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Feds Release First National Assisted Living Survey

Recently, federal researchers released initial findings of the first-ever nationally representative study of assisted living/residential care facilities and residents—officially titled the “2010 National Survey of Residential Care Facilities.” This is the largest study of the assisted living profession ever done by the federal government.

The Centers for Disease Control and Prevention’s National Health Care Statistics conducted the data collection in an effort to gather information about the characteristics of residential care buildings and their residents.

Perhaps most significant was evidence of the growth of Medicaid’s role in assisted living. The study found that 19 percent of residents received Medicaid funding, and 43 percent of facilities had at least one resident receiving Medicaid assistance. Key findings also include the following:

- In 2010, there were 31,100 residential care facilities (RCFs the study’s term for assisted living), with 971,900 licensed beds nationwide. (Facilities exclusively serving adults with severe mental illness or developmental disabilities were excluded from the survey.)

- About one-half of RCFs were small facilities with four to 10 beds. The remainder comprised medium facilities with 11 to 25 beds (16 percent), large facilities with 26 to 100 beds (28 percent), and extra-large facilities with more than 100 beds (7 percent).

- One-tenth of all RCF residents lived in small RCFs, and a comparable 9 percent lived in medium facilities, while the majority resided in large (52 percent) or extra-large (29 percent) RCFs.

- Larger RCFs were more likely than small RCFs to be chain-affiliated and to provide occupational

therapy, physical therapy, social services counseling, and case management.

The study found that RCFs were most commonly located in the Western region of the country (42 percent of all RCFs) and least commonly located in the Northeast (8 percent). In the West, there were 245 beds per 1,000 persons aged 85 and older, compared with 131 beds in the Northeast, 164 beds in the South, and 177 beds in the Midwest.

Thirty-seven percent of residents were receiving assistance with three

19%

of residents received Medicaid in assisted living

Demonstrate Quality: Complete Two Online Surveys

NCAL encourages members to spend a few minutes to complete two online surveys as part of its third annual Performance Measurement Initiative.

The two online surveys are the Performance Measures Survey and the Employee Vacancy, Retention, and Turnover (VRT) Survey.

The goal of these surveys is to produce reports that convey to consumers and policymakers the

assisted living profession’s commitment to delivering quality care to residents.

The Performance Measures Survey includes questions about how providers evaluate their quality of life and services in nine areas of operation. This year, NCAL’s Quality Committee added nine questions about workforce. Most of the questions require “yes” or “no” responses and should take participants 15 minutes to complete.

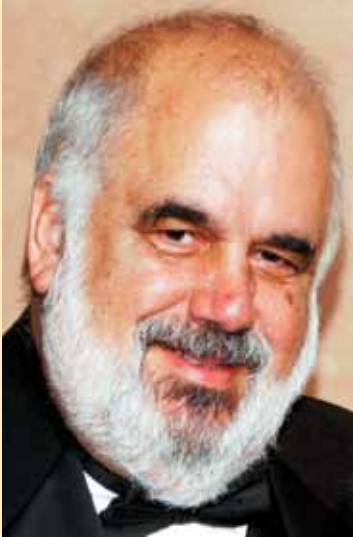
The VRT Survey focuses on one performance measure—staff reten-



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LETTER FROM THE CHAIR



Michael Shepard, NCAL Chair

Dear Member:

It is an honor and privilege to serve as your Chair for 2012. While Congress grapples with the country's economic issues, NCAL is prepared for any policy or regulatory challenges that arise.

As I write, NCAL waits for the Centers for Medicare & Medicaid Services to issue a final rule on home- and

community-based settings that might block assisted living from participating in state Medicaid 1915c waiver programs. Last year, NCAL and many of its members submitted comments opposing the proposed rule. NCAL stands ready to fight any rule that prevents assisted living's participation in Medicaid.

On the quality front, NCAL has an aggressive agenda. No other national association is taking such a cutting-edge approach to developing a performance measurement program providers can use to benchmark their operations that can also be understood by consumers or policymakers. I urge you to complete the Performance Measures and the Employee Vacancy, Retention, and Turnover surveys found on NCAL.org. The data you provide will become reports that demonstrate your commitment to quality, person-centered care.

The Affordable Care Act is changing Medicare payments through Accountable Care Organizations (ACOs) and bundled payments. These changes impact assisted

living operations because most residents are Medicare beneficiaries. Simply, a good patient outcome produces a better reimbursement for a Medicare provider. Hospitals and physicians—your referral sources—are going to become focused on care coordination, outcomes, rehospitalizations, and data after their patients return to your assisted living community. NCAL is working to ensure that you thrive in this new environment. In addition to policy analysis and member tools provided on our website, NCAL will design education programs on how to reduce rehospitalizations for common conditions affecting the elderly.

I hope you will attend the inaugural 2012 NCAL Spring Conference focused exclusively on risk management for assisted living being held at the Royal Sonesta hotel in New Orleans March 13 to 14, 2012. This unique conference will help you understand how to reduce your exposure to common risks we all face. Please join us!

Most importantly, I want to meet you at the Spring Conference, the Congressional Briefing in July, or any other event we hold. I want to hear about how NCAL can best serve you and learn about how you make assisted living special for your residents. I want to be sure that you are maximizing your member benefits, because the more you participate, the better NCAL becomes.

Sincerely,

A handwritten signature in blue ink that reads "Mike Shepard". The signature is fluid and cursive, written in a professional but personal style.

Mike Shepard
NCAL Chair

Study Identifies Key Groups Of Medications Causing Hospitalizations Of Elderly

With almost 100,000 annual emergency hospitalizations for adverse drug reactions in adults aged 65 years or older, a recently published study shows a small group of blood thinners and diabetes medications are responsible for two-thirds of those hospitalizations, according to the Centers for Disease Control and Prevention (CDC).

“Blood thinners and diabetes medicines often require blood testing and dosing changes, but these are critical medicines for older adults with certain medical conditions. Doctors and patients should continue to use

these medications but remember to work together to safely manage them,” says Dan Budnitz, MD, MPH, director of CDC’s Medication Safety Program.

Almost half (48.1 percent) of these hospitalizations occur among adults 80 years or older, and two-thirds (65.7 percent) of the hospitalizations were due to overdoses, according to CDC’s study, published in the *New England Journal of Medicine*.

The four medications used alone or together are:

- 14 percent involved insulin, used to control blood sugar in people who have diabetes.

- 33 percent, or 33,171 emergency hospitalizations, involved warfarin, a medication used to prevent blood clots.
- 13 percent involved antiplatelet drugs, which prevent platelets or pieces of blood cells from clumping together to start a clot.
- 11 percent involved diabetes medications that are taken by mouth, called oral hypoglycemic agents.

“These data suggest that focusing safety initiatives on a few medicines that commonly cause serious measurable harms can improve care for many seniors,” Budnitz says. ♦



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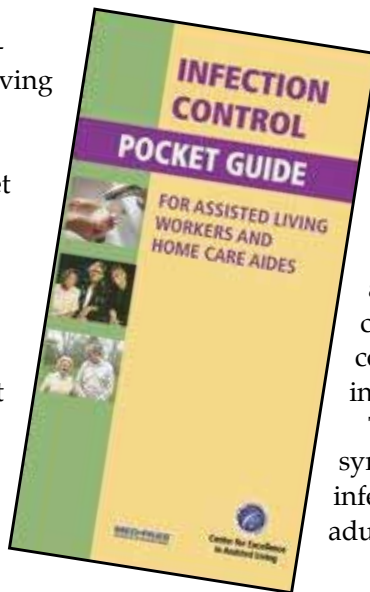
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Infection Control Pocket Guide Available

The Center for Excellence in Assisted Living (CEAL) and MED-PASS have developed an easy-to-understand pocket guide that provides information about infection control for frontline caregivers in assisted living and home-care settings.

Infections are a frequent and common cause of sickness and death in older adults. This user-friendly pocket



guide provides important information about common infection issues encountered in assisted living and home care and about practices that can prevent and control the spread of infections.

Typical signs and symptoms of common infection in older adults and the causes

and treatments are covered. Also included in the guide are employee health issues such as vaccinations, needle sticks, and exposure to infections as well as equipment and environmental infection prevention and control practices.

For more information about this pamphlet, visit med-pass.com, and enter code: MP5049GD. Or call MED-PASS customer service at (800) 438-8884.

A Spanish version of the pamphlet is also available; request item number MP5049GD-S. ♦

Assisted Living Survey *continued from page 1*

or more activities of daily living. The study also found the following prevalence of common chronic conditions among residents, with half having at least three chronic conditions.

- High blood pressure – 57 %
- Alzheimer's disease or other dementias – 42 %
- Heart disease – 34 %
- Depression – 28 %
- Arthritis – 27 %
- Osteoporosis – 21 %
- Diabetes – 17 %

The survey also revealed services offered by nurses. Thirty-nine percent of facilities provided skilled nursing services by registered nurses or licensed practical nurses, and 13 percent of residents received these services.

The provision of skilled nursing services did not vary by facility size, while the provision of occupational and physical therapy increased with the size of facility.

A data brief describing key facil-

ity characteristics is available at www.cdc.gov/nchs/data/data-briefs/db78.htm.

Researchers from the National Center for Health Statistics also released facility and resident public-use data files.

A data brief describing resident characteristics is scheduled to be released in March 2012.

The survey collected data on residential care providers, their staffs and services, and their current residents. Interviews were completed with 2,302 facilities, and data were collected on 8,094 sampled residents. Residents were not interviewed for the study.

Researchers reported very healthy response rates: 81 percent for facility data and 99 percent for resident data.

A methods report providing a full description of the survey methodology and data collection can be accessed from http://www.cdc.gov/nchs/nsrcf/new_nsrfc.htm. ♦

Online Surveys

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tion. The VRT requires providers to insert numbers related to staff vacancies, retention, and turnover.

The Performance Measurement Initiative was established in 2010 to help the profession assess and improve the quality of care and quality of life for residents in assisted living.

Data collection for these two surveys will close on Monday, April 2. NCAL will analyze the data and produce reports to provide benchmarks for residents, family members, state and federal policymakers, and providers alike.

Individual provider data submitted are confidential. The data will be used in aggregate form only, without any identifying information.

These surveys are located on NCAL's website, NCAL.org, under the "Be Heard" section. If you have any questions, contact Shelley Sabo at ssabo@ncal.org. ♦

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Toolkit Available To Protect Seniors From Being Scammed

An Otsego Place resident was in a rush to get to the grocery store in Storm Lake, Iowa. When stopped by a community staff person, he said he needed to wire \$25 dollars in order to get his \$25,000 cash winnings. Another time, a credit card company called a female resident asking for her Social Security number. The caller told her there were suspicious charges to her credit card.

Debbie Klatt, administrator of Otsego Place, received several of these reports from her residents when she realized that scammers were systematically calling the telephone numbers of her residents with various scam scenarios and asking for money. She immediately issued a community-wide memo warning residents not to talk to the scammers.

"We instructed them to hang up. Then contact me or their son or daughter," Klatt says. "It was truly amazing. The residents have their own individual telephone numbers through two different phone companies. It was like the scammers had a list of numbers. We don't publish a directory. We do have a list of their names and apartment numbers for the security system in the front entrance," she says.

Whether the scammers used the security list or not, scams against the elderly are on the rise in the United States. More than 7.3 million older Americans—one out of five adults over the age of 67—have been victimized by a financial swindle, according to a recent survey completed by the Investor Protection Trust, a Washington, D.C.-based nonprofit organization.

Older adults comprise 12 percent of the U.S. population but represent 35 percent of all fraud victims, according to USBoomers.com. Seniors above the age of 85 are at the highest risk for financial abuse, according to the National Council on Aging (NCOA). Residents of assisted living communities can be targeted since the average age of a resident is 86.9 years old. Financial abuse is committed by both strangers and family

members through common and in many cases age-old scenarios.

Seniors are particularly vulnerable, and the con artists know it. Seniors are more likely to have savings, own their own home, and have good credit. In addition, people who grew up during the 1930s, 1940s, and 1950s were taught to be polite so they have a hard time saying "no" or hanging up the phone. These seniors are also less likely to report the crime, according to the Federal Bureau of Investigation. In addition, seniors' cognitive capabilities can be diminished

by medications or dementia.

Awareness is the main form of protecting seniors from these types of crime.



Top 10 Scams Targeting Seniors

1. Health Care/Medicare/Health Insurance Fraud
2. Counterfeit Prescription Drugs
3. Funeral & Cemetery Scams
4. Fraudulent Anti-Aging Products
5. Telemarketing
6. Internet Fraud
7. Investment Schemes
8. Homeowner/Reverse Mortgage Scams
9. Sweepstakes & Lottery Scams
10. The Grandparent Scam

Source: NCOA

Recently, NCOA developed “Steps to Avoiding Scams,” a toolkit designed to educate seniors about how to protect themselves from financial abuse and scams. The toolkit was developed so that a 60-minute presentation could be delivered by a facilitator. The toolkit consists of a training guide and fully scripted Power Point presentation for workshop facilitators.

NCAL suggests first reviewing the presentation slides and the script because it is written for seniors living in their own homes. Information in the kit includes

the top 10 scams, tips to avoid scams, and resources for reporting scams. There is also a handbook for distribution to seniors or other workshop attendees.

Although the scam calls to Otsego Place residents have slowed down, Klatt reports that, unfortunately, the man rushing out to the grocery store was injured.

Helping seniors be on the lookout is the goal of the NCOA toolkit, which is part of its Savvy Saving Seniors Initiative. The initiative also published a financial education toolkit for seniors. ♦

Resources

“NCOA: Steps To Avoiding Scams” toolkit on the Savvy Saving Seniors page
<http://bit.ly/vbfKkS>

Stop Telemarketing Calls
www.donotcall.gov
 1 (888) 382-1222

Prevent Online Fraud
www.guardonline.gov

FBI’s Task Force On Seniors
www.fbi.gov/scams-safety/fraud/seniors

Stop Medicare Fraud
www.stopmedicarefraud.gov/reportfraud.html

Online Alzheimer’s And Dementia Training, Certification Available To Caregivers

The Alzheimer’s Association and HealthCare Interactive have created an online training and certification program called CARES for caregivers and other staff members.

The program consists of two parts: Cares: Dementia Basics, and Cares: Dementia Advanced Care. CARES stands for: Connect with the Person, Assess Behavior, Respond Appropriately, Evaluate What Works, and Share with Others.

Dementia Basics consists of four one-hour training modules covering the basics, such as what is person-centered care, the changes that happen to thinking skills as dementia progresses, how those changes impact behavior, and how to understand behavior as communication. Dementia Basics is targeted for direct care staff—certified nurse assistants (CNAs), nurses, social workers, administrators—but also contains valuable information for other facility employees such as receptionists and dietary, laundry, housekeeping, transportation, and security staff. One of the modules

teaches the CARES Approach.™ Dementia Advanced Care consists of six one-hour modules. This program gives users advanced training in dementia education by covering specific topics and concerns like making a connection, eating, pain, wandering, falls, and eliminating restraints.

Like CARES Dementia Basics™, this program uses a wide variety of exercises and video activities with real CNAs, staff members, families, and people with dementia. It incorporates advanced training in the CARES Approach throughout each of the advanced care modules.

Completion of Dementia Basics includes certification in the Alzheimer’s Association’s essentiALZ. To receive Alzheimer’s Association essentiALZ Advanced certification, participants must first complete CARES Dementia Basics and be certified in Alzheimer’s Association essentiALZ.

For more information, visit: hcinteractive.com/CARES. ♦

Phoenix Site Of Conference On Long Term Care And The Law

NCAL is pleased once again to announce its sponsorship of the upcoming American Health Lawyers Association (AHLA) annual "Long Term Care and the Law Conference," taking place in Phoenix, Ariz., at the Arizona Biltmore, from Monday, Feb. 27, through Wednesday, Feb. 29, 2012.

AHLA's 2012 annual program includes an individual educational track for assisted living, nursing facility, and home health attorneys and providers.

As a co-sponsor of the conference, NCAL is able to offer its members discounts. Non-attorney members will receive a special discounted rate of \$550, and NCAL in-house counsel will receive a special discounted rate of \$690. Under this offer, NCAL members who write "NCAL non-attorney member or in-house counsel" on their registration forms will receive the respective discounted rate.

Register now at www.healthlawyers.org/Events/Programs/2012/Pages/LTC12.aspx! ♦

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