

MONITOR

Working to improve long term care through research, education & advocacy

www.ltccc.org • FALL 2013



NYS Legislative Priorities

LTCCC worked to develop and advocate for a number of legislative initiatives in 2013. While there was some progress in increasing legislative support this year, particularly for important protections for assisted living and nursing home residents, none of the bills passed. Following are summaries of the key bills that LTCCC supported, which we anticipate advocating for again in the coming legislative year.

Safe Staffing in Nursing Homes & Hospitals

It is widely acknowledged that staffing is one of the most important factors affecting safety and quality of nursing home care. Unlike New York, the majority of states now have minimum safe staffing requirements for their nursing homes.

This year, LTCCC supported the Safe Staffing for Quality Care Act, which would have set minimum standards for both nursing homes and hospitals. For nursing homes, these standards would closely mirror the safe standards identified in a federal study in 2001. We were glad to see that the bill garnered 85 co-sponsors, in addition to Assembly member Richard Gottfried, its principal sponsor. Unfortunately, with significant provider industry opposition, the bill failed to pass.

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Save the Date

**LTCCC to Hold 5th Annual Reception
October 16th, 6-8pm at Federal Hall**

Honoring Ann Wyatt, Residential Care Consultant, Alzheimer's Association, NYC Chapter *and*

Jose Matta, Asst. Director, 1199SEIU Training and Employment Funds & 1199SEIU GNY Education Fund

To make sure you receive an invitation please email info@ltccc.org with LTCCC Event in the subject line.

LTC Federal Issues & Updates

There have been a number of significant federal developments this year that will affect long term care consumers in New York and nationally now and for years to come. Following is an overview of some of the issues that LTCCC has been working on and monitoring.

Rules Are Changing For Hospice Care, LTC Ombudsmen, Dementia Care & Nursing Home Oversight

Reductions in Caregiver Oversight

As we first reported in the LTC E-Newsletter, the federal Centers for Medicare and Medicaid Services (CMS) issued a memorandum in April ordering reductions and other changes to state survey and certification operations as a result of federal budget cutbacks required under sequestration. Both the memorandum summary and text note that the agency's priority is maintenance of public protections and health care quality assurance. To that end, they are "protecting SA [state survey agency] ability to continue onsite complaint investigations and surveys of existing providers, while reducing expenses, suspending additions to the workload, reducing time spent on lower risk areas, and reducing the Centers for Medicare & Medicaid Services (CMS) Central Office (CO) services."

The memorandum notes that the Medicare S & C (survey and certification) budget is reduced by 5% in FY 2013 (from FY 2012) and that they "expect that State allocations will only be reduced by 2.5 - 3.0 percent from the FY2012 budget level on a national basis.

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The remaining reduction will be taken from CMS CO functions, contractual services, and one-time budget items.”

Some of the specific reductions announced in the memo include:

1. Substantial reduction in permitted revisit surveys (inspections) to ensure that nursing homes that have been found to be failing to meet minimum safety or quality standards (such as nursing home resident neglect or abuse, poor sanitation and/or inappropriate drugging) on an annual survey resolve their deficiencies and achieve “substantial compliance” with minimum standards.

2. Substantial reduction to the Special Focus Facility Program, in which the nation’s most poorly performing facilities undergo increased inspections and engagement to either implement systemic improvements or face removal from the Medicaid/Medicare systems.

3. Reduction in surveys of home healthcare providers.

4. Significant limitations on complaint investigations against hospitals.

For more information, see LTCCC’s May 2013 LTC E-newsletter, available at <http://www.ltccc.org/newsletter/documents/ltc-ews-may13.pdf> or the CMS memo at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Survey-CertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-22.pdf>.

New Surveyor Guidance on Antipsychotic Drug Use

Since the March 2012 launch of the National Partnership to Improve Dementia Care in Nursing Homes, CMS has undertaken a number of activities to inform stakeholders and improve provider practices relating to the widespread, inappropriate use of dangerous antipsychotic drugs on people with dementia. These activities have included two surveyor trainings on how to identify and cite for inappropriate drugging in nursing homes. These trainings are mandatory for all state and federal surveyors.

In May 2013, CMS released a third, final mandatory training program and issued updated guidance for surveyors to use when assessing dementia care and unnecessary drug use. The guidance update includes enhancements to two of the principal regulatory provisions: “Necessary Care for Highest Practicable Well Being” (F309) and “Free from Unnecessary Drugs” (F329).

Importantly, the surveyor guidance now includes the following statements:

“Antipsychotic medications are only appropriate in a small minority of circumstances All antipsychotic medications carry a Food and Drug Administration (FDA) Black Box Warning. Since June 16, 2008, FDA warned healthcare professionals that both conventional and atypical antipsychotics are associated with an increased risk of death in elderly patients treated for dementia-related psychosis.

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LONG TERM CARE COMMUNITY COALITION

Working to improve long term care through research, education & advocacy

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LTC Federal Issues & Updates *continued from page 2*

Antipsychotic medications may be considered for elderly residents with dementia but only after medical, physical, functional, psychological, emotional, psychiatric, social and environmental causes have been identified and addressed. Antipsychotic medications must be prescribed at the lowest possible dosage for the shortest period of time and are subject to gradual dose reduction and re-review.”

The changes to surveyor guidance and completion of the mandatory training modules – which are well done and can be accessed for free on CMS’s website – are welcome developments. However, in order for them to be meaningful it is crucial that surveys diligently apply these standards when they survey nursing home.

For more information on the antipsychotic drugging issue, federal trainings and guidance and information for consumers, visit LTCCC’s dedicated website page at <http://www.nursinghome411.org/?articleid=10042>.

Nursing Home Sprinkler Requirements

Ten years ago, horrific fires in nursing homes in Connecticut and Tennessee led to the development of federal requirements that nursing homes install automatic sprinklers to protect residents. The final rules, promulgated five years ago, gave nursing homes five years to come into compliance. This year, faced with reports that a number of nursing homes have failed to take steps to meet this standard, CMS proposed allowing some facilities to seek a waiver giving them up to an additional two years to comply.

LTCCC and other consumers are deeply concerned that nursing homes that were scofflaws and failed to adequately protect their residents and staff against fires – despite being given five years to do so – are basically being rewarded with additional time, rather than being penalized. CMS took public comments on this proposal in the spring. LTCCC, along with the California Advocates for Nursing Home Reform, the Legal Aid Justice Center and The National Consumer Voice for Quality Long-Term Care, signed on to comments submitted by Janet Wells (an independent advocate, formerly the long time director of public policy at The Consumer Voice).

LTCCC will keep readers posted on the final decision when it is published. The letter sent by Ms. Wells is available at: <http://www.ltccc.org/news/documents/JWCommentsonFeb72013ProposaltoWaiveSprinklerulesapr2013.pdf>.

Managed LTC

In June, CMS established rules for the states for the enrollment (and disenrollment) of dual eligible individuals (those who qualify for both Medicare and Medicaid). The rules, which only pertain to enrollment in Medicare - Medicaid Plans (MMPs) participating in CMS’ Financial Alignment Demonstration for Medicare - Medicaid enrollees, are effective as of the 2013 contract year. It allows for passive enrollment but states “must follow rigorous procedures to ensure beneficiaries retain their rights, including opting out and choosing other Medicare options.” The full guidance is available at <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMPFinalEnrollGuidance.pdf>. A summary, from the National Senior Citizens Law Center, is available at <http://dualsdemoadvocacy.org/wp-content/uploads/2012/02/Enrollment-Guidance-Summary-062713.pdf>.

LTC Ombudsman

The federal Administration on Aging issued a Notice of Proposed Rulemaking in June, with request for public comments, to promulgate the first regulatory guidance for state Long Term Care Ombudsman Programs (LTCOPs) in the Program’s history.

The LTCOP began as a demonstration program in 1972 and now operates in every state, with substantial federal funding, under the authority of the Older Americans Act. However, in the absence of regulatory standards, the independence and effectiveness of LTCOPs have varied widely. LTCCC and other advocates have long been concerned that many of the state and local LTCOPs have difficulty providing independent advocacy for nursing home residents on an individual basis and are often unable to conduct systemic and policy advocacy, as required by federal law, due to local political influence and pressure.

The proposed rules can be found at <https://www.federalregister.gov/articles/2013/06/18/2013-14325/state-long-term-care-ombudsman-program>. Comments are due August 19. LTCCC will be submitting comments at that time. If you are interested in signing on to LTCCC’s comments, please email richard@ltccc.org by August 15.

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Rules for Nursing Home Hospice

The June 27, 2013 Federal Register published a final rule revising the requirements for hospice care in nursing facilities. One of the stated goals is to improve “quality and consistency of care between hospices and LTC facilities in the provision of hospice care to LTC residents.” The introduction to the rule discusses how care and services are to be paid for, noting the “duplicative and/or conflicting services” provided by facilities and hospice and the issues that have resulted in terms of inappropriate payment to providers.

Following are some of the important provisions in the rule relating to the division of responsibilities between the nursing home and the hospice provider:

1. It is the facility’s responsibility to make sure “that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services.”

2. There must be a documented communications policy between the facility and the hospice provider “to ensure that the needs of the resident are addressed and met 24 hours per day.”

3. The facility must “immediately” inform the hospice of any “significant change in the resident’s physical, mental, social, or emotional status;” “[c]linical complications that suggest a need to alter the plan of care;” the “need to transfer the resident from the facility for any condition;” and upon the resident’s death.

4. “[I]t is the LTC facility’s responsibility to furnish 24-hour room and board care, meet the resident’s personal care and nursing needs in coordination with the hospice representative, and ensure that the level of

care provided is appropriately based on the individual resident’s needs.”

5. The hospice provider’s responsibilities include, but are not limited, to “providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident’s terminal illness and related conditions.”

6. The facility “must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.” [NB: This is in addition to the existing requirements that nursing homes have under federal and state laws to report resident abuse and neglect, suspicion of a crime against a resident, etc... to the appropriate authorities.]

7. Any “facility providing hospice care under a written agreement must ensure that each resident’s written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident’s highest practicable physical, mental, and psychosocial well-being, as required at § 483.25.”

The full text of the rule is available at <http://www.gpo.gov/fdsys/pkg/FR-2013-06-27/pdf/2013-15313.pdf>. □

NYS Legislative Priorities *continued from page 1*

For more information on this issue, visit the NY State page on LTCCC’s nursing home website at <http://www.nursinghome411.org/articles/?category=nystateissues> and our new nursing home policy brief at <http://www.nursinghome411.org/?articleid=10049>.

Improving Assisted Living Care & Accountability

In recent years the assisted living industry has experienced tremendous growth in New York. Unfortunately, the lack of sensible standards threatens

not only the safety of vulnerable residents but also the future viability of the industry, which increasingly seeks to position itself as the alternative to nursing homes for residential care that provides safety and peace of mind in a less institutional setting.

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

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Quarterly Enforcement Actions Against Nursing Homes

Selected Enforcement Actions of NYS Attorney General

Medicaid Fraud Control Unit¹ Took Action Against 8 Nursing Home Personnel 3/16/13 - 6/15/13

Nursing Home	Location	Defendant	Narrative	Sentence
Focus Rehabilitation and Nursing Center at Utica	Utica	Brown, Michele F., Certified Nurse Aide	Defendant struck a resident while providing care. Resident had kicked defendant in the face during care, and the defendant responded by slapping resident in the mouth, punching her on the left cheek & spraying peri wash in resident's face.	5/29/2013: One-year Conditional Discharge ² .
Glendale Home Schenectady County	Scotia	Sanders, Judith, Registered Nurse	RN at Glendale NH administered narcotic to wrong resident, who required hospitalization. Defendant also failed to administer medications to two other residents on eight separate occasions.	5/14/2013: Fine of \$100 and a conditional discharge ² to surrender her Registered Nurse License within 30 days.
Guilderland Center Nursing Home	Guilderland Center	Clark, Leonard, Certified Nurse Aide	CNA at Guilderland Ctr NH grabbed and injured the breast of a female resident. Defendant charged with one count each of Endangering the Welfare of a Vulnerable Elderly Person or an Incompetent or Physically Disabled Person, Wilful Violation of Public Health Law and Harassment in the Second Degree. Pled guilty on 1/24/13 to one count Wilful Violation of Public Health Law.	4/4/2013: Three-years Probation and surrender of CNA certificate.
Hamptons Center for Rehab	Southampton	Szydlowski, Nancy, Administrator	Defendant, the former administrator at the Hamptons Center for Rehabilitation and Nursing, had been arrested and charged with three class E felony counts: Falsifying business records in the first degree (PL §175.10), Tampering with physical evidence (PL §215.40(1)(a)) and Offering a false instrument for filing in the first degree (PL §175.35). She endeavored to cover-up the elopement of a resident who was found miles from the facility several hours after she left, by first failing to report the incident and then, after it was reported anonymously, directing her staff to falsify a nursing note while a DOH investigator waited for her to produce the resident's chart to him. She then produced the falsified note to the DOH investigator.	6/10/2013: Three-years Probation, Fine of \$2,500 and precluded from caring for any incompetent person.
James G Johnston Memorial Nursing Home	Johnson City	Baker, Danyelle, Certified Nurse Aide	The defendant stole a cell phone from resident.	5/3/2013: Three-years Probation and Restitution of \$43.19.
Mills Pond Nursing	St. James	Tonsingh, Pauline, Certified Nurse Aide	Defendant, a CNA, wrongfully left resident alone on the toilet and resident fell over and hit her face against the railing. Defendant failed to get an RN to assess resident but instead moved her, dressed her and brought her into the dining room. The resident's eye started to swell and had blood tinged discharge. When asked, defendant falsely asserted both verbally and in writing, that patient was in that condition when she first saw the resident in her bed that morning. X-rays revealed a fractured orbital. Defendant pled guilty to one count of Endangering the welfare of an incompetent or physically disabled person (PHL §2803-d(7) and 12-b(2), a class A misdemeanor.	4/30/2013: Three-years Probation. Other probation conditions include prohibition from being employed and taking care of any incompetent person whether incompetence is due to age, physical disability or mental disease or defect.
Pleasant Valley	Argyle	Vanalen, Tiffany, Licensed Practical Nurse	LPN at Pleasant Valley noted in MARS that Synthroid medication was administered to residents but blister packs show that the medications were not given. Defendant charged in a Felony Complaint with five counts each Falsifying Business Records in the First Degree Class E felony and Willful Violation of Health Laws, an unclassified misdemeanor. Felony Complaint replaced with Prosecutor's Information charging 5 counts Falsifying Business records in the Second Degree [PL 175.05(1)] and 5 counts of Wilful Violation of Health Laws [PHL 12-b(2);2803-d(7)].	5/30/2013: One-year Conditional Discharge ² ; 30 Hours of Community Service; \$348.70 in Restitution; a Fine of \$500 and her LPN license was suspended pursuant to a consent order with the NYS Office of Professional Discipline.
Sunnyside Care Center	East Syracuse	Andrews, Chester, Licensed Practical Nurse	Between March 24, 2011, and April 20, 2011, the defendant signed the narcotics log 24 times indicating that he removed a dose of the narcotic, Percocet, from a blister pack and administered it to resident "A.M." The defendant did not administer the Percocet and admitted converting those doses of the narcotic for his personal use.	4/30/2013: One-year Conditional Discharge ² and Restitution of \$28.

¹The unit prosecutes cases of patient abuse in nursing homes.

²Conditional discharge means if similar act is committed during the time period defendant can be brought back to court.



Quarterly Enforcement Actions Against Nursing Homes

Selected Administrative Actions By The NYS Office of Medicaid Inspector General

Action Taken Against 3 Nursing Home Personnel 3/16/13 - 6/15/13¹

OMIG works to protect New York State citizens residing in long term care facilities by making sure that those responsible for their care do not engage in abusive and fraudulent activities. This is done through OMIG's ensuring that those who are enrolled as providers into the Medicaid program are properly vetted, investigating allegations of fraud and abuse within long term care facilities, and finally, excluding providers who have abused their positions as care givers. In addition to conducting their own investigations, the 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). A single provider can receive multiple exclusions, based on different indictments and convictions. This involved process works to protect residents of long term care facilities, because it ensures that even if one conviction is overturned, the abusive provider is still banned from receiving Medicaid funds based on other convictions.

Nursing Home	Defendant	Location	Narrative	OMIG Exclusions ² Based Upon
Peconic Bay Skilled Nursing Facility	Lauren Young, LPN	Riverhead	Ms. Young dispensed Vicodin from a Pyxis machine, and falsely entered into the records that it was for a patient, when she in fact took it for her own personal use.	SED License Surrender 10/30/2012 MFCU Conviction 10/19/2010
Pine Haven Nursing Home	Volincia King, CNA	Philmont	In violation of a resident's care plan, Ms. King transferred a patient on her own. A laceration was later discovered on the resident's leg that had been crudely bandaged with a gauze pad tied tightly to the resident's leg. Ms. King had not notified anyone regarding this injury, nor did she note the injury in the resident's medical record.	HHS Exclusion 2/20/2013 MFCU Conviction 11/27/2012
Valley View Manor Nursing Home	Virginia Prewitt, RN	Norwich	On multiple occasions, Ms. Prewitt failed to give residents their medications, yet falsely recorded in the Medication Administration Records and Narcotics Control Sheet records that she had given them. Ms. Prewitt was captured on video surveillance destroying the medication and then charting that she had given them.	HHS Exclusion: 4/18/2013 MFCU Conviction 10/8/2012

¹In addition to these actions, 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.

²Exclusion 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. Additionally, any person who is excluded from the program cannot be involved in any activity relating to furnishing medical care, services or supplies to recipients of Medicaid for which claims are submitted to the program, or relating to claiming or receiving payment for medical care, services or supplies during the period. OMIG may take a variety of exclusion actions against a provider based upon: indictments; convictions; consent orders or HHS exclusion.

Federal Civil Money Penalties¹ Against 14 Nursing Home: 3/1/13 – 5/31/13²

Name Of Home	Location	Survey Date	Amount
Alice Hyde Medical Center	Malone	10/19/2012	\$17,647.50 ³
Beechtree Care Center	Ithaca	8/21/2012	\$2,600.00 ³
Charles T. Sitrin Health Care Center	New Hartford	7/10/2012	\$4,225.00 ³
Franklin Country Nursing Home	Malone	8/9/2012	\$2,925.00 ³
Guilderland Center Rehabilitation & Extended Care Facility	Guilderland Center	11/9/2012	\$50,180.00 ³
Hudson Park Rehabilitation & Nursing Center	Albany	12/17/2012 & 2/1/2013	\$4,387.50 ³
Northern Manor Geriatric Center, Inc.	Nanuet	9/11/2012	\$2,470.00 ³
Pine Haven Home	Philmont	1/7/2013	\$2,925.00 ³
Pleasant Valley	Argyle	11/5/2012	\$1,040.00 ³
Pontiac Nursing Home	Oswego	2/12/2013	\$20,247.50 ³
Robinson Terrace	Stamford	11/13/2012	\$5,525.00 ³
Rosewood Heights Health Care	Syracuse	6/1/2012	\$3,000.00
Rosewood Heights Health Care	Syracuse	6/18/2012	\$3,000.00
Rosewood Heights Health Care	Syracuse	12/14/2012	\$10,000.00
Whittier Rehabilitation Skilled Nursing Center	Ghent	10/31/2012	\$3,575.00 ³
Willow Point Nursing Home	Vestal	5/18/2012	\$5,500.00

¹Civil Money Penalties (CMPs) – a federal sanction against nursing homes that fail to comply with quality care requirements.

²As reported by CMS. For more detailed information contact the FOIA Officer at CMS 212-616-2439. This list will be posted on LTCCC's website every three months.

³Amount reflects a 35% reduction as the facility waived its right to a hearing as permitted under law.



Quarterly Enforcement Actions Against Nursing Homes

Special Focus Facilities (SFF)

The federal Centers for Medicare and Medicaid Services (CMS) initiated the Special Focus Facility (SFF) program to address the widespread problem of nursing homes that have persistent, serious problems. Often these facilities exhibit “yo-yo” compliance: they correct problems found during a survey (inspection) but then are unable or unwilling to maintain standards and fall out of compliance again, repeatedly. From a consumer perspective, the SFF program can be a valuable tool to crack down on nursing homes that are persistently failing their residents and, by identifying and fixing (or removing) a state’s worst nursing homes on an on-going basis, eventually improve nursing home care overall.

Once a facility is selected for inclusion in the SFF program it receives special attention from the state, including a federally mandated requirement that the state conduct 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 participation in the Medicare and Medicaid programs. Termination usually means that a facility is sold to a new operator or closed. Due to resource limitations, only 136 nursing homes across the country are selected for participation in the SFF program at any given time. On average, states have about two SFFs; since New York is one of the largest states in the country it is supposed to have at least five.

Since CMS started to make the names of SFFs public, this program is an important tool that consumers can use to learn about facilities in their communities with persistent problems. The federal nursing home information website, Nursing Home Compare (www.medicare.gov/nhcompare) now includes information on whether or not a facility is an SFF. CMS updates a list of all SFFs in the country quarterly. See <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/sfflist.pdf>.

Following is the latest information on SFFs in New York State.

SPECIAL FOCUS FACILITIES IN NEW YORK STATE – As of June 20, 2013

The numbers in parenthesis indicate the number of months the home has been on the list and identified as an SFF.

Facilities Newly Identified as a SFF	Facilities That Have Shown Improvement ¹	Facilities That Have Not Improved ²	Facilities That Have Recently Graduated from the SFF Program ³	Facilities No Longer Participating in the Medicare & Medicaid Program ⁴
None	Mercy Living Center (6) Pleasant Valley (15) Van Duyn Home And Hospital (20) Wingate at Beacon (6)	Blossom South Nursing And Rehabilitation Center (25) * Rosewood Heights Health Center (15)*	None	None

¹Nursing homes that have shown significant improvement, as indicated by the most recent survey. If the improvement continues for about 12 months (through two standard surveys), these nursing homes will graduate from the SFF list.

²Nursing homes that have failed to show significant improvement.

³These nursing homes have had sustained significant improvement for about 12 months (through two standard surveys). “Graduation” does not mean that there may not be problems in quality of care, but does generally indicate an upward trend in quality improvement compared to the nursing home’s prior history of care.

⁴These are nursing homes that were either terminated by CMS from participation in Medicare and Medicaid within the past few months or voluntarily chose to leave the program.

*On the list for the second time.

NYS Legislative Priorities *continued from page 4*

management are conducted by staff who we can count on to have the necessary training and skills. The result: taxpayer funds and New Yorkers’ lifetime savings going toward “Home & Community Based Care” that can be as institutional as a nursing home, families being promised significant dementia care by companies that refuse to have nurses in their facilities and an enforcement system so outdated that fines for violations – even for those that have caused harm – have not increased in over three decades.

To overcome these serious issues, LTCCC advocated on three bills this year that would (1) establish a basic level of training for direct care staff; (2) strengthen enforcement penalties when a resident is harmed or endangered due to abuse or neglect (assisted living fines for violating minimum standards have not increased in over 35 years in NY!); and (3) require a

nurse on staff for facilities that are certified to provide “Special Needs” or “Enhanced” assisted living for residents who have significant dementia or frailty (in that they are close to needing 24/7 nursing home care).

For more information on the bills, which we will continue to advocate for in the coming year, and LTCCC’s memo in support of these protections go to <http://assisted-living411.org/nyassistedlivinglegislation.php>.



Join LTCCC’s Action Alert E-mail list to receive future action alerts and our E-Newsletter, with news and updates on issues affecting long term care consumers by emailing info@ltccc.org. You can also visit our LTC Citizen Action Center at www.ltccc.org to find out about current action alerts during the legislative year. □

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The Long Term Care Community Coalition

presents

Dementia Care Without Drugs

**A Symposium for Professional Caregivers, Family Members & Other Stakeholders
to Improve Quality of Life & Comfort for Residents With Dementia**

To Be Held At: **Jewish Home Lifecare, 120 W 106th St, NYC**
Wednesday, November 13 or Thursday, November 14
9 A.M. – 3 P.M.

[NOTE: This is a one day program. Attendees may choose which day to sign-up for.]

The goal of this symposium, supported by a generous grant from the Fan Fox & Leslie R. Samuels Foundation, is to create change in dementia care and antipsychotic drug use in nursing homes in New York City by educating care staff, family members and other resident representatives about this widespread (yet under-recognized) problem and equipping them with knowledge and skills they can use to help their patients and loved ones receive appropriate dementia care that is comforting and avoids unnecessary drugging.

Seats Are Limited! R.S.V.P. by October 23. Registration is \$25 (includes lunch & materials).

Limited scholarships are available for CNAs, Volunteer LTC Ombudsmen & Family Members. To reserve on-line: Go to www.ltccc.org and click on the yellow button on the right: "Symposium: Dementia Care Without Drugs." For multiple reservations, scholarship information or questions please contact Sara Rosenberg by email at sara@ltccc.org or phone at 212-385-0355.