HUD Explores National Medicaid Waiver Initiative

The U.S. Department of Housing and Urban Development (HUD) is leading an initiative that could increase the availability of assisted living for low-income elderly by linking HUD’s Section 8 programs with Medicaid waiver programs.

HUD’s goal is to encourage developers to build assisted living facilities for low-income individuals through three incentives: tax credits, HUD’s Section 8 subsidies, and Medicaid. The tax credits and Section 8 subsidies will be used to pay for resident housing. But HUD’s programs only pay for the housing portion, which is why the third component, the Medicaid waiver, is needed to pay for the daily services provided to assisted living residents.

Historically, the Section 1915c Medicaid home- and community-based waivers have been heavily focused on people with developmental disabilities. But states have increasingly been getting permission from the Health Care Financing Administration (HCFA) to make the waivers available to the elderly in their states. HUD believes the Medicaid waiver would provide the final component needed to link both HUD and HCFA’s programs so that more low-income seniors could live in assisted living facilities.

HUD is working with HCFA to determine how Medicaid could be used. On July 11, HUD met with state Medicaid directors and assisted living industry representatives, including National Center for Assisted Living (NCAL) and American Health Care Association (AHCA) representatives. NCAL’s Vice President David Kyllo and Director of Assisted Living Julie Cheeka, as well as AHCA’s Cynthia Morton, attended the meeting.

NCAL suggested that both HUD and HCFA look into an education and training component. Kyllo said assisted living providers, government agencies dealing with the elderly, and social workers need to be educated and trained about how the Section 8 and Medicaid programs work.

HUD’s joint venture with HCFA was prompted by last year’s U.S. Supreme Court Olmstead vs. L.C decision. The Supreme Court’s June 1999 decision stated that under an Americans With Disabilities Act (ADA) provision the institutionalization of a person with a disability who, with proper support, could live in the community is discrimination.

The suit was brought by two Georgia women—whose disabilities included mental retardation and mental illness—who were living in a state-run institution despite the fact that their treatment professionals believed the women could be living in a community-based setting.

The Supreme Court opinion instructs government agencies to ensure that their services follow the requirements mandated by the ADA and the Olmstead decision. In addition, the

New Accreditation Fee Approved

A one-day assisted living accreditation survey conducted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will cost facilities $3,200, according to the new fee structure released by the group last month. One-day surveys will cover facilities housing up to 35 units.

A two-day survey, for facilities with 36 to 135 units, will cost providers $4,400. For larger assisted living facilities, the group will charge an additional $1,200 per day.

Assisted living providers will be charged an additional $700 for the application fee, a drastic reduction from JCAHO’s standard hospital and skilled nursing facility application cost of $2,500. According to JCAHO, the reduced fee schedule was developed as a result of concerns raised by the National Center for Assisted Living (NCAL) that smaller facilities would not be able to afford accreditation.

“We are pleased to see that JCAHO as modified its fee schedule,” says David Kyllo, NCAL vice president. The tiered fee system may open the door for smaller facilities that otherwise could not afford to be accredited by JCAHO.”

For facilities with hospital, skilled nursing, and assisted living components, JCAHO will charge the full $2,500 application fee.

The “Accreditation Manual” for assisted living will be included in the application fee and will be available by September.

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A bout 40 percent of the certified nurse assistant staffs left assisted living facilities last year, according to the “1999-2000 American Association of Homes and Services For The Aging” Assisted Living Salary & Benefits Report.”

The report showed that the two departments most likely to suffer from high turnover are certified nurse assistants (CNA) at 38.07 percent and resident assistants which saw a 31.32 percent change over in employees during 1999. The second annual report, published by Hospital & Healthcare Compensation Services (HCS) in cooperation with the AAHSA, contains salary and benefits information on more than 25,000 employees working at 682 assisted living facilities across the country. The majority of the survey participants are for-profit facilities; 54 not-for-profit facilities also participated in the report. The average facility size was 71.3 units.

The report contains statistics on 15 management and 24 nonmanagement positions. The data is reported according to for-profit and not-for-profit status, revenue size, unit size, geographic region, and state. Also reported are fringe benefits, turnover rates by department, and projected salary increases for 2000. HCS sent out surveys to 8,500 facilities, and company officials said the number of participating facilities grew by almost 30 percent from the 1998-1999 report.

“The report can be used to validate a facility’s unit size or to confirm that salaries are on target,” says Rosanne Cioffe, HCS director of reports.

**Hourly Wages**

Although no explanations are provided, the study shows the average wage for certified nurse assistants is $8.10 an hour, two cents more than assistants working at a nursing facility and 38 cents less an hour than assistants working at a continuing care retirement community (CCRC). A majority of the survey participants reported they awarded raises to the CNAs based on the cost of living. The survey participants also indicated that administrators awarded salary increases to resident assistants, registered nurses (RNs) and licensed practical nurses (LPNs) based on merit.

**Few Entry Level Applicants**

Assisted living facilities are competing with other businesses for the small number of potential entry-level employees, says Jim Moore, a seniors housing and health care industry expert based in Fort Worth, Texas. “People making $8 an hour are choosing to work for businesses like McDonalds or for companies that have little or no stress,” Moore says. He explained that CNAs’ responsibilities, like toileting, are not appealing to job applicants.

“On the whole, this industry is trying to hold down its operating costs by maintaining its labor costs in order to provide services,” Moore says.

Assisted living facility administrators said they would award CNAs a 4.07 percent salary increase in the year 2000, while RNs would receive a 3.9 percent increase; LPNs 4.01 percent increase; and resident assistants a 3.97 percent increase.

Registered nurses earned an average of $13.73 an hour, which was a $1.25 increase from the prior year.

The national median salary of an assisted living administrator is $42,016. Comparatively within long term care, the national median salary for a director of assisted living at a nursing facility is $41,000 while the national median salary for an assisted living director at a CCRC is $41,250.

These administrators are plagued by the high turnover rate of CNAs, resident assistants, and nurses because these are the employees who provide the daily care to residents and patients, Moore says. “While a turnover rate of 40 percent seems shockingly high, there are some anecdotal reports of facilities losing 100 percent of its certified nurse assistant and resident assistant staff,” Moore says.

Assisted living chief executive officers (CEO) did not fare so well when compared to other CEOs in the long term care industry. The national average salary of a CEO at a CCRC is $95,687. Home care CEOs make more than $66,000; hospice CEOs earn about $62,000; and assisted living CEOs earn $43,446 per year.

The average assisted living CEO salary seems low, but compensation is based on the size of the facility and what HHC considered a CEO, says Moore. Typically, CCRC CEOs make more money because the facilities are generally larger than assisted living facilities, says Moore.

The 180-page report is available by calling HCS at (201) 405-0075 or by writing to HCS at PO Box 376, Oakland, NJ 07436.
Early summer traditionally is a busy time for state governors, who must decide whether to approve or reject numerous pieces of legislation. This month, State Watch looks at a number of recent enactments including Iowa’s receipt of federal money that will be used to fund long term care initiatives.

Kentucky Enacts Alzheimer’s Special Care Unit Disclosure Provision
A new Kentucky law establishes disclosure provisions for long term care facilities that claim to provide special care for people with Alzheimer’s disease or related disorders. The measure requires such facilities to maintain and make available to the public a manual with information on philosophy and treatment protocols. A number of states have similar laws for special care units (SCUs).

Under the Kentucky law, facilities will be required to maintain information in the following areas:
- The facility’s mission or philosophy statement concerning the needs of residents with Alzheimer’s disease or related disorders;
- The process and criteria used to determine needed services;
- The process and criteria used to transfer or discharge people from Alzheimer’s-related special services;
- The supervision provided for these residents;
- The family’s role in care;
- The process for assessing, planning, implementing, and evaluating the plan of care for people with Alzheimer’s disease;
- A description of any special care services; and
- Any costs associated with these specialized services.

A number of states—most recently Arkansas and North Carolina in 1999—have enacted laws that require long term care facilities that promise special care for people with Alzheimer’s and related diseases to disclose their philosophy and method of treatment. Many states have modeled their laws on language developed several years ago by the Alzheimer’s Association.

States that had SCU laws prior to 1999 include Florida, Georgia, Illinois, Indiana, Louisiana, Maine, Missouri, Nebraska, Oklahoma, Rhode Island, South Carolina, and Tennessee. In some states, including South Carolina, the law affects only nursing facilities, while laws in other states apply to licensed assisted living facilities.

Kentucky also has passed a “concurrent resolution” to create a task force to study long term care financing and delivery. The Legislative Research Commission, an arm of the General Assembly, will staff the task force.

The task force will be charged with examining ways to improve the quality of care in Kentucky’s long term care facilities—including assisted living facilities—and certain home-based services. The task force’s agenda also includes wage pass-through programs to increase staff salaries, financial incentives for facilities that exceed quality standards, minimum staff-to-resident ratios, and linkage of Medicaid reimbursement to staff levels.

In Kentucky, concurrent resolutions do not carry the weight of law.

Long Term Care Funding Grant Approved For Iowa
Iowa Gov. Tom Vilsack announced the state has received $156 million from the Health Care Financing Administration (HCFA) for a Medicaid waiver. The money is more than twice what Vilsack originally requested according to his statement. In addition to funding home-based services, grants from the fund will be used to help existing nursing facilities convert to assisted living facilities, according to information released by the state’s Department of Elderly Affairs and Human Services.

Iowa has proposed legislation to develop a comprehensive long-term care system that supports independence for all Iowans, including the development of programs that provide alternatives to nursing facilities, such as assisted living, respite care, and adult day services. Iowa hopes the conversion of nursing facility beds and funding of alternative services will reduce the growth of Iowa’s request for Medicaid funds.

Nebraska also has a similar plan.

Alabama Seeks To License All Assisted Living Facilities
Alabama’s governor is supporting a bill that intends to ensure that all of the state’s assisted living facilities are licensed so that the state could use Medicaid funds to help pay for care for residents with Alzheimer’s or related diseases, the Anniston-Star newspaper reported.

According to the article, state officials estimate that about 2,000 residents live in unlicensed facilities and 8,000 Alabama residents live in licensed assisted living facilities. The state’s governor wants the legislation passed before Alabama applies to the Health Care Financing Administration (HCFA) for a Medicaid waiver.

Currently, several bills on the issue are pending.
Focus On Service

Campaign Calls For 100 Percent Immunization Of Residents

The sixth leading cause of death among the elderly is the killer combination of pneumococcal disease and influenza. Researchers estimate that almost 60,000 adults die from these two diseases every year.

"Vaccines prevent sickness and death associated with these conditions," says Tom Clark of the American Society of Consultant Pharmacists (ASCP). The association is coordinating the 100 Percent Immunization Campaign Partner Program. By immunizing residents, facilities can safeguard residents' health and prevent death, Clark says.

Elderly adults who reside in nursing and assisted living facilities are especially vulnerable to morbidity and mortality related to these communicable diseases.

A single dose of the pneumococcal vaccine is recommended for adults who are 65 years or older. The influenza vaccine is an annual immunization for adults 50 years or older.

Assisted living operators can become partners in the 100 Percent Immunization Campaign Partner Program by meeting the Healthy People 2000 goals. Healthy People requires that at least 80 percent of facility residents be immunized for pneumococcal and influenza.

To qualify as a partner, the organization must verify that the facility must have an 80 percent inoculation rate and an immunization program for residents that addresses influenza, pneumococcal, and tetanus/diphtheria.

As a partner in the campaign, facilities will receive a certificate and sticker with the campaign logo, and a press release for local news media, and will be listed as a campaign partner on the 100 percent Immunization Campaign Web Site.

The campaign has a variety of resource materials to assist organizations with meeting the immunization goals and implementing an organized immunization program.

According to ASCP, an immunization program should include:

- A mechanism for on-site administration of immunizations. Many assisted living facilities do not have a staff nurse. Such facilities can arrange for an outside provider, such as a home health agency, to periodically administer immunizations to facility residents. In addition to home health agencies, pharmacists are also permitted to administer vaccines in at least 29 states.
- Education for residents. Current and newly admitted residents should be educated about the benefits and risks of immunization against influenza, pneumococcal disease, tetanus and diphtheria.
- Facilities should establish a regular immunization day in the facility (perhaps once a month) to immunize new arrivals for pneumococcal disease and tetanus/diphtheria as needed. During flu season, residents would be made aware that the influenza vaccine is available at the facility.
- Evaluation of the immunization program. The evaluation should include the number and percentage of residents immunized against each of the diseases and the rates of outbreak.

For more information about The 100% Immunization Campaign the Web site is located at: www.immunize seniors.org.

Focus On Finance

Foundations Provide Needed Link To Funding

Since all health care organizations can use extra funding for special projects, services or the physical plant, or for general operations, turning to foundations seems like a good fundraising idea.

But it’s not that easy. Only 5 to 10 percent of the proposals submitted to foundations are approved for funding, according to Robert Jenkins, author of "11 Simple Ways You CanRaise More Money From Foundations Now!".

To improve an organization’s odds for securing funds, Jenkins suggests “clearly defining your objectives at the outset.” In addition, he recommends to research each foundation to ensure that they provide grants to similar assisted living facilities. Another helpful tip is to contact the foundation program officer prior to submitting a proposal. A telephone call can provide insight into how best to structure the application as well as enlist support.

Remember, Jenkins said, "You are trying to match your institution’s needs with the foundation’s program goals."

He also suggests:
- Submitting a funding request that coincides with foundation and governmental funding cycles, application deadlines, and board or review committee meeting dates;
- Preparing for interviews with foundation officials. Role play the meeting in advance and draw up an outline for each key participant;
- Include attention grabbers with the proposal, such as photographs, architects’ renderings, or other visuals that will help the foundation envision the applicant’s goals.

Jenkins said operators should remember, "Persistence pays when you’re dealing with foundations.” If a proposal is rejected, finding out why and resubmitting it can improve the chances the next time around.
A program in Nebraska that encourages nursing facilities to convert some or all of their property to alternative living and care arrangements using state grants recently bore fruit with the opening of Beaver City Assisted Living.

The 13-unit assisted living facility, which opened for business in May, is an addition to Beaver City Manor, a 27-bed nursing facility owned by the city.

So far, 11 units have been filled—five by former residents of the nursing facility who did not require around-the-clock care. The other residents came from another facility that closed and from the community.

The facility took advantage of a 1998 state law that established the Nursing Facility Conversion Cash Fund. The grant program offers more long term care housing and service options to seniors in the state by allowing existing nursing facilities to entirely or partially convert to other housing and care alternatives, including assisted living. The Beaver City Manor was awarded a grant of $676,000 for conversion and construction of the new wing. Another 57 nursing facilities in Nebraska currently are using the grant program to expand their services.

As part of the renovation, rooms in the existing west wing of the facility were renovated to assisted living apartments, and a new wing was added.

The size of the apartments varies from 270 square feet for a single-occupancy room to 418 square feet for a double.

Visitors are wowed by the look of the new wing, says Kristina Kerst, Beaver City Manor and Assisted Living administrator. “It’s been a very positive reaction,” she says. “I don’t think anybody anticipated structurally how the grant money was able to provide a more homelike look.”

Managing an assisted or independent living facility is an exercise in balance. Providing security and living assistance, keeping up the operations of your facility, and still operating profitably is a difficult concept made more difficult in practice. But there is a system that can meld many of your resident safety technologies and management needs into one seamless, centralized system. It’s called the Arial wireless call system.

Here’s how the Arial system can help you:
• Use the pendants as a billable amenity or a facility marketing tool.
• Make staffing decisions with Arial’s detailed record keeping.
• Track staff response to calls from your residents.
• Document facility maintenance and track systems operations.
• Start with a basic system and add transmitters and additional security, such as the WanderGuard departure alert system and TABS mobility monitors, as your census grows and resident needs change.
• Control door access with magnetic locks and non-selective alarms.

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• Remote access software to reduce the need for on-site service and save you time and money.
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• Technicians available 24 hours a day, seven days a week.

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To learn more, call 800-824-4494.
A unique partnership between one of Boston’s most famous seafood restaurants and a regional nursing and assisted living facility operator is providing residents with world-renowned lobster bisque, baked scrod, and other delicacies without leaving the facility.

“A Taste of Anthony’s Pier 4” nights—a partnership between Anthony’s Pier 4 and Burlington, Mass.-based Aurum Network—has been tested in seven facilities and will kick off at all 46 network assisted living and nursing facilities on August 10 with a night of lobster bisque, Indian pudding, and other treats.

The Dining Experience

At the Norwell, Mass.-based Welch Healthcare and Retirement Group’s dinner in June, residents of the group’s four assisted living facilities were treated to lobster bisque, baked scrod, vegetables, and dessert, along with music, wine, candlelight, and the ambiance of this classic Boston institution. "Recreating such an experience as going to this restaurant was amazing," says Sandra Gandesman, director of marketing for Aurum Network.

Earlier this summer, all of Aurum Network’s chefs traveled to Anthony’s Pier 4 for a taste test of 15 menu items. The group selected five items for inclusion into the monthly food service program at the facilities. These included stuffed sole, baked scrod, and lobster bisque. A dietitian was consulted to ensure that residents’ dietary needs were met.

Every month the participating facilities must submit its menu request to Aurum’s main office. Facilities can purchase the lobster bisque base every month along with another item, such as stuffing or a dessert base. The orders are then called in to Anthony’s, restaurant which assembles the meals for the facility to pickup the following week. To keep prices reasonable, facilities will purchase prepared portions of meals, such as the bisque base for lobster bisque or stuffing for stuffed sole, then purchase the other ingredients.

On the Anthony’s dining nights, the facility’s chefs will prepare the meal using the recipe supplied by the restaurant.

Sandra Gandesman suggests that facilities undertaking such a project should restrict items to those that can be assembled at the facility to save on costs. Since the facilities are located in a small geographic region—in her case, the Aurum facilities are in the state of Massachusetts—also helps.

Cole says residents dressed up for the event, complete with jewelry. Welch facilities plan to offer an Anthony’s night every quarter.

How It Works

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Program Logistics

Getting the program up and operating was an immense logistical undertaking, says Gandesman, but fun. "If this was going to be a chore, it wasn’t going to be a good idea. But everyone likes it. The residents love it, our food service staff and chefs love it, families love it. It’s been a win-win for everyone," she says.

The program originated following an Aurum resident satisfaction survey that underscored the importance of meals in resident satisfaction.

“We realized how important food was and wanted to explore ways to make food a more enriched activity," says Gandesman. By luck, a consultant working with Aurum had worked with Anthony’s and suggested a partnership. Eighty-nine-year-old Anthony was contacted, and he approved the program. “The cost is probably slightly more than regular service, but not much more,” says Gandesman, adding, "I’ve learned that you can be really creative and innovative in food service.”

National Assisted Living Week

National Assisted Living Week will be held Sept. 10-16, 2000, beginning on Grandparent’s Day. Sponsored by the National Center for Assisted Living (NCAL), the week spotlights the crucial role assisted living facilities play in helping our nation’s elderly live independently while enjoying a meaningful quality of life.

More than 1.15 million people—residing in approximately 28,000 assisted living facilities around the country—receive supervision, assistance and health care services as needed with an emphasis on residents’ right to control their lives.

This year’s National Assisted Living Week theme is “The Art of Life.” NCAL is preparing a planning guide designed to help assisted living providers educate their communities about the facility’s role, the residents they serve, and the services available. This week also celebrates the exceptional care given by providers, volunteers, and others from the community who foster the spirit of “The Art of Life” throughout the assisted living residence.

All NCAL members will be sent a planning kit later this summer. Assisted living and residential care providers that are interested in receiving a free copy of “The Art of Life” planning guide may send a written request to: National Assisted Living Week, National Center for Assisted Living, 1201 L Street, NW, Washington, DC 20005 or call (202) 898-2829.
Leisure Care, a congregate care and assisted living company, is expanding at a rate of 20 percent a year, at a time when there is increased competition and when most companies are focusing on filling vacant units and cutting back on development efforts.

“We’re redefining what senior living should be,” says Terry Raisio, chairman and chief operating officer. Leisure Care’s focus on customers and their lifestyle issues are the reasons why “our occupancy rates have remained high and have even increased,” he says.

Customer Focused Mission
Leisure Care offers programs that other innovative assisted living companies offer, but this company’s mission takes assisted living a step further. When many assisted living companies organize residents’ trips to the mall or to a movie, Leisure Care has come up with a way to take residents on Alaskan cruises.

“I would say we’re a customer-driven, lifestyle-enhancing, senior service company,” says Raisio.

It’s a high standard, but one the company has worked hard to live up to. Established in 1976 by Charles and Karen Lytle with $2,500 of cash in their pockets, the Bellevue, Wash.-based Leisure Care has grown to encompass 30 facilities, composed of 4,373 units in 10 states. Four more communities are under development, which would add another 600 units to the company’s portfolio.

Raisio believes Leisure Care’s assisted living arrangement is what differentiates its facilities in the market and makes lenders more willing to fund projects. In addition, Leisure Care seeks out individual investors to put money into its undertakings.

Leisure Care has carefully integrated the independent and assisted living portion of its business. Not only are both levels of care provided in one building, but assisted living residents aren’t segregated into a wing of their own.

“We used to do a separate wing, but now we don’t,” says Raisio. “We offer [assisted living] services in all areas of the building, because we didn’t want to segregate residents and it just wasn’t fair to them. There was an in-house perception that if you lived in that wing you were something other than what you were before. Just because you’ve had an injury and need extra care doesn’t make you a different person,” he says.

The approach is especially popular among couples who live at Leisure Care facilities. Many campus-based long term care systems allow a husband and wife to move together into an independent living apartment, but when the husband needs more care the couple is separated. Under Leisure Care’s approach, the couple can remain together.

The units aren’t cheap. A one-bedroom unit is $2,500 per month. A two-bedroom is $3,000, and studios are $1,800. The rental fees include all food, utilities, and activities.

Lifestyle-Enhancing Programs
“The key is to have selections for people,” Rasio says. However, the residents are not required to participate in the Leisure Care’s PrimeFit programs, which address a resident’s physical, intellectual, social, emotional and spiritual wellness. A sampling of Leisure Care’s tailored programs are listed below.

■ PrimeFit Personal Exercise Program. An exercise physiologist assesses each resident’s health and abilities and identifies the resident’s goals, such as building up muscles to assist in mobility and balance or lowering blood pressure, weight, or stress.

The fitness plan developed by the resident and trainer may include working out in the gym, outdoor recreation-al sports such as golf, or indoor exercise classes such as low-impact aerobics, yoga, or tai chi. Some facilities have a pool on-site. Residents work out on senior-friendly equipment based on hydraulics rather than weights and pulleys, with a staff member present to assist.

An essential part of the program is periodically assessing the resident’s progress.

■ Really Old Men Eating Out. The ROMEO Club was designed to provide activities that appeal specifically to men. Leisure Care recognized that 70 percent of its residents are women and many activities centered on traditional women’s interests. The activities developed for men through the ROMEO program includes renting a boat and going fishing, or going to the racetrack, casino, pool hall, or aviation museum and stopping along the way for some great, “manly” food in the process.

■ PrimeFit Personal Support. Leisure Care’s facilities offer a wide range of support groups designed to bring together residents struggling with similar issues such as depression, alcohol recovery, the loss of loved ones, diabetes, physical disabilities, or mild dementia. A staff person guides the support group in a variety of activities to help members deal more effectively with their issue. In some cases, trained professionals are brought in to help the residents.

■ PrimeFit Memory Program. This program primarily consists of ensuring that the facilities and units are designed in such a way as to help trigger residents’ memories, so that they can avoid feeling confused or lost.

For example, facilities try to stay away from using the color yellow for their interiors, because as eyes age they develop a yellow film, making that color difficult to distinguish. Each floor of the buildings has a distinctly different color of carpet, so that residents exiting an elevator can be sure that they’re on the right floor. Fabrics, wallpapers, and floor coverings are never striped, because stripes can cause vertigo in the elderly.

The PrimeFit programs and other aspects of the company’s ways of doing business are constantly reevaluated from the viewpoint of improving residents’ quality of life “We need to offer more than sticks and bricks. People are looking for a lifestyle,” says Raisio.

Next month: Leisure Care’s program partnerships and employee training.
FOCUS ON PEOPLE

Promotions, Appointments, New Hires

John Pavan has been promoted to senior vice president of development and has become a principal for Benchmark Assisted Living, Wellesley Hills, Mass. Pavan joined Benchmark in September 1998. Prior to joining Benchmark, Pavan was a partner and founder of Saxon Real Estate Partners.

Jeff Ferguson has been named executive vice president of Marriott Senior Living Services, in Washington, D.C. Ferguson joined Marriott as the division’s senior vice president, chief operating officer. Marriott Senior Living Services is a division of Marriott International.

Jean Costa has been named executive director at Richmond Place on the Eastside, an Epoch Senior Living community located in Providence, R.I. Prior to joining Epoch Senior Living, Costa was the director of wellness services at Beechwood at Laurelmead also in Providence.

Philip Hemmer has been named as executive director of Lake Barrington Woods, a Parkside Senior Services independent and assisted living retirement community located in Lake Barrington, Ill. Prior to joining Lake Barrington Woods, Hemmer was the executive director for Parkside’s The Seasons at Glenview Place.

Jim Mills has been named senior vice president and chief financial officer of Advocat, a company operating assisted living facilities located in Franklin, Tenn. Mills joined Advocat in late 1999. Prior to joining Advocat, Mills was the vice president and corporate controller for Horace Small Apparel.

Cheryl Black has been named executive director of The Seasons at Glenview Place retirement community in Glenview, Ill. Senior Services, L.L.C., Parkside owns and operates The Seasons. Prior to joining Parkside, Black worked as executive director of two Senior Lifestyles Corp. facilities in Niles, Ill., in Chicago.

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Postmaster: Send address changes to NCAL Assisted Living Focus, 1201 L Street, NW, Washington, DC 20005.