important role in delivering quality. Discussions around quality have to be centered on the needs of the residents and the workforce that meets those needs. Having reputable data to support our voice is critical to the success of our profession. Building a national database capable of producing a national report centered on customer satisfaction in assisted living communities is essential in order to have the greatest impact in the public policy arena.

NCAL leaders spent a considerable amount of time in 2007 evaluating numerous options available for assessing how quality in the assisted living sector is to be measured. This effort revolved around the importance of measuring customer and employee satisfaction in a uniform, reputable, and consistent way across the spectrum of assisted living communities, while ensuring that the needs of the customer remain front and center throughout that assessment.

After interviewing a number of companies, My InnerView was selected to be NCAL's data partner. In addition, MyInnerView is already working with many assisted living providers. My InnerView's Satisfaction Surveys have been designed specifically for assisted living providers with input from residents, family members, managers, and leading researchers in the field. Conducting focus group discussions with current assisted living customers on a periodic basis provides useful information for assessing evolving industry practices. My InnerView conducted focus groups during fall 2007

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Caregivers Should Be Designated Priority Group During Pandemic Flu, Says NCAL/AHCA

NCAL and the American Health Care Association (AHCA) have asked the U.S. Department of Health and Human Services (HHS) that the nation's entire long term direct care workforce be a priority for receiving an influenza vaccine in the event the United States is hit with pandemic flu.

Currently under the HHS draft Pandemic Influenza Vaccine Prioritization Guidance plan, only 25 percent of the long term care workforce would be inoculated in the event of a pandemic.

In the event of a pandemic, the country will not have enough vaccine to inoculate everyone. HHS is developing a priority list to determine which groups should receive vaccinations. HHS' top objective for this plan is "to protect those who are essential to the pandemic response and provide care for persons who are ill."

Yet according to AHCA/NCAL, the current plan fails to meet this goal.

"To meet this objective, all LTC [long term care] direct health care workers should be [a priority]," wrote Bruce Yarwood, president and chief executive officer of AHCA/NCAL. "While I am concerned that our residents are not a higher priority, I am even more concerned that so few LTC staff fall under tier 1."

Tier 1 is the category for groups of individuals considered the most important to receive the vaccination.

Protecting only 25 percent of the direct caregiving staff would not be a sufficient amount of workers to take care of residents and patients. In addition, most residents are elderly, thereby more likely to become infected. According to the Centers for Disease Control and Prevention, the mortality rate of seniors from an influenza pandemic is likely to be 11 times higher than the general population. This statistic bolsters AHCA/NCAL's reasoning that more health care workers must be vaccinated.

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to see how well existing measures of assisted living customer satisfaction correspond with areas of importance identified by current residents and families in a wide range of assisted living communities across the country. Customer satisfaction has long been recognized as a key indicator of quality in assisted living.

Importance Of NCAL/MIV Partnership

Through this partnership, NCAL members are encouraged to use My InnerView's national survey that has been developed to measure customer and employee satisfaction in assisted living communities. By listening to the voices of our customers and employees, providers will have the ability to:

- Evaluate the satisfaction of their customers in the context of comparable peers;
- Benchmark their performance against the best-in-class providers with the ability to drill down to providers of similar size, state, or specialty;
- Understand how their practices drive their customers' satisfaction;
- Understand how management practices impact employee satisfaction and commitment; and
- Design a road map based upon solid data in order to improve customer and employee satisfaction.

By understanding what matters most to customers and employees, providers are better able to prioritize and focus their efforts in order to create environments that maximize satisfaction.

Additionally, satisfaction survey

data can provide providers with critical information about the loyalty of their customers and employees in terms of how they would recommend their community to others. With assisted living providers facing increased competition in their communities, ensuring positive word of mouth is essential for long-term financial performance.

Bottom Line: Our profession must define its product before others define it for us.

This definition must be based on value to the customer and the quality of service and care they receive. My InnerView's Satisfaction Surveys provide the profession with reputable, independent measurements of its ability to provide a quality product based on that definition.

NCAL encourages all members to learn more about this initiative and get involved in order to give the profession a unified voice and move the profession forward along the quality journey. NCAL has secured special rates for participating members. For more information, contact Julie Flaig Smith at (952) 426-5543.

In addition, two Webinars will be hosted by NCAL and My InnerView to explain the process, the benefits, and the opportunity for NCAL members to get involved.

The Webinars are scheduled for Feb. 22 at 11 a.m. Eastern Standard Time (EST) and March 6 at 1 p.m. EST.

For more information about these Webinars, log on to My InnerView's Web site at www.myInnerView.com or call (715) 848-2713.

Regards,

Howie Groff
NCAL Chair

Patricia Giorgio
Chair of NCAL's Quality Committee



Upcoming AHCA/NCAL Sessions To Focus On 'Going Green'

Independent owners and not-for-profit providers will find valuable information at the AHCA/NCAL Annual Leadership Conference, March 13-14, in Scottsdale, Ariz. Participants will experience two full days of information sessions, workshops, and opportunities to network with other long term care professionals, as well as earning up to 12 CEUs.

One session in particular, "Going Green in Your Facilities," is designed to help assisted living and nursing facility owners understand the concept of being environmentally friendly by outlining no-cost changes to begin the "going green" process and how those changes will have a positive impact on the environment.

Register online by Feb.18, 2008, and save \$75 off the standard member rate! Don't miss this outstanding educational and networking opportunity for assisted living and other long term care operators and owners.

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"More of our workforce must be vaccinated – both as a protection to the residents and so that there is a full workforce to take care of what could be a very, very ill population," Yarwood wrote.

The letter is posted on www.ahca.org.



Sunrise Senior Living Changes Top Financial Management Team

Sunrise Senior Living removed three chief financial officers after an independent committee found “inappropriate accounting” occurred during 2003 through 2005.

The McLean, Va.-based company reported its Special Independent Committee of the board of directors had finished the “fact-finding portion” of an investigation into whether its directors or officers had known about accounting errors prior to Sunrise’s May 2006 announcement about an accounting review, according to the company.

As a result of the Special Independent Committee’s findings, the company’s board of directors announced the immediate separation of Thomas Newell, president since 2000. Also let go were Larry Hulse, chief executive officer of Sunrise’s insurance captive since August 2005 and its chief financial officer from April 2000 to August 2005; and Carl Adams, the company’s treasurer since November 2005 and former chief accounting officer from 2000 through November 2004.

“The entire senior finance team that was in place during the years covered by the pending restatement is

now no longer with the company,” according to the Sunrise statement. Richard Nadeau, who joined Sunrise in 2007, is the new chief financial officer, and Julie Pangelinan is the new chief accounting officer. Pangelinan joined Sunrise in April 2006.

The Special Independent Committee was formed in December 2006 in response to Service International Employees Union’s allegations.

The allegations included insider stock sales, questionable accounting procedures, and improbably timed stock option grants.

Sunrise then announced it would have to reissue financial statements that could reduce its profits by \$130 million for 1999 through 2005.

Sunrise also reported it will file a 2006 annual financial report that includes restatements for 2004 through 2006 by March 17, 2008 – the New York Stock Exchange deadline for Sunrise to maintain its public listing status.

Sunrise Senior Living operates 454 communities in the United States, Canada, and Europe.

Assisted Living Concepts Expands Private-Pay Base

Assisted Living Concepts (ALC) has announced it completed a \$14.4 million purchase for the assisted living operations of Cara Vita, a Roswell, Ga.-based company.

The purchase increases the Menomonee Falls, Wis.-based company’s geographic reach and private-pay residents. ALC ranked No. 6 in Provider’s 2007 Top 40 Assisted Living Chains survey.

“We are truly excited about adding the CaraVita operation to our portfolio,” said Laurie Bebo, ALC’s chief executive officer, in a company statement. “Additionally, [these communities] enhance our private-pay mix, occupancy levels, and geographic diversification into highly desirable markets.”

The state locations and number of residences are Alabama, 1; Florida, 1; Georgia, 5; and South Carolina, 1; and are currently 92 percent occupied with all private-pay residents. The properties are under a long-term master lease agreement with Ventas Realty, with an initial term through March 2015 and three five-year renewal options.

ALC is an operator of U.S. assisted living residences. ALC and its subsidiaries operate 216 residences with a resident capacity of more than 9,000 residents in 20 states.

Capital Senior Living Buys Hearthstone Senior Services

Dallas-based Capital Senior Living (CSL) recently announced a \$35 million buyout of Hearthstone Senior Services’ leases for 32 assisted living and dementia care facilities, according to a company statement.

The sale is expected to be completed during the second quarter of 2008 and will increase resident capacity by 40 percent, expand Capital Senior Living into four new states, and nearly double the company’s revenue.

CSL had been ranked No. 14 in Provider’s 2007 Top 40 Assisted Living Chains survey.

CSL reported that the acquisition of Hearthstone’s leases with NHP, a health care real estate investment trust, would increase resident capacity by 3,800, bringing Capital’s total resident capacity to about 13,300. A majority of the leases would build on Capital’s existing facilities and expand the CSL brand into four new states: Alabama, Georgia, New Mexico, and Tennessee.

“This transaction would increase

our communities under management from 64 to 96,” said James Stroud, CSL’s chairman. “Annualizing year-to-date results, combined revenues are expected to grow by 54 percent, to nearly \$290 million.”

CSL will make a payment of \$35 million plus closing costs to acquire the lease interests. About 13 years remain in the initial term of the leases from the expected closing date of the transition, and the leases may be renewed for two additional 10-year terms at the company’s option.



Ice Storm Tests State and Facility Emergency Preparedness Plans

Assisted living residences in Kansas were able to test their emergency preparedness plans when ice storms hit, cutting off the power supply and causing a few residences to evacuate.

In Topeka and Manhattan, Kan., two Midwest Health assisted living residences were on standby for the call to begin the evacuation from their Vice President of Operations Joe Perkin.

While Perkin was working the phones obtaining up-to-date weather information, the power to the Manhattan building went out.

The staffs swung into action, notifying family members to see if they wanted to pick up residents, and planning the evacuation of the remaining residents. The company's owner Jim Klausman had reserved 135 hotel rooms for residents as a backup if the initial evacuation site was not available. The plan was working beautifully.

While Midwest Health emergency preparedness plans were working, Perkin struggled to get an answer from the power company about when power would be restored. He kept getting conflicting answers depending on whom he spoke with: The power could have been restored anywhere from two days to one week.

Perkin made the decision to evacuate. The Manhattan, Kan., assisted living residence did not have a generator.

Evacuation meant relocating the residents to a sister skilled nursing facility, which was across the street. The nursing facility had a generator and could house all the residents comfortably and temporarily.

The residence's staff had full knowledge of the emergency plan procedures, with direction from Executive Directors Sandra Hoffman and Susan Reed. Extra staff was on hand to help. They went through checklists of things to do, which

included collecting a couple days' worth of each resident's clothing, extra medication, and administrative and medical records.

In Kansas, long term care facilities are trained to contact their local emergency preparedness office, says Cindy Luxem, executive director of the Kansas Health Care Association. Perkin says they contacted the county's local emergency preparedness office, and it delivered the extra cots to Midwest's facility.

Key Lessons Learned

1. *Locate a nearby facility to evacuate to.*

2. *Coordinate closely where extra residents would be housed.*

3. *Make sure the location will be warm enough for residents.*

4. *Ensure there is enough room for all residents.*

5. *Make sure drivers or transportation will be available.*

6. *Establish an emergency contact person with the power company.*

7. *Establish an emergency contact person at the local preparedness office.*

Midwest Health owns its own buses with wheelchair ramps, and the drivers were onsite after being notified to come to work by the company.

As residents boarded the buses, employees made sure they were kept warm with extra blankets and coats. Staff accompanied them on the bus ride to make sure their trip was as comfortable as possible.

By 8 p.m., the residents were settled into their temporary quarters. After getting the residents situated in Manhattan, and dealing with another evacuation in the Topeka area, Perkin received the call that the power in the AL was back on.

"At first we were going to have the resident stay," says Perkin. "But the residents were dissatisfied with the comfort of their temporary cots." So before anyone could move back into the assisted living residence, Perkin, with input from Sandra Hoffman, made sure the building was warm enough, and the whole team reversed the process.

Thanks to the caregivers, no residents were hurt during the evacuation or on the return trip. When the storm ended, Perkin, the owner of Midwest Health, and the other vice presidents held a meeting to discuss lessons learned in the process. One action item determined in the meeting was to have a central contact person at the power company to communicate with during the power outages.

In this instance, while everything the residence could do worked, there are still lessons to learn.

"The challenge here was we weren't getting good time estimates from the power company's customer service," says Perkin. "You can have an emergency plan, but you're always going to learn something from actually doing it," he says.

"The main thing that came out of this experience for me, was how wonderfully our staff responded. They were there with a moment's notice and stayed until everything was done."





Raising The Bar For Managing Meds In Assisted Living

Symposium Participants Look To Person-Centered Care

Medication use among residents of assisted living facilities has reached critical mass, according to the nearly 80 assisted living providers, advocates, consumers, researchers, and policy experts who gathered recently in Washington, D.C., for a day-long symposium on the issue.

According to recent research, assisted living residents now utilize medications at nearly the same rate as nursing facility residents – a fact that is not surprising given the rising acuity level within this sector of long term care.

The critical nature of this revelation, coupled with the fact that regulatory oversight of assisted living varies from state to state, prompted the Center for Excellence in Assisted Living (CEAL) to sponsor the Jan. 31 symposium.

Obstacles

Dave Kylo, executive director of the National Center for Assisted Living (NCAL), and current CEAL chair, laid the groundwork for lively discussion of the issues by introducing the results of a recent informal poll of assisted living facilities that revealed some of the most pressing challenges facilities face with regard to medication management: difficulty reaching physicians and nurse practitioners (NPs), timely delivery of medications, and appropriately trained staff.

Also playing an active role in the discussions was NCAL Chair Howie Groff, president of Tealwood Care Centers, Bloomington, Minn., who moderated a panel discussion on dispensing, administration, and prescribing of medications.

New Research

The results of a separate

medication management research study, conducted by Susan Reinhard, MSN, director of the Washington D.C.-based AARP Public Policy Institute, revealed that more than 77 percent of the residents needed assistance with medication.

According to Reinhard, the study, which entailed the observation of medication administration processes within 15 facilities in four states, showed that the residents took an average of 13 total medications, as well as an average of 10 routinely and three PRN (as needed).

In addition, among all of the facilities, there was an error rate of nearly 30 percent, although none of the errors were highly likely to cause severe harm, said Reinhard. Indeed, the majority of errors (71.3 percent) entailed administering the medications at the wrong time.

As Reinhard pointed out, however, passing out medications in the facility-mandated time frame revealed a larger issue of a deficiency in person-centered care delivery.

“The prescriber doesn’t care what time the resident receives the medication. It’s usually the facility that makes that decision,” she said.

“This doesn’t make sense from a person-centered point of view.”

Reinhard also observed that the presence of physicians and NPs on site made a difference in the appropriateness of medications, resident assessments, problem solving, and overall health management of the residents.

Staff Training

NCAL board members Deb Choma, RN, and Pat Giorgio provided their perspectives on a panel discussion that focused on the training

of medication aides.

When asked to identify the most important components of training for such aides, the panelists emphasized proper charting and documentation, medical terminology and pharmacology, and the value of recognizing staff as an integral part of the medication team.

Choma, who is a nurse administrator and trainer, noted that she provides trainees with a “cheat sheet” containing medical and pharmacological terminology. “I also ask pharmacists to come in for an in-service with staff,” she said.

Giorgio, who is president of Evergreen Estates in Cedar Rapids, Iowa, suggested that mistakes be used as learning opportunities. “In addition, staff should be trained to learn what’s normal and what’s not normal – so they know when they need to call for help,” she said.

“Reporting near misses is as important as reporting errors,” asserted Ethel Mitty, Ed D, RN, clinical professor of nursing at the John A. Hartford Institute of Geriatric Nursing, New York University, New York City.

Although it is not uncommon for staff to feel reluctant about reporting errors, Mitty suggested that “acknowledging staff for doing something right could motivate them to come forward if they do something wrong.

Person-Centered Care

Much of the participants’ discussion centered on person-centered medication management – individualizing the administration and prescribing of medications to fit the lifestyle and health care needs of the residents.

Although Giorgio conceded that

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ensuring such an individualized care is a challenge, “resident rights are the crux of what we do,” she said.

And while she acknowledged that the company must answer to regulators, “we must always be safe,” she said.

Brandy Toivonen, a medication aide and memory care coordinator with Springridge Court in Wilsonville, Ore., noted that she strives hard for person-centered care in her community.

“It boils down to really knowing the resident and discussing [medications] with the family before admission,” she said.

Dispensing, Prescribing, Administration

By breaking down the three key components of medication management – dispensing, evidenced-based prescribing, and administration and documentation – participants were able to identify recommendations and possible solutions for each component.

The groups hammered out recommendations that address family and staff education, improved communication between physicians and staff, more rigorous training of medication aides, and the identification of systems that foster reduced errors, preservation of functionality, and access and availability.

Additional recommendations included more consistent utilization of consultant pharmacists, streamlining pharmacies that serve facilities, standardization, and the introduction of a value proposition.

Recommendations aimed at improving and fostering evidence-based prescribing included educating residents and families about what information they should bring to their physicians, such as medications, the medication administration record, over-the-counter medications, and all replicable documents.

CEAL plans to compile the final recommendations and compose a white paper on the issue.



Five Star Quality Care Appoints Bruce Mackey Jr. As President And CEO

Five Star Quality Care has announced the appointment of Bruce Mackey Jr. as its president and chief executive officer (CEO), replacing Everett Benton, who announced that he is stepping down as CEO effective May 1, 2008.

Mackey, 37, has served as treasurer and chief financial officer (CFO) of Five Star since it became a publicly owned company in 2001.

Prior to joining Five Star, Mackey held various finance positions at REIT Management and Research, a provider of management and administrative services to Five Star.

Mackey will replace Everett Benton, 59, who is leaving Five Star to assume important responsibilities with the Church

of Jesus Christ of Latter-day Saints. Benton served as Five Star's president and CEO since it first became publicly owned in 2001.

During his tenure at Five Star, Benton managed the growth of Five Star from a relatively small operator of 54 skilled nursing facility with annual revenues of about \$229 million into one of the largest providers in the country of the full spectrum of rehabilitation and senior living services, currently operating two rehabilitation hospitals, 62 outpatient rehabilitation clinics, 49 skilled nursing facilities with 4,400 beds, 117 assisted and independent living facilities with 14,000 living units, and six institutional and mail order pharmacies. Five Star currently has profitable operations producing annual revenues of approximately \$1 billion.

Benton will work together with Mackey during a transition period through May 1, 2008.

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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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