

MONITOR

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

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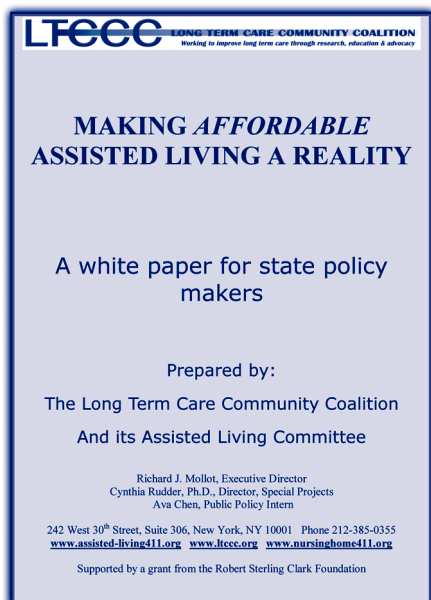


LTCCC Presents White Paper on Affordable Assisted Living to State Policy Makers

As readers of *The Monitor* know, LTCCC's White Paper on Affordable Assisted Living was released in January (see the last edition). On February 27, 2008, LTCCC staff, with Christine Moore of the New York State Nurses Association (one of the participants in the writing of the white paper), presented the white paper to state policy leaders.

Four meetings were held. For all presentations, it was made clear that the white paper recommendations were carefully planned to complement and build upon one another and that they seek to achieve affordability of desirable assisted living by linking government incentives for builders with mandates relating to fees and quality of life for residents.

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Assisted Living Regulations Adopted!

After almost four years since passage of NY State's assisted living law, on March 26th the New York State Department of Health adopted regulations implementing provisions of the law and requiring assisted living licensure.

All residences that provide or arrange for housing, on-site monitoring, personal care services and/or home care services (either directly or indirectly), in a home-like setting to five or more adult residents unrelated to the assisted living provider must apply for licensure and comply with specific standards of care.

“Your action led to our success.”

Thanks to all of you who wrote letters, sent faxes and made phone calls. Your action led to our success.

The final regulations are very protective. They state that all residences providing such services must follow all rules now currently required of adult homes as well as the new regulations. In addition, any residence wanting to permit residents to age-in or to care for a special population (such as people with Alzheimer's Disease) must have special certificates with additional requirements that are responsive to the greater needs of these populations. To see a summary of the regulations and a link to the actual regulations, visit our website, www.assisted-living411.org.

There are two changes that we are concerned about and a few areas that will bear watching. One change from the earlier proposed regulations is that the requirement that RNs be present for one shift a day for 7 days a week in facilities with enhanced and special needs certificates has been changed to a requirement for a RN for one shift a day for only 5 days with LPNs for the remaining 2 days.

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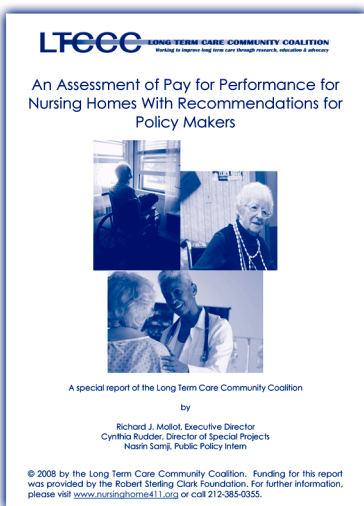
Pay for Performance:

Can a 'Carrot Stick' Approach Improve Nursing Homes?

Since the enactment of the federal Nursing Home Reform Law (OBRA '87) the quality of care in nursing homes has improved in many ways since the scandalous conditions that existed in the 1970s and 1980s. Unfortunately, many nursing homes continue to provide poor care, too often resulting in harm to vulnerable residents from neglect or abuse.

While oversight and effective enforcement are the chief tools the government uses to "encourage" good care, problems with the enforcement system often diminish the government's ability to ensure good nursing home care and quality of life. For instance, the nursing home industry's power and money make it very influential. As a result, the industry and its lobbyists have been able to significantly water down enforcement of minimum safety standards.

Pay for performance (P4P, also known as value-based purchasing) is a growing movement that seeks to reward nursing homes for good or improved performance by giving them additional funds. Its proponents find it attractive because rather than "punishing" poor performance (as the enforcement system is said to do) it rewards good performance. However, there are many questions regarding the efficacy of pay for performance, as well as its very safety for consumers (not to mention cost-effectiveness for tax payers).



In order to provide an effective consumer response to P4P, LTCCC conducted research on P4P and has published a report which identifies and addresses our major concerns regarding its implementation. The report presents recommendations for policymakers that are considering P4P as a means of improving nursing home care. It is available on our website, www.nursinghome411.org (click on the "Pay for Performance" button on right side of page).

New York State began a somewhat limited P4P program last year. LTCCC's executive director, Richard Mollot, was the only consumer representative on the state's P4P advisory group for most of the year until, at LTCCC's urging, two other consumer-oriented members were added. [The rest of the group's non-governmental members were either providers or provider representatives.] While there has been little movement so far this year on P4P in New York, many look to it as something that will increase in importance, with more funding and resources devoted to it in the coming years. The goal of LTCCC's P4P report and participation in the state's advisory group is to make sure that consumer interests are protected as P4P is implemented.

Following are some of the major concerns discussed in the report:

- Although P4P programs aims to enhance quality

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LTCCC

LONG TERM CARE COMMUNITY COALITION

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

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LTCCC Holds Second Roundtable Discussion on the Future of Nursing Homes in NY

With support from the New York Community Trust, LTCCC held a series of two roundtable discussions on the future of nursing homes in New York State. The goal of the roundtables was to bring together representatives of the important sectors relevant to nursing home care in New York to identify issues and begin to work toward solutions that will serve New Yorkers in the future. Meeting participants represented different stakeholders, including providers, consumers and workers, and well as prominent philanthropies and government agencies such as the New York State Department of Health, the State Office for the Aging and the governor's office.

In New York State, as in many parts of the country, there is growing support for the expansion of home- and community-based long-term care. State funds that have traditionally supported a majority of nursing home residents are increasingly being earmarked for nursing home alternatives, reflective of consumers' desire for less restrictive long-term care settings. However, many elderly and disabled New Yorkers will continue to need and/or want the professional and highly specialized nursing care that nursing homes provide. Thus, while LTCCC strongly supports the right of every consumer to get care in the least restrictive setting possible, we also believe that it is crucial that nursing homes are an available, viable and safe resource for those who will require them in the future.

At the first of the LTCCC's two roundtable discus-

sions, held on Dec. 13, 2007, participants concluded that there were three things that needed to be accom-

plished to respond to the problems: (1) change the culture of nursing homes to give residents and workers the home-like and caring environment that they want; (2) overcome the multiple workplace issues,



such as poor working conditions and training issues, which pose significant challenges and (3) address financing issues to make sure that nursing homes can meet the needs of future residents. At the second roundtable, held on Mar. 20, 2008, participants used these key themes as a foundation to developing action steps that the various participating sectors can take to advance positive change and overcome challenges. Emphasis was placed on strategies for the implementation of these action steps.

A number of interesting ideas for action steps were discussed and debated. For instance, encouraging culture change could be accomplished through government funding of annual regional awards for innovative leaders and practices in nursing homes or by using civil money penalty funds to encourage providers to institute culture change pilot programs in their facilities or consumer groups to educate and empower consumers. Accurate measurements of resident and family satisfaction could become an integral part of the regulatory survey process, and surveyors could be re-oriented to recognize innovative nursing home practices.

Participants discussed steps to address key workplace issues such as improving workers' pay and ben-

efits by implementing regional standards based on

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sions, held on Dec. 13, 2007, participants concluded that there were three things that needed to be accom-

Assisted Living Regulations...

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The second change relates to referrals to assisted living residences from companies or organizations that “help” consumers and families find an assisted living or other long term care provider. The last version of the proposed regulations prohibited a residence from making any payment as compensation for referring a resident for admission. The final adopted provisions permit such payment. This means that a consumer could go to a service thinking that the service is going to help them find the place that is best for him or her when, in fact, the service is being paid by a provider (or some providers) for business that they bring in. While the regulations require the referral agency to disclose to consumers that they are being compensated by the residence to make referrals, it unfortunately does not stipulate how. LTCCC is con-

the Department and for such residences to be required to comply with the adopted regulations.

Now that the regulations have been promulgated, we must make sure that they are effectively enforced. As we have seen with nursing homes, effective enforcement is absolutely crucial. LTCCC will be monitoring this and will keep you informed.



Now that the assisted living regulations have been promulgated the approval process for licensure is important. If you have experience – good or bad – with an adult home or assisted living, please make sure you give your opinion of any residence applying for licensure by going to our website, www.assisted-living411.org and clicking on: “Speak Out On Assisted Living Applications in Your Community.”

If you have any experiences with a residence you believe should be licensed and is not applying for such licensure, or with any licensed residence, let us know by sending us information at, info@ltccc.org. □



SUMMARY OF ASSISTED LIVING REGULATIONS¹

This summary includes the following subjects²:

- Definition of Assisted Living
- Types Of Assisted Living Residences
- Admission and Retention
- Admission Procedures
- Residency Agreements
- Individualized Service Plans (ISP)
- Resident Services
- Staffing and Training
- Resident Rights
- Disclosure of Information
- Inspection and Enforcement

cerned that, left to their own devices, these services may not do a good job of letting people know that they may have a “hidden agenda.”

In addition, there are a few areas that are not as strong as we had hoped, such as medication management and assistance for those individuals who lack capacity – we believe that only licensed nurses should be able to give these individuals their medications. We hope the Department will keep an eye on how well such residents fare under this policy.

Even with these concerns, we are very pleased with the final regulations. Thanks to Department of Health and State Office for the Aging staff that fought hard to protect New York State’s assisted living residents.

We will not see these regulations being enforced until residences are licensed. It will take months for the first application for licensure to be approved by

Bravo to the State!



Thanks to the NY State Department of Health and Governor Paterson’s office for not bowing down to provider pressure and holding firm on the need for registered nurses in enhanced and special needs assisted living. In addition, in the midst of the state’s crisis over a change in governors, the state made sure that promulgation of the assisted living regulations was not held up. Special thanks to Mark Kissinger, Deputy Commissioner of Health; Joseph Baker, Assistant Deputy Secretary for Health and Human Services; and Dennis Whalen, Deputy Secretary for Health and Human Services, for their work to prevent another delay in the regulations’ enactment. □

DOH Announces CMP Funding Opportunities to Improve Nursing Homes

Federal civil monetary penalties (CMPs) and State CMPs/fines are imposed on nursing homes if a nursing home does not comply with regulatory standards. In 2004, New York State passed a law, long advocated for by LTCCC, creating a nursing home improvement fund, permitting the state to use funds from civil monetary penalties and state fines to fund projects to improve nursing home care.

In August, 2007, even after LTCCC discussed its national report on the use of these funds (<http://www.nursinghome411.org/CMPPProject/index.php>) with DOH staff and received agreement on the majority of our recommendations for how the funds should be used in New York, the state released a request for proposals that had few if any of the recommendations made in either the national report or by the 21 New York stakeholders which LTCCC brought together in a summit meeting to identify CMP priorities for New Yorkers.

Since then, the current Deputy Commissioner of Long Term Care, Mark Kissinger, agreed to publish a second request for funding which would better meet our suggestions. On March 5, 2008, the second request was released. We are very pleased with this request and expect that many innovative proposals for

improving nursing home quality of life and care will be submitted. The new request has many of our suggestions: (1) applicants other than nursing homes can apply; (2) it encourages applicants to look at “creative” ways to use the funds by broadening the allowable uses of the funds; (3) it authorizes funds for innovative projects that go beyond current regulatory requirements and ordinary budget items to improve residents’ quality of care and quality of life, encourage person directed care, promote consumer advocacy and involvement and stimulate and support the spread of “culture change;” and (4) it targets consumer focused projects such as work with family councils, resident councils, consumer advocacy organizations, and ombudsman projects.



Join LTCCC's NY CMP Stakeholder Group to learn about the latest developments and speak to other stakeholders about priorities for funding to help residents, potential collaborations with other groups, etc. Go to <http://groups.google.com/group/ny-cmp-stakeholders>. □

Shopping for a Birthday, Anniversary, etc.?



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To start shopping, the first time only, go to the top of the right-hand side of that page and enter your email address under “Join Here.”

Not only will you help us and long term care consumers, you will also be able to take advantage of special offers available through iGive, such as discounts on merchandise and shipping, etc...



Enforcement Actions Against Nursing Homes

CIVIL MONEY PENALTIES¹ AGAINST 7 NURSING HOMES: 12/1/07 – 2/29/08²

NAME OF HOME	LOCATION	SURVEY DATE	AMOUNT
Cabrini Center for Nursing and Rehabilitation	Manhattan	8/20/07	\$31,893.75 ³
Guilderland Center Nursing Home, Inc.	Guilderland Center	10/5/07	\$4,550.00
Little Neck Nursing Home	Little Neck	10/15/07	\$1,365.00
NYS Veterans Home at St. Albans	Queens	9/25/07	\$51,825.00 ⁴
The Pines Healthcare & Rehabilitation Center- Machias Campus	Machias	12/7/07	\$4,225.00
Riverview Manor Health Care Center	Owego	11/16/07	\$1,625.00
Teresian House Nursing Home Co, Inc.	Albany	9/26/07	\$53,950.00

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

² As reported by CMS. For more detailed information contact the FOIA Officer at CMS 212-616-2345. This list will be posted on LTCCCs website every three months.

³ Fine imposed in accordance with settlement agreement between CMS and the facility.

⁴ Reduced due to financial hardship.

STATE FINES AGAINST 16 NURSING HOMES: 12/16/07 – 3/15/08¹

NAME OF HOME	LOCATION	DATE OF SURVEY	AMOUNT ²
Bainbridge Nursing & Rehab Center, LLC	Bronx	9/21/06	\$8,000
Bethany Nursing Home	Horseheads	11/19/02	\$8,000
Bethany Nursing Home	Horseheads	12/6/02	\$2,000
Bethel Nursing & Rehab	Croton on Hudson	8/30/06	\$1,000
Bethel Nursing & Rehab	Croton on Hudson	1/30/07	\$1,000
Dewitt Rehab and Health Care Center	Manhattan	4/22/05	\$500
Dewitt Rehab and Health Care Center	Manhattan	5/10/06	\$500
Elant at Brandywine, Inc.	Briarcliff Manor	9/11/06	\$8,000
Fairchild Manor Nursing Home, LLC	Lewiston	2/10/06	\$1,000
Fairchild Manor Nursing Home, LLC	Lewiston	6/13/06	\$6,000
Far Rockaway Nursing Home	Queens	7/28/05	\$4,000
Fiddlers Green Manor Nursing Home	Springville	5/18/06	\$2,000
Fiddlers Green Manor Nursing Home	Springville	6/8/06	\$2,000
Grace Manor Health Care Facility	Buffalo	1/18/06	\$8,000
Harbour Health Multicare Center for Living	Buffalo	12/29/06	\$4,000
Harbour Health Multicare Center for Living	Buffalo	5/31/07	\$6,000
Mt. Loretto Nursing Home	Amsterdam	8/10/07	\$7,000
Mountainside Residential Care Center	Margaretville	3/20/07	\$2,000
Oneida Health Care Center	Oneida	7/2/07	\$4,000
Schoellkopf Health Center	Niagara Falls	5/26/06	\$2,000
Wartburg Lutheran Home for the Aging	Brooklyn	6/4/07	\$3,000
Woodcrest Rehab and Residential HC	Queens	6/6/07	\$2,000

¹ As reported by the Department of Health (DOH). For more detailed information call the DOH FOIL Officer at 518-474-8734 or e-mail – nhinfo@health.state.ny.us.

² Under state law nursing homes can be fined up to \$2,000 per deficiency.



Enforcement Actions Against Nursing Homes

In addition to the actions listed below, the following nursing homes are also subject to a fine. If the nursing home was found, at the time of the survey, to have given substandard quality of care (SQC) and/or to have put residents in immediate jeopardy (IJ), the most serious level of deficiencies, or to have repeated deficiencies that have caused isolated resident harm (G) it is noted in the third column. Double G means the home has received Gs in two consecutive surveys. IJ Removed means the facility was identified to have immediate jeopardy during the survey but removed the situation that caused Immediate Jeopardy prior to the end of the survey.

The State Took Other Action Against 12 Nursing Homes 12/16/07 - 3/15/08¹

NAME OF HOME	LOCATION	IJ,SQC or G	SURVEY DATE	CMP ²	ACTIONS ³
Beechwood Homes	Getzville	IJ	3/4/08	x	Inservice
Blossom South Nursing & Rehab	Rochester	GG	12/31/07		DPOC, DOPNA
The Dutch Manor Nursing & Rehab	Schenectady	GG	12/14/07		DPOC, Inservice, DOPNA
Glen Island Center	New Rochelle	IJ	2/29/08	x	DOPNA
Grandell Rehab & Nursing	Long Beach	GG	2/27/08		DOPNA
Mayfair Care Center	Hempstead	GG	1/30/08		DPOC, Inservice, DOPNA
Meadowbrook Healthcare	Plattsburgh	GG	1/31/08		DPOC, Inservice, DOPNA
Nathan Miller Center	White Plains	IJ	2/6/08		DOPNA
Schulman & Schachne	Brooklyn	IJ	2/4/08	x	State Monitor, DOPNA
St. Josephs- Utica	Utica	IJ	1/29/08	x	DOPNA
Wingate at Beacon	Beacon	IJ	1/28/08	x	DOPNA
Wyoming Co. Community Hosp. SNF	Warsaw	GG	2/27/08		DPOC, DOPNA

¹ As reported by the Department of Health (DOH). For more detailed information call the DOH FOIL officer at 518-474-8734 or e-mail – nhinfo@health.state.ny.us

² Recommendation to CMS

³ Denial of Payments for New Admissions (DoPNA): Facility will not be paid for any new Medicaid or Medicare residents until correction; Directed Plan Of Correction (DPOC): A plan that is developed by the State or the Federal regional office to require a facility to take action within specified timeframes. In New York State the facility is directed to analyze the reasons for the deficiencies and identify steps to correct the problems and ways to measure whether its efforts are successful; In-Service Training: State directs in-service training for staff; the facility needs to go outside for help; State Monitoring: state sends in a monitor to oversee correction; Termination means the facility can no longer receive reimbursement for Medicaid and Medicare residents.



Take our survey...

on NY Connects, the single point of entry for long term care in New York. The survey is available at www.ltccc.org (click on the yellow box that says "take our survey") or call 212-385-0355 for a hard copy.

LTCCC Presents White Paper...

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Incentives must be in place to make the mandates economically feasible, while incentives without mandates would lead to undesirable outcomes for consumers.

A lively discussion was held with Joe Baker, assistant deputy secretary, Health and Human Services in the Governor's Office, Mark Kissinger, deputy commissioner of Health and Deborah Bachrach, deputy commissioner of the Office of Health Insurance Programs (OHIP) and the State's Medicaid Director at the first meeting. All three agreed to look specifically at a number of our recommendations including analyzing costs and savings for our proposal to utilize the state plan personal care services benefit option to pay for the care of Medicaid eligible individuals, establishing a clearinghouse or "one-stop shop" resource for developers looking for information, loans and subsidies and allocating a portion of the governor's new

Housing Opportunity Fund for assisted living.

The meetings with the Assembly and Senate brought together staff from the Aging, Finance and Health Committees and the Speaker and Majority Leader offices. All expressed interest in our recommendations for making assisted living affordable in New York and were pleased that LTCCC had presented them with a cohesive paper to focus their discussions. They will consider the possibility of introducing legislation in the next session.

The last meeting was held with State Office for the Aging (SOFA) director Michael Burgess and his staff. SOFA agreed to make sure that all information on affordable housing was made available in its NY Connects. SOFA was particularly interested in our recommendation on the Housing Opportunity Fund and was supportive of our ideas. LTCCC will continue to meet with policy makers and stakeholders to further this discussion. □

Pay for Performance...

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of care, there are concerns that the performance indicators, used to decide good or improved performance, may not be accurate determinants of real improvements to resident care or quality of life.

- Unless there is strong public transparency and accountability for performance indicators, programs may not actually improve quality of life for residents.

- Residents in nursing homes are very diverse. Many have different backgrounds, values, diseases, functional capabilities, and needs. The performance indicators are population-based (i.e., averages of the entire facility) and that might actually homogenize care and divert attention away from individualized, resident-centered care.

- Financial rewards may motivate provider behavior in ways that might actually harm residents or diminish access to or quality of care. It could encourage providers to manipulate the system by "cherry picking" residents (and excluding those whose care needs would negatively affect their chances of getting a reward). It could also reward providers for focusing their attention on only P4P performance indicators while allowing other important resident needs to be ignored.

The report presents two practical recommendations for addressing issues such as the ones men-

tioned above. Specifically, the use of pilot programs to assess the actual effectiveness of P4P will provide a substantiated indication of the effectiveness of the program. [Implementation of P4P in long term care is in its initial stages, thus there is limited information on its effectiveness in a nursing home environment.] Secondly, ensuring that reporting occurs in a timely and accurate fashion will provide a source of information from which procedures can be altered and from which improvements can be made.



Consumer interest and participation is essential to make sure that policymakers know that consumer needs must be protected as any major change, such as this, is implemented. Please speak out and let your state leaders know that you are aware of P4P and want to make sure that any program implemented benefits the public and has safeguards to discourage abuse of the system. Go to our Long Term Care Citizen Action Center to send a message or write a letter to your state officials using the names and addresses in the Action Alert contact list in this newsletter. □

LTCCC Second Roundtable...

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reimbursement rates, as well as providing additional training and advanced certification to encourage direct-care staff to move up the career ladder. Funders could support consumer advocacy groups to study and expand regional projects to recruit and retain direct-care staff. In addition, providers could empower and train frontline workers to participate in decision-making and care-planning. Nursing homes could also foster opportunities for more meaningful, less repetitive work and reduced risk for self-injury by using coaching supervision, cross-functional care teams and peer mentoring, as well as changing job descriptions to allow for more time spent with residents.

In order to deal with the financial issues, participants discussed a variety of steps. A collaboration among the Department of Health, designers, architects and representatives of the nursing home and long-term care field could ensure that construction of new facilities employs maximally-efficient design elements that reduce operational costs, e.g., alternative energy and advanced technology. Government agen-

cies and providers could annually update capital construction caps and leverage other social goods with net capital reimbursement. Funders and the govern-



ment can support consumer advocacy groups to research actual nursing home cost of care and educate communities to embrace their local nursing homes as public goods.

A final record of all of the roundtable participants' insights and strategies will be published and distributed widely to stakeholders and decision makers in the state. We hope it will serve as a valuable tool to both support the continuation of similar discussions as well as to encourage the action steps described. □



LTCCC Hosts Culture Change Workshops

LTCCC, with support from a grant from the New York State Office for the Aging (NYSOFA), conducted three workshops, two in New York City and one in Westchester, on culture change. Culture change is a movement that aims to deinstitutionalize nursing homes, incorporating a more resident-centered approach. Traditional nursing homes often provide little social interaction between residents, inconsistent care staff assignments, and typically have an institutional, hospital ward-like setting. A nursing home that has undergone culture change is centered on the resident, providing a more home-like environment focused on what the resident needs and wants as an individual. In culture change the direct care worker truly participates in a caring and nurturing environment in which all of the staff people participate in resident care.

The intent of these workshops was to encourage culture change in nursing homes in New York by generating interest and demand for culture change on a grassroots level. While many aspects of culture change – such as resident care that enables residents to maintain their maximum physical, emotional, social and mental well-being – are actually legally required of providers under the federal Nursing Home Reform Law, all too often resident care and quality of life falls far short of these requirements. NYSOFA's idea was to start addressing this longstanding problem in a new and innovative way: create a groundswell of support for change among New York seniors and their communities.

In order to most effectively accomplish this in three workshops, LTCCC identified community “leaders” – like representatives of organizations that work with seniors, geriatric care managers, ombudsman and religious organizations and invited them to the workshops. The workshops were structured so that participants could each take back to their communities the lessons learned and thus build support and demand for culture change from the ground up.

Attendees were educated on the differences



between traditional nursing homes and nursing homes that have undergone culture change. They viewed a film on a nursing home that was undergoing culture change, which presented the benefits (and challenges) for residents, their family, direct care staff and the nursing home's administration. Following the video, participants took part in a discussion

on the benefits and challenges of culture change that nursing homes as well as our communities may face in instituting culture change. This dialogue helped participants to understand ways in which they could make culture change a reality in their communities. Some of these ideas included education of community groups (i.e., church health ministries, family councils, and senior centers) and formation of a state grassroots coalition to advocate for culture change, as well as educating nursing home family and resident counsels about resident rights and how they mesh with culture change.



All of the resources provided to workshop participants to facilitate their education and advocacy efforts on culture change are available on LTCCC's website at www.nursinghome411.org (click on Culture Change, on the right hand side of the webpage). These resources include information on the Greenhouse Project and other types of culture change that are taking place across the country, links to news reports and studies on the benefits of culture change and the PowerPoint presentation given at the workshops. See next page for specific details. We welcome you to use them in your communities to educate people about nursing home culture change and help us to help communities know their rights to good care and change expectations. Having the community advocate for culture change is important in bettering care for the elderly population living in nursing homes. Getting the community to be the “champions of change,” will be critical for change to happen. □

Free Information & Resources: **Changing the Culture of Nursing Homes: An Idea Whose Time Has Come**

ALL MATERIALS ARE AVAILABLE FOR FREE AT WWW.NURSINGHOME411.ORG



1. Information on culture change initiatives that are making a real difference in the lives of nursing home residents in communities across the country;
2. Resources you can use to learn more and educate people in your community about the benefits of culture change, overcoming challenges, etc... to build support for culture change;
3. A PowerPoint presentation that can be used by community groups, clubs and religious organizations to educate their communities about culture change; and
4. Additional consumer information & links to data resources.

The federal Nursing Home Reform Law of 1987 requires that each nursing home "care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident." This requirement emphasizes dignity, choice, and self-determination for residents.

Culture change is about changing the culture of nursing homes so that they fully reflect these requirements. The culture change movement aims to de-institutionalize the environment of nursing homes. It involves the transformation of nursing homes from the traditional, hospital-like model to one that is resident-centered. Residents truly participate in life at the nursing home, making decisions for themselves regarding dressing, dining, bathing and partaking in activities, taking part in the functioning of the nursing home to the extent they wish to be involved, etc...

* * * * *

The Long Term Care Community Coalition is nonprofit organization dedicated to improving care and quality of life for the elderly and disabled who need long term care. Funding for this project was provided by the NY State Office for the Aging, Michael Burgess, Director.

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To write to your representative in the Assembly, address your letters to him or her at NYS Assembly, Albany, NY 12248. The general switchboard for the Assembly is 518-455-4000.

In addition to your personal representative, it is important that the following leaders hear from you:

Assemblymember Sheldon
Silver, Speaker
speaker@assembly.state.ny.us

Assemblymember Richard N.
Gottfried, Chair
Committee on Health
gottfr@assembly.state.ny.us

Assemblymember Jeffrey
Dinowitz
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dinowij@assembly.state.ny.us

New York State Senate:

To write to your Senator, address your letters to him or her at NYS Senate, Albany, NY 12247. The general switchboard for the Senate is 518-455-2800.

In addition to your personal senator, it is important that the following leaders hear from you:

Senator Joseph Bruno
Majority Leader
bruno@senate.state.ny.us

Senator Martin Golden
Chair, Committee on Aging
golden@senate.state.ny.us

Senator Kemp Hannon
Chair, Committee on Health
hannon@senate.state.ny.us

To obtain the names of your personal state government representatives, go to The Citizen Action Center on our website: www.ltccc.org.

FEDERAL OFFICIALS:

To contact your federal representatives visit our action alert center at www.ltccc.org or call the congressional switchboard 202-225-3121.



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