



FOCUS

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Assisted Living Taking Many Paths To Going Green

As president of the resident council at The Colony at Eden Prairie, Minn., Kathleen Hult has raised the ecological consciousness of her fellow residents.

People are bringing reusable containers to the dining room to use for leftovers. They are using their own thermal mugs for coffee instead of the community's disposable cups. Discussions during resident council meetings always examine residents' own behavior to find opportunities for change to a greener alternative. The Colony's staff use ceramic mugs and dishes when serving meals to residents in their rooms.

In Arizona, an assisted living community began going green with a recycling program and installed Energy Star-rated appliances. Another community replaces incandescent bulbs with compact fluorescents.

Assisted living communities across the nation are going green and are undertaking a variety of approaches.

In New Jersey, Juniper Communities President and Chief Executive Officer Lynne Katzmann explains a new Green Trail program symbolized by frog stickers located on the walls. The frog stickers prompt residents to consider the green principle being used at that particular location.

Juniper Communities' green efforts are considered among the most sophisticated in the country, says Lori Tarke, a national trainer with the Green Care Centers Association.

The Juniper Communities, headquartered in Bloomfield, N.J., has a full-time employee, Richard Ottens, responsible for managing resources and interior design. Juniper has built several green assisted living buildings, and its existing communities use green cleaning supplies and compact fluorescent lighting, purchase supplies locally as often as possible, and use low-volatile organic compound (VOC) paints and carpets. Styrofoam has been elimi-

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CEAL Publishes Medication Management White Paper

The Center for Excellence in Assisted Living (CEAL) recently published its white paper on medication management in assisted living, revealing plans for promoting the use of greater person-centered delivery of medication through the use of electronic medical records, educational efforts, and recommendations for a redesigned system.

CEAL's report, "Medication Management in Assisted Living," summarizes the proceedings of its medication management symposium held this past January and reports on recommendations and approaches CEAL would undertake in the future.

The symposium highlighted the challenges providers face regarding medication management, including difficulty reaching physicians and nurse practitioners, timely delivery of medications, and appropriately trained staff. Participants agreed that assisted living communities with mandated time periods for administering medications did not support the profession's principle of person-centered care.

The report reveals strategies CEAL plans to undertake for 2008, which include a role in promoting health information technology and electronic medical records, hosting a medication management Webinar, and developing a pocket medication guide for unlicensed assistive personnel.

NCAL board members and staff participated in the event, and their comments are included in the report.

The report includes recommendations reflecting a person-centered care approach.

"Collectively, these recommendations reflect a person-centered systems approach to preventive medication

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nated, and a hydrogen-fueled van at one of the centers transports residents. Juniper had the van retrofitted by Ford and then built a hydrogen filling station for the van.

Why is Juniper dedicated to all the sustainable practices in its buildings?

“Healthier, more natural environments designed for sustainability are part of our commitment to the community and to being a socially responsible company,” says Katzmann. “We care about our seniors, our employees, and the environment.”

Like its fellow assisted living community, The Colony in Eden Prairie, Minn., Juniper and many other assisted living communities have joined the green movement and increased their participation. Tarke says three factors—a failing economy, rising energy prices, and increased awareness about global warming—have contributed to more communities applying green principles to their operations.

For those communities that don’t have a green program, Tarke suggests beginning a recycling program for aluminum, plastic, paper, and ink cartridges from computer printers. Communities can contract with a waste management firm to pick up the recycling. If that is too expensive for the community, Tarke suggests contacting a local school and having school children come over and collect the recyclables, which can be redeemed for money.

Another step communities can take is creating a “green team” of staff and residents to develop a mission statement and begin examining ways to reduce energy usage. The team can contact local utility companies and ask for an energy audit. Once the audit is completed, the green team can establish which goals to implement to lower energy usage and promote behavioral changes

FIVE STEPS TO BEGIN GOING GREEN

1. Create a recycling program for paper, ink cartridges, aluminum, etc. Select a waste management provider or contact a local school to collect the recyclables.
2. Purchase Energy Star-rated products. Visit www.energystar.gov to learn what products are available.
3. Create a “green team,” and through an in-service establish a mission statement.
4. Change to low-flow aerators for faucets and showerheads and install low-flow toilets.
5. Change the light bulbs to compact fluorescents.

—Green Care Centers Association

among residents and staff.

For those communities that need to budget money for going green, Tarke has a few suggestions. Nonprofit companies about to purchase new software programs for their computers can visit Techsoup.org and get programs for nominal fees from the manufacturers. About 340 programs from Adobe, Microsoft, and others are available on the site. The savings can be used to purchase new Energy Star-rated appliances. The Energy Star Web site also offers information on tax credit and rebate programs. One community had its chef bake pies to raise money to purchase Energy Star appliances. Oftentimes, utility companies will donate light bulbs or aerators. “All you have to do is ask and do some research,” Tarke says. “There are plenty of available resources.”

More companies than ever are offering sustainable or green products. Going green also means using non-toxic chemical cleaners. For example, Direct Supply has a Green Operations program that offers cleaning chemicals that

contain no carcinogens, low VOCs, are biodegradable, and are not harmful to the skin or eyes.

Juniper Communities eliminated the use of bleach and other harsh chemicals by using a product called H2 Orange 2, a hydrogen peroxide cleaner used in varying strengths to sanitize and clean surfaces. Katzmann says Juniper works with the product manufacturer to train janitorial staff on how to use it.

Using green cleaners minimizes the exposure of fumes to cleaning staff and residents.

“Healthier environments mean healthier, longer, and better-lived lives,” says Katzmann. “If people see your commitment to this kind of detail, they are going to feel that you are going to pay attention to taking care of them or their parents.”

Web Site Resources:

- Energystar.gov
- Techsoup.org
- Greencarecenters.com



2008 Assisted Living Quality Award Winners Announced

AHCA/NCAL announced that 341 long term care organizations were recipients of its prestigious Quality Awards for 2008. These communities demonstrated an extraordinary commitment to quality care for the nation's seniors and individuals with disabilities.

The awards consist of an entry level Step I Award, a more rigorous Step II Award, and a final Step III Award that mirrors the Baldrige National Quality Award criteria.

This year 315 facilities will be recognized with the Step I Award, 23 will receive the Step II Award, and three facilities will be recognized for reaching the highest level of performance excellence, Step III.

A total of 647 applications were received from four categories of long

term care providers in 47 states.

Assisted living facilities named as this year's recipients of Step I Awards have demonstrated their ability to develop a profile of their mission, services, environment, stakeholders, and resources. They are adept at initiating improvement and measuring results.



Step I

The following 13 assisted living residences earned a Step I Award in 2008.

- Benedict Court, Dickinson, N.D., Benedictine Health System
- Berkshire Commons Assisted Living Community, Reading, Pa., Genesis HealthCare
- Birchwood Arbors, Forest Lake, Minn., Tealwood Care Centers/Covenire Care
- Country View Senior Living Community, Walnut Grove, Minn.,

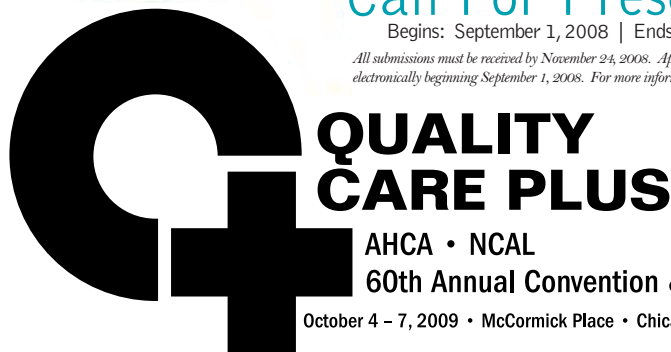
Tealwood Care Centers/Covenire Care

- Eastwood Assisted Living, Roanoke, Va., a Friendship Retirement Community
- Hearthstone at Murrayhill, Beaverton, Ore., Hearthstone Management Services
- Heritage at Dover, Dover, Del., Genesis HealthCare
- Heritage Green Assisted Living, Lynchburg, Va.
- Mifflin Court Assisted Living, Shillington, Pa., Genesis HealthCare
- Rose View Court, Williamsport, Pa., Genesis HealthCare
- Sterling Park Commons, Waite Park, Minn., Tealwood Care Centers/Covenire Care
- Temperance Lake Ridge Senior Housing, Sherburn, Minn., Tealwood Care Centers/Covenire Care

Call For Presentations

Begins: September 1, 2008 | Ends: November 24, 2008

All submissions must be received by November 24, 2008. Applications should be submitted electronically beginning September 1, 2008. For more information visit www.ahcaconvention.org.



QUALITY CARE PLUS

AHCA • NCAL
60th Annual Convention & Expo

October 4 - 7, 2009 • McCormick Place • Chicago, IL

The American Health Care Association and National Center for Assisted Living are seeking presentations from professionals in long term care. Presentations should focus on practical applications, insights, success stories, and inspiring ideas that you can share with your colleagues in the Professional Development Seminars at our 2009 convention to be held in Chicago, IL, October 4 - 7, 2009. We are looking to showcase the best and the brightest minds in the long term care profession.

You are invited to submit a seminar proposal for consideration. The focus for the AHCA/NCAL 2009 convention program will include content that supports our mission of care to the long term care community. Don't miss this opportunity to share your expertise with other professionals.



- The Colony at Eden Prairie, Eden Prairie, Minn., Tealwood Care Centers/Covenire Care

Step II

The Step II Quality Award recognizes organizations that have previously received a Step I Quality Award and are able to describe the approaches that are systematically used and deployed to address important elements of the core values and concepts of the Baldrige criteria. The Step II assisted living award winner is:

- The Orchards at Bartley, Jackson, N.J.

To view all 2008 Quality Award winners, visit http://www.ahcancal.org/quality_improvement/quality_award/Pages/default.aspx.

Senate Committee Passes Anti-Arbitration Bill

The Senate Judiciary Committee recently approved the Fairness in Nursing Home Arbitration Act (S 2838), a bill that would effectively eliminate the use of pre-dispute arbitration in assisted living, nursing facilities, and other long term care settings.

Sens. Orrin Hatch (R-Utah) and Tom Coburn (R-Okla.) voiced their concern and opposition to the bill. In a separate action, NCAL and AHCA led a coalition effort to oppose passage of the bill by sending a letter to Judiciary Committee Chairman Patrick Leahy (D-Vt.) and Ranking Member

Arlen Specter (R-Pa.). “The genuine protection of residents and their rights involves allowing them to exercise freedom of choice and the ability to pursue all options in resolving legal disputes—not limiting choice,” says David Kylo, NCAL’s executive director.

With this opposition, it is unlikely that the bill would be brought to the Senate floor for a vote before the end of this congressional session. It is also unlikely that the companion House bill would go before the full House for a vote before Congress adjourns for the year.

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management interventions for all [assisted living] stakeholders to consider,” the report says.

The recommended system redesign would focus on the following six principles:

- Advocating for consistency in medication management regulation across states;
- Improving training of unlicensed assistive personnel;
- Streamlining documentation for greater efficiency and accuracy, in part through increased use of electronic health records;
- Standardizing medication packing specific to the assisted living industry;
- Advocating for greater use of consultant pharmacists, physicians, nurse practitioners, and physician assistants on campus, including possible development of preferred provider networks; and
- Promoting professional development of registered nurses to optimize their understanding of the

assisted living philosophy and to emphasize the importance of their role in medication management.

The report reinforced the need for individualized care.

“Individualized medication management plans are needed to allow tailoring of appropriate-as-needed medications and polymedicine, based on an individual resident’s needs and [available] staffing. The plans would be based on a resident’s decision-making capacity, competency, medical needs, and lifestyle choices. Proper communication of the plans to all involved stakeholders through electronic medical records is necessary,” the report says.

According to the report, “The growing number of older persons who can no longer manage their medications and the many factors described previously make proper medication management—prescribing, dispensing, administering, and monitoring—in [assisted living] vitally important to ensure appropriate, effective, and safe medication.”

“As a nurse administrator working in assisted living, I was impressed with

the outcome of the CEAL Medication Management Symposium,” says Deb Choma, an NCAL board member, registered nurse, and administrator of Shard Villa in Vermont. “The discussion and education shared among participants—pharmacists, health care prescribers, providers—has given me a wealth of new knowledge and a broad spectrum of ideas that I have shared with my colleagues and staff.”

Another NCAL board member, Pat Giorgio, administrator and owner of Evergreen Estates, in Cedar Rapids, Iowa, says CEAL’s Medication Symposium presented “an opportunity for a professionally diverse group of people sharing a common goal—excellence in assisted living—to contribute their perspectives.”

“In this setting, we learned from a wide variety of insightful people, who were working together to bring about excellence in assisted living,” says Giorgio, who chairs NCAL’s Quality Committee.

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

Make the Process of Medication Management Easier to Swallow.

Medication Management In Assisted Living "The Medication Pass"

This DVD demonstrates best practices for assisting residents with different types of medications, with emphasis on professional medication delivery that maximizes choice and dignity for the resident. The DVD demonstrates best practices for observation, delivery, and documentation of medications with real-life examples.

Product #6939D
NCAL Members \$80.00
Non-Members \$95.00



Administering Medications the Right Way

This manual incorporates state-of-the-art principles that support training for both professionals and noncertified staff. The book covers special situations, obtaining medications, and the documentation, recording, and storage of medications as well as administering medications. The manual primarily focuses on the administration of oral medications with a description of all other routes available in the reference section of the manual.

The training manual reproduces pages from the student manual and gives helpful hints and teaching techniques in the margins. The appendices include all the tools a trainer needs for student practice and testing, including a final exam with answer key, and course outlines for teaching within various time schedules.

Student Text
Product #6880
Price: \$24.95

Instructor's Manual and CD with PowerPoint® slides to supplement Instructor's Manual
Product #6881
Price: \$93.95

Medication Training for Assisted Living

This comprehensive manual covers:

- The caregiver's role in medication assistance
- Monitoring resident health and medication use
- Preparing to assist with medications
- Assisting with medications
- Assisting the diabetic resident
- Reporting medication assistance
- Medication storage, disposal, and inventory
- Care concepts

Product #6919
NCAL Members \$110.00
Non-Members \$125.00



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How To Handle A Reasonable Accommodation Request: Fair Housing Act

Assisted living communities may have policies that prohibit pets, require pet deposits, or set an age restriction for their residents and live-in aides. Those policies, however, may need exemptions or waivers when a resident requests a reasonable accommodation.

An assisted living community that explores making reasonable accommodations for residents under the Fair Housing Act and the Americans with Disabilities Act can protect itself from discrimination lawsuits based on disability, says attorney Robin Dale of Lane Powell, a law firm operating in Alaska, Idaho, Oregon, and Washington.

The Department of Justice (DOJ) and the Department of Housing and Urban Development (HUD) are jointly responsible for enforcing the federal Fair Housing Act, which prohibits discrimination in housing on the basis of race, color, religion, sex, national origin, familial status, and disability.

Disability discrimination is the refusal to make reasonable accommodations in rules, policies, practices, or services when such accommodations may be necessary to afford a person with a disability the equal opportunity to use and enjoy a dwelling, according to DOJ/HUD.

The Fair Housing Act applies to assisted living, residential care, independent living, and continuing care retirement communities, and its broad definition of disability covers many residents, since a majority of assisted living residents have at least one medical condition, Dale says.

Therefore, in general, assisted living residents are entitled to a reasonable accommodation.

According to Dale, the legal definition of a reasonable accommodation is “the exception, change, or modification of a rule, policy, procedure, program, or service when such accommodations may be necessary to afford an individual with a disability the same and equal opportunity to use a dwelling.”

Among the highest incidence of discrimination cases Dale sees are those involving service animals, age requirements for live-in aides, and transitions in care levels.

‘When faced with a fair housing issue such as a reasonable accommodation...think about what the community can do to keep the resident living in or allow the resident to move into the community.’

—Robin Dale

He recommends assisted living communities consider waiving no-pet policies, pet deposit requirements, and age requirements for live-in aides. These actions would modify the community to allow the individual with a disability to have the same opportunity as an individual without a disability to either remain in or move into the assisted living community.

There are four instances, however, when a reasonable accommodation is not required. But providers should carefully consider, on a individual case basis, the following factors if they are going to refuse an accommodation on the basis of its not being reasonable. Under the act, a reasonable accommodation is not required when:

- It would impose undue financial or administrative burden;
- It would fundamentally alter the nature of the program;

- It would be structurally unfeasible for the provider; or

- The individual is not disabled.

If a provider is going to refuse a request, DOJ/HUD recommends that the provider discuss with the requestor whether there is an alternative setting that would effectively address the requestor’s disability needs without a fundamental alteration to the provider’s operations and that doesn’t impose an undue financial and administrative burden. While providers can make a suggestion of an alternative setting, the requester is not obligated to accept the alternative setting if the requester believes that setting does not meet the individual’s needs and the preferred requested accommodation is acceptable.

The Fair Housing Act also governs how a provider should proceed in verifying an individual’s disability. Generally, the Fair Housing Act prohibits providers from inquiring about the nature and the severity of an individual’s disability. In response to a reasonable accommodation request, a provider may not ask for the requester’s full medical records.

According to DOJ/HUD, when an individual has requested a reasonable accommodation, providers should only seek information that is necessary to evaluate the reasonable accommodation’s need based on the individual’s disability.

“When faced with a fair housing issue such as a reasonable accommodation,” Dale recommends that providers adopt an accommodating viewpoint. “Think about what the community can do to keep the resident living in or allow the resident to move into the community.”

For more information about the Fair Housing Act, go to www.hud.gov/offices/fheo/library/huddojstatement.pdf.



Questions Answered About NCAL Customer And Employee Satisfaction Initiative

Earlier this year, NCAL announced a strategic partnership with My InnerView (MIV) in order to provide the profession with reputable, independent measurements of customer and employee satisfaction throughout the assisted living profession. So far, more than 519 members have signed up and are currently participating in the initiative.

By the end of December 2008, the goal is to have 925 assisted living providers participating. For those members currently not participating, now is the time to get involved.

The investment attached to this initiative is minimal, especially when considering the actionable, organization-specific data providers receive as a benefit of participating. The average assisted living community can survey its customers for less than \$250 a year. This investment

covers all of the processing, data-management, and report-building capabilities an annual survey cycle provides. It also allows users to benchmark with their peers using the largest benchmarking database available to the senior care pro-

'Assisted living providers touch many lives, and they all have an important voice. Do you know what they are saying?'

—My InnerView

fession. Additionally, MIV delivers actionable online reporting capabilities that allow users to drill down into their data and receive a clear picture of what matters most to their customers and employees.

This initiative is turnkey, meaning once the names and mailing addresses of customers are supplied, MIV manages the process, simplifying it for the provider. The mailing, collection, and analysis of data are handled completely by MIV. This enables users to focus on the daily operations of their organizations, but still have the opportunity to listen to the voices of their customers and employees.

Additionally, MIV's online report tools were designed for providers, by providers. Therefore, the Web-based tools are easy to use and developed with an understanding of the daily demands of a senior care provider. Providers don't need or have the time to spend hours sorting through spreadsheets or trying to understand complicated numbers. The reports are delivered electronically, are easy to

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Quality of orientation reflects on perception of staff competency

Voice of employees

Average score on orientation

Bottom 10% of communities

41

Middle 80% of communities

59

Top 10% of communities

74

Voice of families

Average score on competency of staff

Same communities

63

Same communities

79

Same communities

92

Results are based on family respondents' rating of the community on "the competency of staff" and employees' rating on "the quality of new staff orientation."

Source: Assisted living family and employee satisfaction surveys conducted in 2007 by My InnerView Inc.





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read, and gather the data and information that matters most to senior care organizations.

Research shows that customer and employee satisfaction drive performance. By understanding what matters most to customers and employees, providers can begin to see clearly how their customers and employees drive an organization's performance.

The evidence-based data generated through this initiative can supply 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 from other communities, ensuring positive word of mouth is essential for long-term financial

performance of the community. The profession must define its product before others define it for the profession. This definition must be based on value to the customer and the quality of service and care they receive.

MIV's Satisfaction Surveys provide the profession with reputable, independent measurements of its ability to provide a quality product based on that def-

inition. 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.

To learn more or to participate in this initiative, contact *My InnerView* at www.myinnerview.com or call *My InnerView's* Julie Flaig Smith at (952) 697-2252.



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