

THE LTC JOURNAL

Summer 2015

Long Term Care Community Coalition

New LTCCC Reports: Are States Protecting Nursing Home Residents From Abuse & Neglect?

Studies assess nursing home citation rates in New York and nationwide, find little or no punishment when nursing homes fail to provide care that meets the standards they are paid to achieve, even when such failures result in significant suffering.

Widespread and persistent nursing home problems, including serious deficiencies in care, result in unnecessary harm to thousands of vulnerable residents every day. Deficient and worthless services also cost taxpayers hundreds of millions of dollars a year. The nursing home industry frequently complains that it is one of the most highly regulated in the country. But what does that mean when so many nursing homes are consistently paid to provide care that fails to meet those standards?

Two new reports from LTCCC seek to provide insights into these issues. With funding from The New York Community Trust, LTCCC conducted a review and assessment of the work of the New York State agencies responsible for protecting nursing home residents and safeguarding the public funds used to pay for their care. Because the New York Department of Health (DOH), like all states' agencies, is principally responsible for nursing home quality assurance, we focused on DOH activities and collected data on every state's (50 states + DC) performance on several key criteria.

LTCCC assessed overall state citation rates, number and amounts of fines that each state has imposed in the last three years for violations of minimum standards and the rates at which the states identified resident harm when they found deficiencies. In addition to reviewing state citations as a whole, the study focused on three criteria important to quality care – pressure ulcers, staffing and antipsychotic drugging.

"While no data are perfect, we felt that assessing overall

A Note From the Executive Director

This year we are marking a number of important milestones, both for LTCCC and for the long term care community as a whole. In December, LTCCC commemorated its 25th year as an independent, non-profit organization dedicated to improving care, quality of life and dignity for nursing home residents. March marked five years since passage of the Affordable Care Act (so-called Obamacare), which included important provisions to improve nursing home care and transparency and reduce elder abuse. This June, I will mark my 10th year as executive director. In July, our country will celebrate the 50th anniversary of Medicare and Medicaid becoming law.



In support of its mission, over the years LTCCC has expanded its communications through newsletters; trainings and presentations to diverse communities; and, most recently, via our [Facebook](http://www.facebook.com/LTCCC) page (<http://www.facebook.com/LTCCC>) and [Twitter](http://www.twitter.com/LTCconsumer) (www.twitter.com/LTCconsumer). Personally, I think these communications are *critical* to ensuring that our policy research and advocacy is making a difference – to the greatest extent possible – in the lives of long term care

consumers and in their communities.

With this issue of our newsletter we are taking the next step to (hopefully) improve the efficiency and effectiveness of our communications. We are

"going green" – distributing almost entirely electronically. In the coming months, we will be revising content, to make the newsletter as relevant to our readers as possible. To commemorate these changes we have a new name, too: *The LTC Journal*. We hope to use this *Journal* to make a positive difference in the lives of nursing home and assisted living residents, their loved ones, and those that work with them. We welcome you to join us, and support these efforts in any way you can.

Sincerely yours,

Richard J. Mollot

Inside This Issue:

Save the Date: LTCCC's Annual Event	2
New Primer on Nursing Home Quality	3
NYS Nursing Home Enforcement Actions	5
NYS Advocacy Alerts	7
LTCCC Offers Trainings & Expert Services	8

Continued on page 4



Save the Date!

LTCCC's Annual Event

October 20, 2015

6-8 pm

The Alzheimer's Association
360 Lexington Ave, NYC

This year we are pleased to be honoring two extraordinary individuals who have made a positive difference in the lives of seniors and people with disabilities in New York:



Susan Dooha & David Silva

Susan is Executive Director of the Center for Independence of the Disabled, New York (CIDNY). CIDNY's goal is to ensure full integration, independence and equal all people with removing social, cultural and community.



opportunity for disabilities by barriers to the economic, civic life of the

David is the Director of the Independent Consumer Advocacy Network (ICAN), the new program created by NY State to help people enrolled in managed care who receive services. launch of the Assistant Evelyn Frank Program.



long term care Prior to the ICAN, David was Director of the Legal Resources



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LTCCC Releases New Primer on Nursing Home Quality Standards

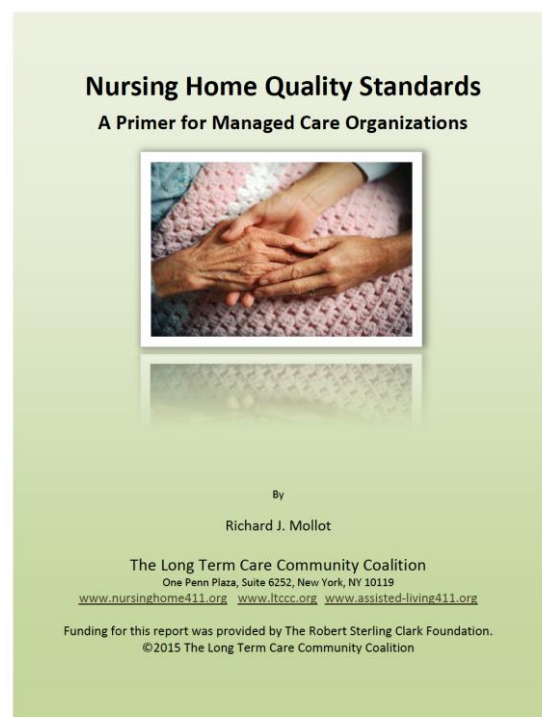
In April 2015, LTCCC released a new resource, ***Nursing Home Quality Standards: A Primer for Managed Care Organizations***. Though the Primer is geared to Managed Care Organizations (MCOs), many of which are now, for the first time, working with their members who need nursing home care, it is expected to be useful to a variety of nursing home stakeholders, including consumers, families and advocates, as a resource for information on residents' rights and important nursing home standards of care.

Like many states, New York is transitioning access to nursing home care for Medicaid beneficiaries to mandatory managed care. This transition began in New York City in February. Throughout the year it will continue expansion into other counties. Because of the way that it is being rolled out, the transition will likely take the next several years to be fully implemented.

Under mandatory managed care, rather than accessing nursing homes independently, New Yorkers who receive Medicaid benefits and need nursing home long term care will be required to access that care through an MCO. Importantly, MCOs are not required to contract with all licensed facilities in the state or county in which their members live. Thus, it is important for the MCOs (and their members) to have the knowledge that they need to make the best choices possible for nursing home placement.

The goal of the Primer, produced with funding from the Robert Sterling Clark Foundation, is to provide useful information on nursing home quality of care and quality of life requirements and a framework for understanding and assessing a nursing home's quality. The Primer provides general and specific information on the U.S. Nursing Home Reform Law and federal regulatory standards that we have identified as most critical to quality of care, quality of life and dignity. All of the standards covered are listed in the Table of Contents with a brief descriptive title and imbedded links, so that readers can quickly locate details on any standard of interest. Thus, it is highly recommended to use this report as a resource in electronic form.

The Primer, along with selected national and state resources, is available on LTCCC's dedicated nursing home website, [NURSINGHOME411.ORG](http://www.nursinghome411.org), at <http://www.nursinghome411.org/?articleid=10093>.



For More Information on the Nursing Home Transition in NY State

The [NY State Department of Health](http://www.health.ny.gov) has a website page dedicated to providing responses to frequently asked questions on the [Transition of Nursing Home Population and Benefits to Medicaid Managed Care](https://www.health.ny.gov/health_care/medicaid/redesign/2015-march_transition_nursing_home_population_benefits_to_mmc_faq.htm) (https://www.health.ny.gov/health_care/medicaid/redesign/2015-march_transition_nursing_home_population_benefits_to_mmc_faq.htm). It includes information on a variety of topics including: assessments of individuals, pharmacy services, and enrollment protocols. In addition to this FAQ page, DOH hosts a page with a range of informational resources on the overall transition to managed care at https://www.health.ny.gov/health_care/medicaid/redesign/mrt_1458.htm.

New LTCCC Reports Assess Strength of NH Oversight (Continued from cover)

citation and penalty rates, as well as citations for three critical quality criteria, would together provide valuable insights into State Survey Agency performance and the extent to which important problems are being addressed in each state” said Richard Mollot, LTCCC’s Executive Director and author of the report.

Select National Findings on State Oversight Agency Performance:

1. **Resident Harm.** States only find harm to residents 3.41% of the time that they cite a deficiency. California and Alabama tied for lowest in the country, finding harm only 1.14% of the time.
2. **Inappropriate Antipsychotic Drugging.** The nationwide average antipsychotic drugging rate is 18.95% while the average citation rate for inappropriate drugging is 0.31%. This indicates that there is a significant amount of inappropriate antipsychotic drugging that is not being cited by the states.
3. **Pressure Ulcers.** Pressure ulcers (bed sores) are a problem for over 86,000 nursing home residents. Though they are largely preventable, states cite nursing homes the equivalent of less than 3% of the time that a resident has a pressure ulcer. When states *do* cite a facility for inadequate pressure ulcer care or prevention, they only identify this as harmful to residents about 25% of the time.
4. **Sufficient Care Staff.** Insufficient care staff is one of the biggest complaints made by nursing home residents and their families. Studies have repeatedly identified it as a serious problem in a majority of US nursing homes. Nevertheless, insufficient staffing is rarely cited by the states. The annual rate of staffing deficiencies per resident is infinitesimal: 0.042%. Less than 5% of those deficiencies are identified as resulting in harm. Twenty one states **never** connect insufficient care staff to resident harm in their states.

Select Findings for New York State:

1. **Department of Health.** DOH ranks among the lowest state agencies in terms of overall citations *per capita* (i.e., in respect to the number of residents in NY nursing homes). Of the violations that DOH does identify, it rates about 97% of them as not having caused harm to residents. Though this is very low, DOH is about average in identifying harm among the states, indicating that the under-identification of harm is a national problem.
2. **Department of Health.** Pressure ulcers are a problem for almost one in 10 NYS nursing home residents. Though pressure ulcers are largely preventable, NY DOH cites nursing homes the equivalent of less than 1% of the time that a resident has a pressure ulcer (second lowest in the country). Furthermore, when NY DOH does cite a facility for poor pressure ulcer care or prevention, it rarely finds that this failure has caused harm to the resident(s).
3. **Office of the Medicaid Inspector General.** OMIG’s mission is “...to improve and preserve the integrity of the Medicaid program by conducting and coordinating fraud, waste, and abuse control activities for all State agencies responsible for services funded by Medicaid.” OMIG identified addressing inappropriate antipsychotic drugging in nursing homes as one of its two “initiatives” for the last year (in its annual report). Nevertheless, our findings indicate that OMIG has done little of substance to protect nursing home residents or to address inappropriate and harmful antipsychotic drugging. To our knowledge, OMIG has never conducted a single audit of antipsychotic drugging in nursing homes or other settings, despite the known, significant dangers to individuals and enormous public expense.
4. **Medicaid Fraud Control Unit.** NY MFCU conducts approximately twice the number of investigations per nursing home resident than the national average for state MFCUs and more than double the national average of investigations of resident abuse and neglect. NY MFCU’s recovery of \$378,434,543.00 in funds for fraud, abuse and neglect (etc...) in 2014 is by far the largest in the country. While this is to be expected, given the size of NY State’s nursing home population, it is important to note that the NY MFCU’s recoveries far outpace the national average.

Both the New York State and national reports are available on LTCCC’s dedicated nursing home website at <http://www.nursinghome411.org/articles/?category=lawgovernment>. The website includes interactive charts showing key rates for each state as well as national averages. They include state rankings on criteria identified as important to nursing home resident care and the protection of taxpayer funds that pay for the majority of nursing home care. These charts can be used to gain insights into the strengths and weaknesses of quality oversight in any state.

Selected Enforcement Actions of the Medicaid Fraud Control Unit in the NY State Attorney General's Office: 12/16/14 - 3/15/15

The Medicaid Fraud Control Unit (MFCU) prosecutes cases of Medicaid fraud and patient abuse in nursing homes. To report fraud, abuse or neglect go to <http://www.ag.ny.gov/comments-mfcu> or call (800) 771-7755. For the full list of actions reported to us by the agency go to <http://www.ltccc.org/enforcements/archives.shtml>.

Nursing Home	Location	Defendant	Narrative	Sentence
Blossom North Nursing and Rehab Center	Monroe	Jalil, Trasy, Licensed Practical Nurse	RN Jalil was one of 11 individuals employed as a health care worker at the facility assigned to provide care for a resident who was a double, above the knee amputee with a history of cerebral vascular accident and numerous other ailments rendering him totally dependent upon the staff for all activities related to daily living. A hidden surveillance camera, installed in the resident's room, revealed a pattern of pervasive neglect in that Jalil failed to provide ordered care and treatment to the resident including: properly administering eye drops for glaucoma, taking bp readings and drug admin. for high blood pressure, glucose checks and med injections for diabetes, and Foley care.	12/30/2014: One-year Conditional Discharge, 300 hours community service, 14 advanced nursing courses and surrender of her nursing license (all conditions were completed prior to sentencing).
Blossom North Nursing and Rehab Center	Monroe	Aguillon, Faye, Registered Nurse	LPN Aguillon was one of 11 individuals arrested in connection with a hidden nursing home camera case. Aguillon was allowed to plead to a reduced charge because, according to the camera review, she was more consistent in providing care to the resident than many of the other caregivers and she completed an intense 16 week SEAM (Stop Elder Abuse and Mistreatment) program.	1/5/2015: One-year Conditional Discharge, condition that she complete the SEAM program which she already completed.
Bronx Park Rehabilitation & Nursing Center	Bronx	Brooks, Rosemarie, Licensed Practical Nurse	LPN pushed resident into a wall causing the resident to strike her head and fall to the floor. The resident suffered a laceration to her head that required staples to close. The incident was captured on hallway video surveillance.	1/7/2015: Three-years probation and surrender of her professional license.
Cortland Regional Medical Center	Cortland	Collazo, Jennifer, Licensed Practical Nurse	LPN Collazo falsified the narcotic count sheet at the facility and when questioned by investigators, she provided a false written statement.	1/7/2015: One year Conditional Discharge and 40 hours of Community Service
Good Shepherd Village at Endwell	Broome	Johnson, Tanya, Licensed Practical Nurse	LPN Johnson was caring for and bathing a resident in her care when the resident fell causing injury. Johnson did not report the fall and gave a false written statement of what occurred.	1/20/2015: Three-years probation and \$300 fine.
Greenfield Health and Rehab Center	Erie	Melock, Edward, Certified Nurse Aide	CNA Melock photographed the fecal covered testicles of a resident and sent the photograph to a co-worker via SnapChat.	2/3/2015: One-year Conditional Discharge, 100 hours of community service and surrender of his CNA certificate.
Harding Nursing Home	Oneida	Sanders, Laurie, Licensed Practical Nurse	LPN Sanders placed an improperly wrapped hot pack, instead of a warm compress, on a resident causing a burn to the resident's leg.	12/18/2014: Thirty-six days jail - Time Served
Hebrew Home for the Aged at Riverdale	Bronx	Graham, Jacqueline, Certified Nurse Aide	Resident's daughter placed a hidden video camera in her mother's room which captured the defendant mistreating and abusing the resident by inappropriately touching her private parts on numerous occasions with no legitimate medical purpose. Resident was 81 years old, bed-ridden, and unable to care for herself at the time of this abuse.	1/6/2015: Six-years probation; must complete a sex offender's treatment program; surrender her CNA certification; and is prohibited from working in any position that involves providing direct patient care in the healthcare field or, in any capacity, with children under the age of eighteen and elderly as defined as anyone over the age of 62. After a Sex Offender Registration Act hearing, the Court designated defendant a Level II Sex Offender.
NYS Veterans Home at Montrose	Westchester	Opoku, Joyce, Licensed Practical Nurse	LPN failed to perform the required safety and well-being checks on an 85 year-old veteran and falsified records to indicate that she had done so.	2/23/2015: Two-years probation and surrender of nursing license.
NYS Vets Home at Montrose	Westchester	Todman, Isabelle, Certified Nurse Aide	CNA failed to reposition an 85 year-old veteran every 2 hours, with assistance of another, in violation of resident's care plan.	2/23/2015: Two-years probation and surrender of her nurse aide certification.
Unity Living Center	Monroe	Guzman, Shanna, Certified Nurse Aide	CNA Guzman stole 2 credit cards from a resident while he was out of the facility receiving treatment at a hospital. Guzman used the credit cards at various locations for unauthorized charges amounting to over \$1,000. She also forged the resident's signature on several separate credit card slips.	1/26/2015: Three-years probation, 80 hours of community service, successful completion of the SEAM program and restitution of \$526.17.
Van Duyn Center for Rehabilitation	Onondaga	Colasanti, Michelle, Licensed Practical Nurse	LPN Colasanti stole nine Norco pills from the facility where she was employed.	1/13/2015: One-year Conditional Discharge and to continue participation in the SPAN program and surrender her nursing license.
Wesley Gardens Corporation	Monroe	King, Adrian, Certified Nurse Aide	CNA King slapped a 90 year-old nursing home resident suffering from dementia in the head with an open hand.	1/12/2015: One-year Conditional Discharge and completed SEAM program.

Special Focus Facilities in New York State: As of March 19, 2015

The federal Special Focus Facility (SFF) Program was created to address the widespread problem of nursing homes that have persistent, serious problems. Once a facility is selected for inclusion in the Program it receives special attention from the state, including at least twice as many surveys as normal (approximately two per year). The goal is that within 18-24 months of being in the Program a facility will either: (1) develop long term solutions to its persistent problems or (2) be terminated from the Medicare and Medicaid programs. Termination usually means that a facility is sold to a new operator or closed. Due to resource limitations, only a small number of nursing homes are selected for participation in the SFF Program at any given time, though many more would “qualify” due to their poor care.

Important Notes: (1) Because the SFF Program is so limited, LTCCC recommends that consumers consider **any** facility with a one star overall rating on Nursing Home Compare (www.medicare.gov/nursinghomecompare) to be the equivalent of an SFF. (2) Numbers in parentheses below indicate the number of months a facility has been an SFF. An asterisk means the facility is a repeat SFF.

Newly Identified as a SFF	Shown Improvement	Not Improved	Recently Graduated from the SFF Program	No Longer Participating in the Medicare and Medicaid Program
None	The Cottages At Garden Grove, A Skilled Nursing Community (36)*	Indian River Rehab And Nursing Center (8) Medford Multicare Center For Living (6)	None	None

Selected Actions of the NYS Office of the Medicaid Inspector General: 12/15/14 - 3/15/15

OMIG investigates allegations of fraud within long term care facilities, works to ensure that those who are enrolled as providers in the Medicaid program are properly vetted and excludes providers who have abused their positions as caregivers. In addition to conducting its own investigations, OMIG makes determinations to exclude based on other agency actions, including the State Education Department (SED), the Medicaid Fraud Control Unit (MFCU), and Human Health Services (HHS).

Please note: In addition to the actions listed here, all of the providers which were reported as having actions taken against them by the Medicaid Fraud Control Unit in previous newsletters have been excluded by OMIG. Please see our newsletter archives at www.ltccc.org/newsletter for their names. Exclusion means that no payments will be made to or on behalf of any person for the medical care, services or supplies furnished by or under the supervision of the defendant during a period of exclusion or in violation of any condition of participation in the program.

Nursing Home	Defendant	Location	Narrative	OMIG Exclusions Based Upon:
Betsy Ross Rehabilitation Center	Judith Reynolds, RN	Rome	After a resident's catheter and tubing was noted to contain copious amounts of blood, the RN disregarded information that the catheter was dislodged and proceeded to flush with saline with no return. After being unable to stop the bleeding, the RN instructed the LPN to give the resident Tylenol, despite being told the resident had just been given Tylenol. The RN also delayed treatment for respiratory distress and failed to follow the same resident's care plan, giving the resident regular water when the care plan called for liquids at pudding-thick consistency.	HHS Exclusion: 12/18/2014 MFCU Conviction: 8/5/2014 MFCU Indictment: 7/24/2013
Crown Center for Nursing and Rehabilitation	Jodi Doran, CNA	Cortland	The CNA stole cash from the wallet of a resident. The wallet had been in a dresser drawer in the resident's room.	HHS Exclusion: 8/20/2014 MFCU Conviction: 8/11/2014
Hampton Care Center	Ray Ohakam, CNA	Southampton	The CNA transferred a resident without assistance or a Hoyer Lift, in violation of the resident's care plan. The resident later presented with severe bruising, a fractured clavicle, and subdural hematoma. During the facility's investigation, the CNA falsely asserted that he was assisted by another aide in the transfer.	HHS Exclusion: 9/18/2014 MFCU Conviction: 4/28/2014 MFCU Indictment: 4/21/2013
Norwich Rehabilitation and Nursing Center	Loni Sines, LPN	Norwich	The LPN documented that she had administered pain medication to six different residents, when, in fact, the LPN had thrown the medication in the trash.	HHS Exclusion: 6/19/2014 MFCU Conviction: 3/24/2014
White Oaks Nursing Home	Lesia Fulton, CNA	Woodbury	The CNA performed a one-person Hoyer Lift transfer of an elderly resident, in violation of the resident's care plan. The resident fell and received minor injuries. The CNA then falsely reported to the facility in writing that she had been assisted in the transfer by another CNA.	HHS Exclusion: 9/18/2014 MFCU Conviction: 7/16/2014
Wingate at Dutchess	David Klaproth, LPN	Fishkill	The LPN failed to administer medications to two elderly residents, and then documented in the Medication Administration Record that he had provided the medications.	HHS Exclusion: 11/20/2014 MFCU Conviction: 7/16/2014
Wingate at Ulster Nursing Home	Kimberly Rodriguez, LPN	Highland	The LPN failed to transfer a resident's medication from one month's record to the next resulting in the resident not receiving this medication for over three weeks. Discovering the omission, the LPN then forged other nurses' initials on the Medication Record, indicating medicine was administered, when it had not.	MFCU Conviction: 7/16/2014

Federal Civil Money Penalties¹ Against NY Nursing Homes: 12/15/14 - 3/31/15²

Federal CMPs are one of a number of remedies that the state and federal governments can use when a nursing home fails to meet minimum standards. Typically, other remedies, such as requiring a “plan of correction,” are implemented first when a facility is found to be failing to furnish the quality of care, quality of life and/or other conditions that it promises to provide in order to receive Medicare and/or Medicaid funds.

Name of Home	Location	Survey Date ³	Amount
Kaaterskill Care Skilled Nursing & Rehabilitation Center	Catskill	6/6/2014	\$27,300 ⁴
Medford Multicare Center	Medford	7/3/2014	\$126,587.50 ⁴

¹ Civil Money Penalties (CMPs) – a federal monetary sanction against nursing homes that fail to comply with minimum standards.

² As reported by CMS. For further details contact the CMS FOIA Officer at 212-616-2439.

³ Date of initial survey. In some instances the facility may have been revisited.

⁴ Amount reflects a 35% reduction as the facility waived its right to Appeal as permitted under law.

New York State Nursing Home Fines & Other Remedies

Important Note: LTCCC has not received NY State enforcement actions since 6/30/14 or federal remedies since 9/30/14. We continue to make requests to the Freedom of Information Law office for NY DOH and, as of May 14, 2015, continue to be told that our FOIL request is being processed.

New York State Advocacy Alerts

Click on the underlined text, below, to go directly to the action alert in our [LTC Citizen Action Center](#). If you are reading a printed copy of *The Journal*, please visit the Citizen Action Center at www.ltccc.org.

1. **Safe Staffing Standards in Nursing Homes** - Nursing homes in New York and across the country too often fail to provide safe care and a dignified quality of life for their residents. The problem in many facilities is lack of staffing - about 90% of the nursing homes in NY do not have enough staff to provide adequate care for their residents! LTCCC is supporting a NY bill to mandate minimum safe staffing levels. Two-thirds of states have minimum staffing requirements. Isn't it about time NY join them in protecting residents?
2. **The Nursing Home Diversion Act** – The NHDA is a stopgap, emergency measure to stem the flow of people into the state's most poorly staffed nursing homes. Similar to hospital emergency rooms, which divert incoming patients to other hospitals when they don't have enough staff to care for additional patients, the NHDA would require nursing homes with dangerously inadequate staffing to divert incoming people to other local homes until their staffing-resident ratio increases.
3. **Informed Consent for Psychotropic Drugging of Nursing Home & Adult Care Facility Residents** - Inappropriate antipsychotic drug use is a widespread, national problem in nursing homes. Despite the FDA's 'black box' warning against using powerful and dangerous antipsychotics on elderly patients with dementia, they are frequently used to treat symptoms of the disease, including so-called behavioral and psychological symptoms of dementia. These drugs are often used as a form of chemical restraint, stupefying residents so that they are more easy to care for. In addition to destroying social and emotional well-being, these drugs greatly increase risks of stroke, heart attack, Parkinsonism & falls. Too often, these drugs are given to residents without their - or their families' - consent. This bill would strengthen informed consent requirements to ensure that facility residents are not given powerful and dangerous drugs without residents and their families being informed of the risks and benefits.
4. **Protect Assisted Living & Adult Home Residents** - Assisted living is our fastest growing form of senior housing, caring for a population that is increasingly faced with the challenges of Alzheimer's Disease (and other dementia), as well as other significant frailties. These conditions necessitate appropriate monitoring and care to ensure that residents are safe. Unfortunately, though increasing amounts of public and private funds are going toward assisted living care, there is little accountability or even sensible minimum standards to ensure that living conditions are decent, that care is appropriate and that things like monitoring and medication management are conducted by staff who we can count on to have the necessary training and skills.
This bill would require a nurse on staff in an assisted living that wants special certification to provide significant dementia care, or care for individuals who are very frail.

The LTC Journal – Summer 2015

Enclosed is our quarterly newsletter on nursing home care, dementia care and other LTC issues.

PLEASE NOTE THAT LTCCC IS GOING GREEN. IF YOU ARE CURRENTLY RECEIVING *LTCCC NEWSLETTERS* BY U.S. MAIL AND WOULD LIKE TO CONTINUE TO RECEIVE THEM (VIA EMAIL), PLEASE EMAIL INFO@LTCCC.ORG WITH “NEWSLETTER SUBSCRIPTION” IN THE SUBJECT LINE. THANK YOU!

The Long Term Care Community Coalition is pleased to offer expert services and trainings on a variety of elder care issues, including:

- *Improving dementia care & reducing the use of antipsychotic drugs.*
- *Legal & regulatory standards for nursing home and assisted living care.*
- *Navigating the transition to nursing home mandatory managed care.*
- *Resident Rights.*



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