

News Currents

In Brief

Candidates: LTC Essential To Health Care Reform

Top Aides Respond To Specific Questions

As Election Day draws near, presidential hopefuls Sens. John McCain (R-Ariz.) and Barack Obama (D-Ill.) are attempting to sway voters in their favor with last-minute pitches to address the most important issues of the day. Unfortunately,

McCain's top policy aide, Douglas Holtz-Eakin, an economist who served as director of the Congressional Budget Office from 2003 to 2005, explained that McCain would reform Medicare by appointing a commission of experts, including members of

Congress from both sides of the aisle. When asked how such a commission would add to recommendations already put forth by similar entities like the Medicare Payment Advisory Commission (MedPAC), Holtz-Eakin noted that it would be done "so that it is given an up or down vote"—similar to the way Congress dealt with military base realign-

ments and closures. "MedPAC never gets a vote—that's the biggest difference," he said.

According to Obama advisor Sen. Claire McCaskill (D-Mo.), the principles that he would apply to his universal health care plan would also apply to Medicare in terms of cost savings.

"Digitalization of medical records and all the overhead that is...engrained in the silos of profit in our health care system—well, the same problems apply to the Medicare program," she said.

In addition, Obama advocates cut-

OIG Compliance Guidance Released

Building on voluntary compliance program guidelines set in 2000, the Department of Health and Human Services Office of Inspector General (OIG) issued supplemental guidance for nursing facilities in a Sept. 30 *Federal Register* notice.

The guidelines cover a variety of topics, from quality of care and submitting accurate claims to following antikickback laws.

"In today's environment of increased scrutiny of corporate conduct and increasingly large expenditures for health care, it is imperative for nursing facilities to establish and maintain effective compliance programs," the notice says. "These programs should foster a culture of compliance and a commitment to delivery of quality health care that begins at the highest levels and extends throughout the organization."

OIG said the guidelines intend to decrease error, fraud, and abuse and increase quality of care at nursing facilities. It acknowledged that many facilities have compliance programs in place but suggested that providers can use these guidelines to update or refine their established plans.

"This guidance should be used as a starting point for a nursing facility's legal review of its particular practices and for development or refinement of policies and procedures to reduce or eliminate potential risk," OIG said.

—Suzanne Struglinski



In the spin room in Nashville, reporters watch the debate on televisions and await the arrival of campaign spokespeople.

although the two candidates have ranked health care as one of their highest priorities, neither has given long term care much public attention.

At press time, however, immediately following the second presidential debate in Nashville, *Provider* was able to obtain further explanations about the candidates' plans to rein in Medicare spending and address long term care. Aides for both camps were on hand in the media "spin room" just after the Oct. 7 face-off at Belmont University.

ting \$15 billion a year from the Medicare Advantage program, McCaskill said. "He's willing to cut those profits and save money for taxpayers to be applied to places we need it."

Although she was unable to give ➤

specifics about the fate of skilled nursing facilities under his proposal, McCaskill indicated that Obama supports a “fair rate of reimbursement” for physicians. “We don’t have to take this out of the skin of providers,” she said.

As for long term care, McCaskill said that Sen. Obama supports an “entire spectrum of care.”

But according to an AARP voter guide survey, Obama believes the “long term care system is heavily biased toward institutional care—even though most people would rather stay at home—and the quality of that care is often poor.”

Also speaking for Sen. Obama, Debbie Wasserman-Schultz (D-Fla.) said long term care would be part of his universal health care plan. “I represent a state where that’s so incredibly important,” she said. “Long term care



As the Nashville debate closes, reporters converge at the front of the media spin room to nab interviews with Obama and McCain campaign advisors. Campaign staff hold placards identifying campaign spokespeople.

is one of the biggest issues, one of the most difficult problems that we’re struggling to solve.”

Long term care is an essential part of McCain’s health care reform plan, according to Holtz-Eakin. “Obviously, this is something that will become increasingly important as time goes on. That’s where one of the home-based care initiatives [that McCain supports]

will deal with that.”

According to a Kaiser Family Foundation analysis of the candidates’ plans, McCain favors the expansion of state-based initiatives such as the Program of All-Inclusive Care for the Elderly and Cash and Counseling.

Although Obama ranks health care, including reining in Medicare and Medicaid spending, as a top priority, he will have to prioritize, Wasserman-Schultz noted. “We’re going

to roll our sleeves up and focus on getting each of those things done—all of which should be a priority—but you have to choose which goes first,” she said. “If we do everything at once [as Sen. McCain suggested during the debate], we’re just nibbling around the edges, which is what we’ve been doing for years.”

—Meg LaPorte and Suzanne Struglinski

Stock Check

PROVIDERS	Symbol	Where Traded	Current Price 9/30/08	Adjusted P/E Ratio	Change From 1/1/08	52-Week Range High	52-Week Range Low	PROVIDERS	Symbol	Where Traded	Current Price 9/30/08	Adjusted P/E Ratio	Change From 1/1/08	52-Week Range High	52-Week Range Low
Skilled Nursing								REITs							
Advocat	AVCA	NASDAQ	\$4.98	8.0	-55%	\$12.54	\$2.86	Care Investment Trust	CRE	NYSE	\$11.48	5.9%	7%	\$12.74	\$8.79
Ensign Group	ENSG	NASDAQ	\$17.09	7.3	19%	\$18.39	\$7.50	Health Care Property Investors	HCP	NYSE	\$40.13	4.5%	15%	\$42.16	\$26.80
Kindred Healthcare	KND	NYSE	\$27.57	8.6	10%	\$33.25	\$17.35	Health Care REIT	HCN	NYSE	\$53.23	5.1%	19%	\$53.98	\$39.25
National HealthCare	NHC	AMEX	\$47.12	7.2	-9%	\$55.75	\$42.75	Healthcare Realty	HR	NYSE	\$29.15	5.3%	15%	\$32.00	\$22.02
Skilled Healthcare Group	SKH	NASDAQ	\$15.89	9.4	9%	\$17.17	\$9.83	LTC Properties	LTC	NYSE	\$29.32	5.3%	17%	\$31.17	\$20.89
Sun Healthcare Group	SUNH	NASDAQ	\$14.66	8.1	-15%	\$18.78	\$11.72	National Health Investors	NHI	NYSE	\$34.18	6.4%	23%	\$35.00	\$27.00
Assisted/Independent Living								Nationwide Health Properties							
Assisted Living Concepts	ALC	NYSE	\$6.37	10.0	-15%	\$10.07	\$5.05	NHP	NYSE	\$35.98	4.9%	15%	\$39.99	\$27.22	
Brookdale Senior Living	BKD	NYSE	\$21.99	13.1	-23%	\$41.70	\$14.06	Omega Healthcare	OHI	NYSE	\$19.66	6.1%	22%	\$19.66	\$14.65
Capital Senior Living	CSU	NYSE	\$7.60	10.7	-23%	\$10.12	\$6.32	Senior Housing Properties Trust	SNH	NYSE	\$23.83	5.9%	5%	\$25.21	\$18.01
Emeritus Assisted Living	ESC	AMEX	\$24.90	15.8	-1%	\$33.38	\$13.29	Universal Health Realty	UHT	NYSE	\$38.90	6.0%	10%	\$39.30	\$29.75
Five Star Quality Care	FVE	AMEX	\$3.75	9.1	-55%	\$10.20	\$3.17	Ventas	VTR	NYSE	\$49.42	4.1%	9%	\$52.00	\$37.84
Sunrise Senior Living	SRZ	NYSE	\$13.79	N/A	-55%	\$39.70	\$12.91								

Quotes courtesy of www.seniorcareinvestor.com, Norwalk, CT (203) 846-6800

(1) Adjusted P/E=(market cap + total debt + capitalized leases = cash)/annualized EBITDAR based on the most recent quarter.

The rate used to capitalize the leases has been changed from 12.5% to 10.0% effective 1/31/06 to better reflect market conditions

Assisted Living Goes Green

Sustainable Practices Considered Vital To High-Quality Care

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.

The Colony's staff use ceramic mugs and dishes when serving meals to residents in their rooms. Discussions during resident council meetings always examine residents' own behavior to find opportunities for change to a greener alternative.

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 designated a full-time employee to manage resources. 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 eliminated, and a hydrogen-fueled van at one center transports residents.

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.

Like its fellow assisted living community, The Colony in Eden Prairie, Juniper and many other assisted living communities have joined the green movement and increased their partici-

pation. 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. ➤



Congress Shifts Focus To Economic Bailout

At press time, the economic meltdown on Wall Street had forced Congress to shift much of its attention to the \$700 billion bailout bill, which passed in early October.

This left the economic stimulus bills, which include increases in the Federal Medicare Assistance Percentage (FMAP) in limbo until Congress would come back for a session after the November election.

The House approved a stimulus bill, which targets \$14.4 billion in Medicaid funds to states in tiers on the basis of economic conditions, but the Senate did not get enough votes to consider its version of the bill. The Senate legislation contains \$19.6 billion in Medicaid funds through a temporary 4 percent increase in the federal share to all states for 15 months beginning Oct. 1, 2008.

But President Bush said he would veto the bill based on several provisions, including the FMAP funding. A Sept. 26 Statement of Administration Policy said the increase "will not stimulate the U.S. economy, but instead shift additional costs from state governments to the federal taxpayer."

"FMAP rates are not an appropriate tool to influence short-term economic developments," according to the administration.

"Instead they are designed to implement a statutory formula using per capita income and other economic factors to share the health care burden between the state and the federal government. As a result, the federal government already pays well over half of the cost of states' Medicaid programs."

—Suzanne Struglinski

Residents To Get Digital TV Coupons

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 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 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.

Often times, 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, such as biodegradable cleaning chemicals that contain no carcinogens, low VOCs, and are not harmful to the skin.

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.

“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.”

—Lisa Gelhaus

Long term care residents now qualify for one \$40 coupon from the U.S. government to pay for a television converter box, based on rules published in the *Federal Register* Sept. 19, 2008. Facilities themselves cannot apply for the coupon.

Since January, the government has been accepting applications for the Digital-to-Analog Converter Box Coupon Program to help households purchase a device needed to continue to get television programming after stations convert to a digital-only format on Feb. 17, 2009.

The new rules change the eligibility criteria for the coupons, which initially did not allow long term care residents to qualify, forcing their applications to be denied. The rules now apply to residents of nursing and assisted living facilities and intermediate care facilities for individuals with developmental disabilities.

But the National Telecommunications and Information Administration (NTIA), under the Department of Commerce, which proposed the rule change in April, “recognizes that our nation’s seniors, including those residing in nursing homes and other senior care facilities, constitute a vulnerable community that may rely on free, over-the-air television to a greater degree than other members of the public.”

The American Health Care Association and National Center for Assisted Living suggested several changes to the proposed rule that NTIA accepted.

Facility administrators or friends and family members may apply for the coupon on the resident’s behalf and will not have to supply their Social Security number or other personal

information as was suggested in the proposed rule. Administrators will not have to provide a copy of their operating licenses either.

Once approved, residents will receive the converter coupon through the mail. It may look like junk mail, so it is important to make sure it does not get thrown away. The coupons expire after 90 days.

Meredith Baker, acting assistant secretary and acting NTIA administrator, advises that consumers do not delay in applying for their coupons. NTIA estimates a six-week process from the date



of application for people to receive their coupon, purchase their converter, and set it up for use. NTIA is using the “Apply, Buy, Try” slogan to encourage people to get their applications in and converters up and running by the end of the year. Waiting until after Jan. 1 could lead to residents still using analog televisions to lose their signal if they do not get the converter set up in time.

The coupons come with information on which converter boxes they can be used for—they are not redeemable for all converters in the market.

Also in the final rule, NTIA said that businesses owning nursing facilities or other long term care communities are not eligible—coupons may only be used for a television owned by a resident.

“Coupons are not to be used to purchase converter boxes for television sets owned by nursing facilities, intermediate care facilities, or assisted living facilities,” according to the final rule, which went into effect on Oct. 20.

Residents may request coupons until March 31, 2009, and coupons may be redeemed through July 9, 2009.

—Suzanne Struglinski

New Survey Assesses Patient Safety

SNF-Specific Instrument Gets Staff Feedback On Safety Culture

A survey instrument designed to assess patient safety culture in nursing facilities, track changes in resident safety over time, and evaluate the impact of safety interventions was released recently by the Agency for Healthcare Research and Quality (AHRQ).

According to AHRQ, the Nursing Home Survey on Patient Safety Culture asks facility staff members for feedback on an organization's safety culture—defined by AHRQ as “the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management.”

The agency is targeting all levels of staff to complete the survey, according to Jim Battles, an AHRQ project offi-

cer who helped develop the survey instrument. “We want everybody to get it, from administrators to frontline caregivers,” he says. “Because, as we know, there can be very different perceptions among staff within a facility.”

Agency officials noted that the survey can be used for the following purposes:

- A diagnostic tool to assess the status of patient safety culture in a nursing facility;
- An intervention to raise staff awareness about patient safety issues;
- A mechanism to evaluate the impact of patient safety improvement initiatives; and
- A way of tracking changes in patient safety culture over time.

“We believe that facilities will get the most out of this survey,” says Battles. “And we hope that it will help

organizations raise awareness of patient safety—it should stimulate discussion of these issues.”

The survey measures 12 dimensions related to resident safety culture, including communication openness, compliance with procedures, feedback and communication about incidents, handoffs, and non-punitive responses to mistakes, among others.

Included with the survey is a toolkit that contains a user's guide that walks facilities through the survey process, covering such topics as overall project planning, data collection procedures, data analysis, and reporting.

Facilities using the survey will have access to a survey users group for sharing success stories and implementation strategies with colleagues.

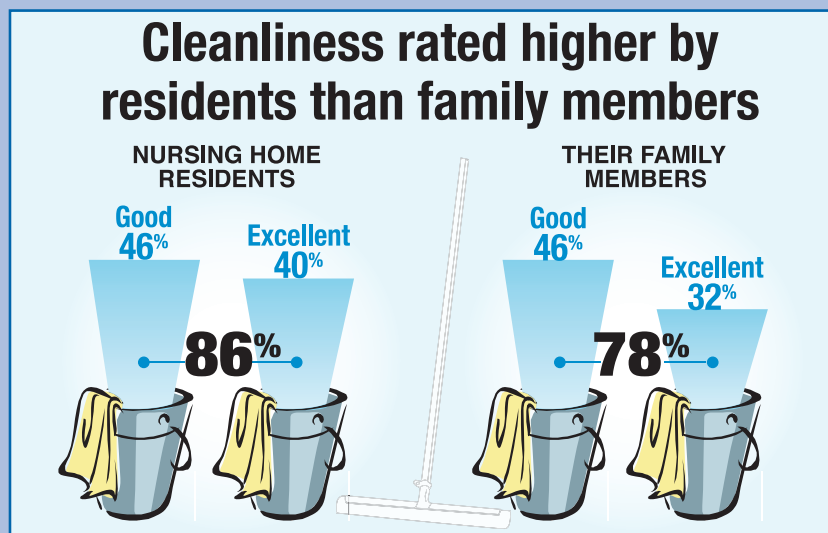
The survey was administered to more than 5,000 staff working in 40 nursing facilities during a pilot test last year, according to AHRQ. The results of the pilot test were used to revise the survey appropriately. “The final items and dimensions in the [survey] have sound psychometric properties,” according to AHRQ.

Battles notes that the survey has been built into the quality improvement organizations' (QIOs') ninth scope of work. “QIOs will be required to use the instrument as a baseline and as a progressive evaluation measure,” he says, adding that QIOs have until 2010 to get the first round of surveys completed in the facilities they are working with.

According to Battles, the utilization of a similar 2004 hospital survey has resulted in the development of a reportedly valuable national benchmarking database, something that he plans to replicate with the nursing facility survey.

—Meg LaPorte

By The Numbers



Based on the percent of nursing home residents and family satisfaction survey respondents who rated their satisfaction with the item “Cleanliness of room/surroundings” as “Excellent” or “Good.”

Source: Nursing home resident and family satisfaction surveys conducted in 2007 by My InnerView Inc.

Seniors Housing Construction Dips

Construction of seniors housing properties declined somewhat in the past year, with a total of 45,019 units reported to be under construction in the 100 largest metro markets as of March 31, 2008, compared to 53,534 units in the prior year, according to a new report from the National Investment Center for Seniors Housing and Care (NIC), Annapolis, Md., and the American Seniors Housing Association (ASHA), Washington, D.C.

According to the report, a total of 328 new seniors housing properties containing 35,419 units/beds were reported to be under construction as of March 31, 2008. An additional 133 expansion projects containing 9,600 new units/beds in existing properties were also under construction.

Broken down by segment type, independent living units accounted for the most units/beds under construction, at 37 percent, while senior apartment units came in at 29 percent, the report found.


Assisted living units represented 17 percent of total units/beds under construction, and nursing care beds came in at 11 percent.

Construction was started on 34,116 units between April 1, 2007, and Mar. 31, 2008—a decline compared to the 38,827 units that started construction during the previous year.

According to NIC and ASHA, the report contains the first-ever analysis and comparison of the history of inventory growth for all seniors housing and care categories since 1985.

Also included in the report is information on the net growth in supply by sector from 2002 to 2007 for the top 10 markets, a summary of construction activity compared to existing supply, and a comparison of entrance fee and rental continuing care retirement community units under construction.

—Meg LaPorte



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House Unveils Transparency Bill

Demands for more nursing facility accountability resurfaced on Capitol Hill in September as Reps. Pete Stark (D-Calif.) and Jan Schakowsky (D-Ill.) introduced the Nursing Home Transparency and Quality of Care Improvement Act of 2008.

The American Health Care Association (AHCA) made clear that while people should have access to information on facilities, it has “serious concerns about the legislation in its current form.”

The bill mirrors a Senate bill introduced by Sen. Herb Kohl (D-Wis.), chairman of the Special Committee on Aging, and Sen. Charles Grassley (R-Iowa), the top Republican on the Senate Finance Committee, in February. The Senate version now has 11 co-sponsors, including presidential candidate Sen. Barack Obama (D-Ill.).

Stark, chairman of the House Ways and Means Health subcommittee, wants clearer public disclosure of who owns nursing facilities and how Medicare money is used to care for residents.

“We have a moral and fiduciary responsibility to make sure we know who those providers are and what they are doing and ensure they are using government dollars to provide high-quality care for our nation’s nursing home residents,” Stark said.

‘Stark wants clearer public disclosure of who owns nursing facilities.’

The bill would require nursing facilities to make ownership and other information public on the Nursing Home Compare Web site and provide details on staff levels, including nursing wage and benefit information.

AHCA President and Chief Executive Officer Bruce Yarwood said the organization wants an oversight system that is more objective, provides incentives for improvement, and better measures quality outcomes and processes.

But Yarwood pointed out that “the legislation’s foundation is, in large part, the current survey and certification regulatory system, which is highly subjective, inconsistently applied within states and regions, and is not an accurate assessment of quality.”

Yarwood agreed that consumers need easily understood information about nursing facilities but wants some assurances that the ownership information and other data the bill requires will be up-to-date and accurate.

If signed into law, the bill also would establish a national, independent monitoring program to oversee interstate and large intrastate skilled nursing facility chains and increase civil penalties for certain violations, among several other provisions.

Stark noted that it has been two decades since Congress passed the Nursing Home Reform Act, and “our return to this issue is long overdue.” Schakowsky sits on the Energy and Commerce Committee, which also has jurisdiction over health care policy.

—Suzanne Struglinski

Feds Push Nursing Facility Alternatives

Grant Programs Seek To Divert Care To Homes, Communities

Thirty-three states will soon receive an infusion of more than \$42 million in grants aimed at steering individuals away from nursing facilities and into home- and community-based services (HCBS). The U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) are sponsoring two grant programs—one aimed at increasing awareness of HCBS and one that helps older Americans and veterans remain independent and supports people with Alzheimer’s disease to remain in their



homes and communities. The CMS grant program awarded Alaska, Kansas, Idaho, Missouri, Oregon, South Carolina, and Wisconsin grants ranging from \$241,867 to more than \$1.5 million to raise awareness of alternatives to institutional care for people leaving hospitals who otherwise may enter a traditional nursing facility, the agency said.

“These awards are a clear sign of the continued commitment of this administration to increase opportunities for home- and community-based long term care services so that individuals

who want to stay in their own homes and in their own communities can do so,” said CMS Acting Administrator Kerry Weems.

More than \$7 million of the award money will be used to develop person-centered hospital discharge planning models that “will place greater emphasis on involving patients and their families in after-care plans, including exploring home-based alternatives to institutional care.”

Of the states receiving awards, Kansas, Alaska, and South Carolina will enhance or expand the Aging and Disability Resource Centers (ADRCs) in their states, while Oregon and Missouri will develop new ADRCs. ➤

Under the models, hospital discharge planners will use the ADRCs to tap into community-based resources to use for the discharged patient.

Idaho will concentrate solely on developing and implementing a person-centered hospital discharge planning model.

A total of \$36 million in grants was awarded to 28 states as part of a new Nursing Home Diversion grant program sponsored by HHS. More than \$19 million of the funding is for a new collaboration with the Department of Veterans Affairs (VA), according to HHS officials.

‘The new program sets aside \$17 million for individuals with Alzheimer’s disease.’

In announcing the collaboration, HHS Secretary Michael Leavitt said, “This historic HHS-VA initiative combines the expertise of the HHS’ national network of aging service providers with the resources of [VA] to provide more people, including our nation’s veterans, with improved long term care options.”

The initiative supports the Bush administration’s New Freedom Initiative, which calls upon all federal agencies to help people who need long term care and prefer to live in their own communities to do so, according to HHS.

The new program will be administered by HHS’ Administration on Aging in collaboration with VA.

“The HHS funding is specifically designed to reach people who are not eligible for Medicaid, but who are at high risk of nursing home placement and spend-down to Medicaid—which often occurs when private-pay individuals enter a nursing home,” said Assistant Secretary for Aging Josefina

Carbonell. One component of the new program sets aside \$17 million for individuals with Alzheimer’s disease and their caregivers, with grants to 22 states.


States applied for two types of grants: an Innovation Grant, which demonstrates new approaches to deliv-

ering services and supports, and Evidence-Based Program Grants, which support the replication of science-based interventions that have already proven to be effective at helping people with Alzheimer’s disease to continue to live in the community.

—Meg LaPorte

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Alzheimer's Ties As No. 1 Concern

Poll Finds Knowledge Gap About Therapies, Preventive Measures

More than 80 percent of seniors say they are very or somewhat concerned about Alzheimer's disease—tying it for first place with heart disease, according to a recent national survey commissioned by the Alzheimer's Foundation of America (AFA).

The poll also found that nearly three-fourths of all adults are worried about Alzheimer's disease, ranking it just below cancer, heart disease, and diabetes in concern.

According to AFA, the survey results illustrate a critical gap in knowledge about the disease, along with public

attitudes toward important public policy questions such as screening.

For example, the notion that a screening test to determine if someone turning 65 has early symptoms of Alzheimer's disease or to help establish a baseline from which they could be tested later garnered support from 73 percent of Americans, according to the survey. And support for such screening climbed even higher—to 83 percent—when those who initially opposed the idea were told that prescription drug therapy and active medical management can slow loss of function due to Alzheimer's and improve quality of life through all stages of the disease.

A notable 96 percent of respondents said that if they knew they had a higher likelihood of developing Alzheimer's disease, they would take steps toward prevention, such as maintaining a healthy weight and keeping cholesterol levels down.

The poll underscores the results of a second survey conducted by AFA, which found that many Americans with memory concerns fail to report them to their doctors. The survey yielded the following key findings:

- More than two-thirds (68 percent) self-reported memory complaints, but only one in five had discussed them with their health care providers.

- Of those with memory concerns, 40 percent had seen their primary care physicians within the past month, and 44 percent had an appointment within the past six months.

- Twenty-one percent said they kept their memory concerns to themselves.

- Those who came in for screenings had other health care concerns that are known risk factors for Alzheimer's disease such as depression, diabetes, and obesity.

—Meg LaPorte

Medication Management Paper Released

The Center for Excellence in Assisted Living (CEAL) recently published a 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, education efforts, and recommendations for a redesigned system.

CEAL's report, "Medication Management in Assisted Living," summarized the proceedings of a symposium held this past January and developed recommendations and approaches CEAL would undertake in the future.

The recommended system redesign would focus on the following principles:

1. Advocating for consistency in medication management regulation across states.

2. Improving training of unlicensed assistive personnel.

3. Streamlining documentation for greater efficiency and accuracy, in part through increased use of electronic health records.

4. Standardizing medication packaging specific to assisted living.

5. Advocating for greater use of consultant pharmacists, physicians, nurse practitioners, and physician assistants on campus, including possible development of preferred provider networks.

6. 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 importance of 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 report says. "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."

—Lisa Gelhaus



Hurricanes Prompt Teamwork

Courageous Providers Weather Another Season Of Evacuations

Teamwork helped Texas and Louisiana facilities get through another bout of hurricanes.

The Louisiana Nursing Home Association reported 93 nursing facilities evacuated before Hurricane Gustav hit, and two nursing facilities evacuated after the storm.

Hurricane Ike forced three facilities to evacuate Louisiana.

The Texas Health Care Association says Hurricane Ike evacuated 86 nursing facilities and 105 assisted living facilities, while Hurricane Gustav forced 30 nursing facilities and 20 assisted living facilities to evacuate.

Gail Harris, regional nurse consultant for Preferred Care Partners, didn't think she would need to apply lessons learned from one evacuation to another just a week later.

In Texas, Harris helped evacuate 116 residents along with staff and their families from The Oaks at Beaumont to sister facilities during Hurricane Gustav. Just as the residents returned home, it was time to evacuate again for Hurricane Ike.

"I feel we planned really well," Harris says.

Harris uses the word "courage" repeatedly when describing the experiences, from the staff who continued to work without power or water to the residents who patiently cooperated.

"You would think you would have heard a lot of complaining, but we did not see that," Harris says.

Learning from the Gustav evacuation, the staff created an "Evacuation Note and Care Plan" for each resident for the Ike evacuation, Harris says. This included information on the resident's care and status on arrival as well

as for 24 hours after evacuation. Residents wore an information pouch that included a Nurse Aide Care Plan so staff unfamiliar with the resident would know what to do.

Staff took the entire medication cart along with them and made arrange-

"There was no reason we couldn't send help," McCollum says.

McCollum chose three members of the nursing staff, nicknamed the "Gustav Girls," to go and divided duties among the remaining staff.

After leaving Hondo at 3:00 a.m. on Monday, the Gustav girls arrived in Shreveport, La., and immediately began a 19-hour shift helping residents who had left their home facility to one evacuation location, only to be moved again to another.

The next day, an 11-hour search found much needed fuel to help run generators at a campsite hosting 65 residents from another facility.

The campsite chapel housed the residents but had no electricity or running water.

Kathryn Ward, nursing supervisor, could not believe what she saw when she first arrived but says no one complained, and everyone got right to work.

Amanda DeSart, charge nurse, says

the trio did not know the other staff or the residents at all, but worked with them practically 24 hours a day from the time they arrived until they accompanied the residents home on Friday.

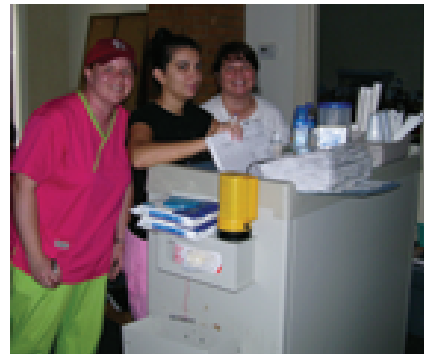
"It was about teamwork and keeping a positive attitude to keep the staff morale up," DeSart says.

Kira Sorter, certified nurse assistant, says, "Working together was the main thing."

—Suzanne Struglinski



The Community Care Center's "Gustav Girls" (right) traveled to help staff from the Morgan City Health Care Center (above) care for evacuated residents.



ments with pharmacies and supply companies for

drop shipments as needed at their evacuation destination, Harris says.

She also recommends giving residents extra nutritional supplements with medication because resident routines are disrupted and they may be sitting on buses for a long time.

Meanwhile, in Hondo, Texas, Deena McCollum, director of nursing for Community Care Center, was not going to have to face an evacuation but knew sister facilities along the coast would.