

# M<sup>LTC</sup>onitor

The Long Term Care Advocates' Newsletter

SPRING 2003



Nursing Home Community Coalition Of New York State • 11 John Street, Suite 601 • New York, NY 10038

## Bush Administration's Medicaid Proposal Threatens Federal Nursing Home Protections

On January 31, 2003, President Bush proposed sweeping financing and programmatic changes for Medicaid (and the State Children's Health Insurance Program) that we believe imperils the health care of many New Yorkers and will "undo" key elements of the Medicaid program. **Federal standards relating to nursing home quality, scope of benefits provided and patient protections under managed care could be lost.**

### *The Proposal*

If the proposal goes into effect, states would have the choice of continuing to administer Medicaid according to

existing rules or to accept a capped annual federal allotment (a "block grant"). If states opt for the Bush plan, they would be given new flexibility to change Medicaid program rules and would receive temporary fiscal relief by receiving additional federal

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## NHCC Launches Initiative to Monitor Nursing Home Staff Posting: Calls on Consumers, Advocates and Staff to Help Collect Information

NHCC has launched a major initiative to collect information on nursing home staffing levels posted in New York nursing homes under a new federal mandate. The law, which went into effect on January 1, 2003, requires that all nursing homes post, in a clearly visible place, the number of RNs, LPNs and nurse aides on duty for all shifts in the course of a day.

The purpose of the law is to provide long term care consumers with information about staffing levels in the facility.



***Staffing levels are a widely recognized indicator of quality of care, with low staffing directly contributing to increased suffering, injury and even premature death of vulnerable nursing home residents.***

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## Bush Administration's Medicaid Proposal Threatens Federal Nursing Home Protections...

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al funds which they would have to repay. These provisions will make this proposal attractive to many states, including New York where our Governor has already publicly endorsed the plan, during this time when most states are having fiscal problems.

### *Financing Problems*

Under the Bush plan, although allotments would grow each year, the increase would not be based upon the number of people served or upon their needs, but on a pre-determined formula. This eliminates the flexible, open-ended federal funding arrangement that is at the heart of the current Medicaid program. Under the Bush scheme, states would no longer be able to receive additional federal Medicaid funds if, for example, a new treatment has become available and is more costly. If the state spends more than the capped amount, it would not receive any more federal funds. This would clearly give states an incentive to keep their costs below the cap (at a time when health care costs are rising and the population is aging), and because the plan allows states to slash coverage, states would legally be permitted to cut their costs in ways dangerous to our citizens.

### *Elimination of Federal Entitlement to Medicaid Coverage and Federal Minimum Standards*

In the words of Secretary of Health and Human Services Tommy Thompson, the Bush option would give “carte blanche” flexibility to change eligibility, benefits, cost sharing and other key elements of the program for “optional” groups. “Mandatory” beneficiaries would generally (states could make some changes) continue to benefit from federal minimum standards, but optional groups would not.

### *“Optional” groups*

Under current federal law, states must cover individuals in mandatory categories (i.e., children in foster care, elderly and disabled Supplemental Social Security Income — SSI beneficiaries) but can choose not to cover those in the

optional categories. Generally speaking, all elderly on Medicaid whose income is above the SSI level are in the optional group. Over 56 percent of elderly individuals receiving Medicaid across the country are “optional” beneficiaries. Most of the nursing home residents on Medicaid are in the optional category and, thus, might not be covered under the Bush plan if the state chooses not to cover them. These individuals (and others in the optional categories such as parents working at low-wage jobs that do not offer health insurance, disabled people with incomes over the SSI levels and others) could lose all of their federal protections.

### *Implications for Long Term Care Recipients*

States could use the Bush plan’s “carte blanche” flexibility to lower costs in order to remain at or below the annual cap. Nursing home residents stand to lose the protections we all fought for in the Nursing Home Reform Act of 1987; families stand to lose the guarantee that spouses of nursing home residents on Medicaid now receive to keep some income to allow some financial security and the protection that adult children now have not to be forced to be financially responsible for their parents.

### *We Must Fight*

This proposal will need federal legislative approval in order to be implemented. It is important to let your elected representatives know how you feel about this plan. They must understand: the benefits to our citizens of the current Medicaid program and the immediate need for financial assistance to the states — without the requirement of accepting a capped allotment — to meet the increased health care needs of our citizens. ■



#### **WHAT YOU CAN DO:**

Write, fax, e-mail or call Governor Pataki, President Bush, Senator Hillary Clinton and Senator Charles Schumer (See Action Alert Box for addresses). **TELL THEM THAT YOU OPPOSE THE BUSH ADMINISTRATION'S MEDICAID PROPOSAL.**

# Pataki Budget Puts Long Term Care Residents at Risk

## *Cuts to Long Term Care Providers*

Governor Pataki's projected 2003 to 2004 budget proposes to cut \$389 million of Medicaid reimbursement to nursing homes. In addition a \$73 million cut is planned for home care agencies as well as reduced funding to adult homes.

## *Impact on Nursing Home Residents*

Less Medicaid reimbursement to nursing homes means less staff.

In testimony at the State Medicaid Hearings in February, Dan Heim, vice president for public policy for the New York Association of Homes and Services for the Aging (NYAHSA), a trade association for the state's not-for-profit homes, stated that the only real way to cut labor costs, which account for 70 percent or more of costs, is to lay off staff. In fact, he stated that even before these proposed cuts — 20 percent of NYAHSA's homes have laid off staff.

If nursing homes cut even more staff, we are looking at disaster. As the readers of *The Monitor* know, currently, the number of staff in our nursing homes is at a dangerously low level. According to a federal study in 2001, 98 percent of the homes in New York State did not have enough nurse aides to give basic care to our state's nursing home residents.

## *Restore the Nursing Home Cuts With Commitment to Add Staff*

While NHCC would like to see these proposed cuts restored, we urge restoration *only* with a commitment to use a certain percent of the restored cuts to increase nursing home staff.

## *Restore Cuts in the State's Workforce or Destroy the State's Surveillance Systems*

Governor Pataki has called for a moratorium on hiring new state workers. Any cuts or restrictions on the state working force will affect the number of inspectors and surveyors that survey nursing homes, hospitals and home care agencies.

These numbers are already dangerously low. Between 1995 and 1999, the State restricted hiring to such a degree that the

numbers of inspectors and surveyors became so low that there were not enough investigators to protect our citizens. For example, at one point, while the New York City region was getting between 10 and 20 complaints a day, it only had two investigators to investigate. As many of you read in the papers, the back log of complaints in this region became almost insurmountable.

During the past few years, the State has begun to add back the needed numbers, but has been unsuccessful hiring and retaining the staff it needs in the New York City area. If the State does not continue to add more inspectors, the survey system will become completely inoperable and the complaint system now in critical condition, will never recover.

## *Do Not Repeal Medicaid Coverage of Dually Eligible Medicare Co-Pays*

The Governor proposes to repeal the requirement to cover co-pays for Medicare beneficiaries who are also eligible for Medicaid. If this goes into effect, it will lead to major access problems for nursing home residents to medical treatments, especially to mental health treatments, where the co-pay is 50 percent not 20 percent.

Currently, the Medicare co-pay for mental health services is 50 percent, which Medicaid covers for dually eligible residents. If Medicaid no longer covers, providers have a choice: eat the co-pay or stop giving services. This will clearly affect providers of mental health services the most. We are afraid that this will mean that nursing home residents, many of whom need mental health care, will lose this important service, as well as those where the co-pay is 20 percent. ■



### **WHAT YOU CAN DO:**

Write, call or e-mail the Governor. It is important that he hears from you that this is important to consumers and voters.

# NHCC Position on Assisted Living Legislation: The Need to Protect Residents

The Nursing Home Community Coalition has a long-standing commitment to legislation requiring licensure of Assisted Living facilities in New York. Licensure is needed to make sure that Assisted Living facilities have measurable standards and criteria regarding their ownership and operation; the way important services such as meals, living arrangements and resident care are provided; and making sure that consumers and the state have recourse if the facility fails to give adequate services or care. In short, legislation is necessary to ensure that residents — who are often vulnerable — are protected.

The Coalition worked hard last year to bring about Assisted Living legislation in New York. Unfortunately, the legislature and governor were unable to come to terms on a bill, and nothing was passed. Since then, the market for assisted living has continued to grow, a situation that is expected to continue as the state's population grows older. With this in mind, the Coalition is renewing its call for legislation to protect consumers — both now and in the future — with new provisions to address growing concerns over the ownership of facilities by publicly traded corporations.

In this era of increasing corporate greed and malfeasance, the need to keep assisted living facilities out of the control



*Photo above: At the Committee meeting (l-r) Ellen Ensig-Brodsky, Olivia Filerman and Geoff Lieberman.*

*Photo below: A recent meeting of the Assisted Living Committee. Pictured are (l-r) Jean Murphy, Judy Brickman and Ann Berson.*



***In this era of increasing corporate greed and malfeasance, the need to keep assisted living facilities out of the control of publicly traded corporations is critical.***

of publicly traded corporations (PTCs) is critical. PTCs are created and operated to optimize profits, not resident care. While privately owned facilities also seek to earn profits there are structural and functional differences between the two that have potentially serious implications. These include:

- PTCs can be set up out of the state or even the country, making it difficult for the state to enforce standards or for residents to seek recourse for problems such as poor care and treatment or mishandling of personal finances;
- The primary responsibility of senior management of PTCs is to increase profits and raise stock price or dividends. Oftentimes, as recent history tragically demonstrates, short term profit oriented goals are given precedence, and the well being of the company suffers. Imagine what this could mean for residents — the results could be tragic;
- PTCs, particularly in the long term care industry, are often large conglomerates with many layers of management between that of the corporation and of individual facilities.
- What happens to residents

if a PTC is sold, goes bankrupt or decides to shut down its assisted living division? It will be very difficult to protect consumers in these situations, particularly if the

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# Medical Malpractice Tort Reform Threatens Long Term Care: NHCC Urges Consumers to Learn the Facts and Speak Out

There are currently efforts in both Albany and Washington to institute “tort reform.” Tort reform would place limits on the amount of punitive damages a victim could receive in a court of law. These are the damages that the law imposes to punish willful or malicious misconduct; where there is limited ability to do this the opportunity to get a meaningful remedy for negligence or abuse is curtailed.

Proponents argue that tort reform is necessary to lower the malpractice insurance costs for doctors. However, it is not clear that limiting the punitive damages will lower insurance costs. Arguments for such a limit mention cases when someone has received an award that sounds outrageous. But it is important for the general public to remember that these are rare cases chosen because they make good publicity. In addition, oftentimes in these rare cases, vital aspects of those cases that would help the public understand the reason for the high award go unmentioned.

The Coalition believes that in the vast majority of cases a judge and jury are very capable of making reasonable decisions, and that the appeals process can take care of the rare case that is not reasonable. In addition, we are extremely concerned about the negative impact tort reform would have on consumer rights and care. Not only would tort reform limit a person’s ability to be fairly compensated for injury or neglect, it would also take away an important deterrence to future poor treatment, neglect and abuse, since healthcare providers would know that they can get away with only a slap on the wrist.

*Tort reform will have particularly tragic repercussions for the elderly, disabled and other long term care consumers*

The tort reform limitations would make economic loss — such as lost wages — the primary way to compensate for poor care and injury. Seniors and other long term care con-

sumers will be particularly hard hit by this because they generally do not have wages to lose; they do not have expectations of a large future income. For instance, in the federal bill supported by President Bush, there would be a maximum award of \$250,000 for punitive damages. That means that a hospital, nursing home or other healthcare provider can cause any amount of injury to a patient, no matter how negligent or neglectful, and not be penalized more than \$250,000 in addition to the person’s actual damages and economic loss (which for the elderly will probably be deemed as little or nothing).

This hurts not only the individuals or families who have suffered from egregious — perhaps criminally — poor care, but all health care consumers since it takes away a major incentive for doctors and other healthcare providers to provide adequate care: the liability of economic consequences. Without the threat of serious economic penalty, healthcare providers have an even greater incentive to cut corners to save money.

Given the state of nursing home care today, the Coalition believes that nursing home residents and other long term care consumers need more protections not less. And providers need to have more incentive to provide good care, not less. Thus, tort reform is something that we must fight against vigorously, because once consumer protections are removed they will be virtually impossible to reinstitute. ■



## WHAT YOU CAN DO:

Write, call and email President Bush, Senators Clinton and Schumer, Governor Pataki and your New York State legislators and tell them that you are against tort reform and are concerned about the impact it will have on healthcare, particularly for seniors and long term care consumers. See the Action Alert box on the back page for contact information.



# Enforcement Actions Against Nursing Homes<sup>1</sup>

12/15/02 to 3/15/03



## THE STATE FINED EIGHTEEN HOMES

<i>NAME OF HOME</i>	<i>LOCATION</i>	<i>DATE OF SURVEY</i>	<i>AMOUNT</i>
Dr. Susan Smith McKinnney Nsg. & Rehab. Ctr.	Brooklyn	03-11-02	3,000
Edna Tina Living Ctr.	Rochester	08-15-02	2,000
Hutton Nursing Home	Lake Katrine	01-14-02	2,000
King Street Home, Inc.	Port Chester	04-11-02	2,000
Lake Shore Hosp., SNF	Irving	06-27-02	2,000
Masonic Home & Health	Utica	03-15-02	2,000
Middletown Park Manor	Middletown	09-11-02	2,000
Robinson Terrace	Stamford	03-29-02	4,000
St. Ann's Community (The Heritage)	Rochester	03-29-01, 06-11-01	8,500
St. Ann's Community (St. Ann's Home)	Rochester	06-17-02	2,000
St. Teresa's NH	Middletown	08-29-02	2,000
Sunrise NH	Oswego	02-11-99	4,100
The Gardens At Manhattan	Buffalo	08-16-02	8,000
Wayne Health Care	Newark	04-05-02	4,000
The Wartburg NH	Mt. Vernon	02-08-02	2,000
Walnut Mt. Care Ctr.	Liberty	04-10-02	2,000
Westmount Health Facility of Warren Cty.	Queensbury	04-30-02	4,000
Williamsville View Manor	Bronx	02-22-02, 07-18-02	4,000

## THE STATE NOTIFIED 7 NURSING HOMES THEY ARE SUBJECT TO A FINE AND MUST POST A "NOTICE OF ENFORCEMENT" (LOOK FOR THESE POSTERS)<sup>2</sup>

<i>NAME OF HOME</i>	<i>LOCATION</i>	<i>SURVEY DATE(S)</i>
Gold Crest Care Center	Bronx	10/22/02
Hutton Nursing Home	Lake Katrine	01/14/02
Jennifer Matthew Nursing And Rehab Center	Rochester	09/06/02
Michael Malotz Skilled Nursing Pavilion	Yonkers	03/25/02
Saint Luke Manor	Batavia	09/13/02
The Pines Healthcare & Rehab Center -Machias Campus	Machias	09/19/02
Victoria Home	Ossining	10/07/02

1. As reported by the Department by Health. This list will be posted on NHCC's website every three months, two to three weeks after the end date listed above. If you want to know why a facility was cited and/or fined, you can get a copy of the Statement of Deficiencies (SOD) from the Department of Health. You will be charged \$.25 a page. Call Jim O'Meara, FOIL Officer – 518-474-8734 or e-mail – nhinfo@health.state.ny.us. Ask the Department to let you know how much it will cost to make sure that you can afford the amount. If you cannot, ask if you can look at the SOD in your regional office.

2. Nursing homes are also required to post the most recent survey results



# Enforcement Actions Against Nursing Homes

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## THE STATE TOOK OTHER ACTIONS AT NINETEEN 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.

<i>NAME OF HOME</i>	<i>LOCATION</i>	<i>IJ, SQC OR G</i>	<i>SURVEY DATE</i>	<i>ACTIONS<sup>1</sup></i>
Alice Hyde Medical Center	Malone	G	12-20-02	POC, In Service
Chenango Memorial Hosp.	Norwich	G	01-08-03	DOPNA, POC, In Service
Dumont NH	New Rochelle	G	01-07-03	DOPNA, POC
Eden Park East Greenbush	E. Greenbush	IJ/SQC	02-18-03	DOPNA* POC, In Service, State Monitoring
Elderwood at Wedgewood	Amherst	G	01-02-03	POC, In Service
Erie Cty. Medical Ctr.	Buffalo	G	12-20-02	POC
Franklin Medical Ctr.	Valley Stream	G	01-31-03	DOPNA* In Service
Grace Manor	Buffalo	G	02-19-03	DOPNA* POC, In Service
John J. Foley SNF	Yaphank	G	12-24-02	DOPNA, In Service
Manor Oak	Cheektowaga	IJ	02-04-03	DOPNA, POC, State Monitoring
Martin Luther NH	Clinton	G	02-13-03	DOPNA In Service
Mercy Health Care Ctr., Inc.	Tupper Lake	G	11-21-02	DOPNA, POC, In Service
Newfane Rehab	Newfane	G	12-05-02	DOPNA, POC
Schnurmacher NH Of Beth Israel	White Plains	G	01-29-03	DOPNA
Teresian House	Albany	G	01-09-03	POC, In Service
Van Rensselaer Manor	Troy	G	12-20-02	POC, In Service
Unity Living Ctr.	Rochester	G	02-21-03	DOPNA* POC, In Service
Vivian Teal	Syracuse	G	01-15-03	DOPNA* POC, In Service

1. **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 (POC):** 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.

\* pending

# Two Extraordinary Advocates Retire We Will Miss Their Advice, Help and Passion

## *Mary Sughrue*

Mary Sughrue has been an advocate for long term care residents for over 25 years. She worked on the Moreland Act Commission, the landmark commission studying the scandalous New York State nursing home industry in the 1970's. She has worked in the Office of the Attorney General, Medicaid Fraud Control Unit for many years, working closely with Charles "Joe" Hynes, Special Prosecutor for Medicaid Fraud and Control, in the early years when he helped to clean up the scandals.

Mary has been a good friend of NHCC, supporting us in all we did, representing the Medicaid Fraud Control Unit at our meetings and helping to set up meetings with the Office and members of NHCC and making sure that our ideas were heard.

We will miss her.

## *Evelyn Weinstein*

Evelyn Weinstein started the Nassau County Ombudsman program in 1985 and served as its Director for 18 years. Evelyn has been an integral part of NHCC all of these years. She has served on most of our subcommittees, giving knowledge, advice and ideas. Evelyn has always been a supporter of NHCC in word and deed. She let nothing stop her when a resident's pain and suffering needed to be stopped. The advocacy community will miss Evelyn.

**To both of these remarkable women — "Enjoy this next phase of your life. Do all those things you never had time to do. You deserve it."**

## **NHCC Position on Assisted Living Legislation: The Need to Protect Residents...**

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courts are viewing the facility merely as another business, and not considering the human element involved.

NHCC is fighting to ensure that an assisted living bill is promulgated this year and that it includes the protections necessary to protect residents and consumers. In addition to working to protect against the aforementioned dangers

***NHCC is fighting to ensure that an assisted living bill is promulgated this year...***

of ownership by PTCs, the Coalition is seeking to ensure that residences use a uniform needs assessment tool when admitting residents to develop an appropriate, individualized care plan; that there are clear and consistent discharge policies with limited reasons for discharge, so that a facility cannot evict residents at their whim; that the State performs a character and competence review of potential facility operators to ensure that they are capable of creating and maintaining a beneficial environment; strong State oversight mechanisms to ensure that quality is maintained; and that consumers are informed through requirements that facilities disclose information on their pricing structure, contractual obligations and services provided as well as a state-produced "Assisted Living Consumer Bill of Rights." ■



### **WHAT YOU CAN DO:**

The legislature and governor will not incorporate these important protections into the law unless they hear from citizens and consumers. Write, fax or email Governor Pataki, Representative Englebright and Senator Golden and your own state legislators and tell them that the state should not allow assisted living residences to continue unregulated, and that legislation must include measures to protect against the dangers of ownership by publicly traded corporations. **Tell them that this is not "just any old business," it is the business of caring for New York's older adult population.**



# HELP THE NURSING HOME COMMUNITY COALITION KEEP TABS ON STAFFING IN NURSING HOMES

As of January 1, 2003, nursing homes are required to post "in a clearly visible place" the number of nursing staff on duty for each shift. Those who must be included are the Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Nurse Aides directly responsible for resident care. Some nursing homes might show RNs and LPNs together as "licensed nurses."

Families, friends, residents and staff from all over the state will be contributing to this important effort. Please take a few moments to answer the following questions for the nursing home you live in or visit.

NHCC will use your answers to make sure that nursing homes are complying with the law and that the information is posted in a way that is helpful to consumers. It will also help us determine whether we need to advocate for improvements to the law in the future.

This is important information that can help you and other consumers determine the kind of care a facility is providing.

We encourage you to make and distribute copies of this form so that we can get as much information as possible. Feel free to fill out a form every time you visit – every report we receive will help us determine if this new law is working to benefit residents. Even if you have found that there was no posting, it is very important that we hear from you.

**Thank you.**

**NURSING HOME POSTING OF STAFF ON DUTY - REPORTING FORM**

**- Please Print -**

Name of Nursing Home: \_\_\_\_\_

Address & County of Nursing Home: \_\_\_\_\_

1. Date and time of day posting was checked : \_\_\_\_\_ ☐ Day ☐ Eve ☐ Night
2. Does the Nursing Home have a posting? ☐ Yes ☐ No
3. Is it easy to find? ☐ Yes ☐ No
4. Is it easy to read? ☐ Yes ☐ No
5. How large is it (approximately)? \_\_\_\_\_
6. Where was it posted (check all that apply)?  
☐ Near the entry or reception desk ☐ On or near a community bulletin board  
☐ On residence floors ☐ Near nurse station(s) ☐ Somewhere else (please tell us where) \_\_\_\_\_
7. What were the numbers posted? \_\_\_\_ RNs \_\_\_\_ LPNs \_\_\_\_ Nurse Aides  
*(NOTE: If numbers are only given for "Licensed" and "Unlicensed" Nursing Staff, please fill in under LPNs and Nurse Aides, respectively, and check here ☐ )*
8. Do you feel that this number accurately reflected the number of direct care staff on duty? ☐ Yes ☐ No Why? \_\_\_\_\_
9. If you know how many residents are in the facility, write number: \_\_\_\_\_
10. Are you a ☐ Family Member/Friend ☐ Resident ☐ Staff ☐ Other

Optional Information (all personal information will be kept confidential):

Your Name: \_\_\_\_\_

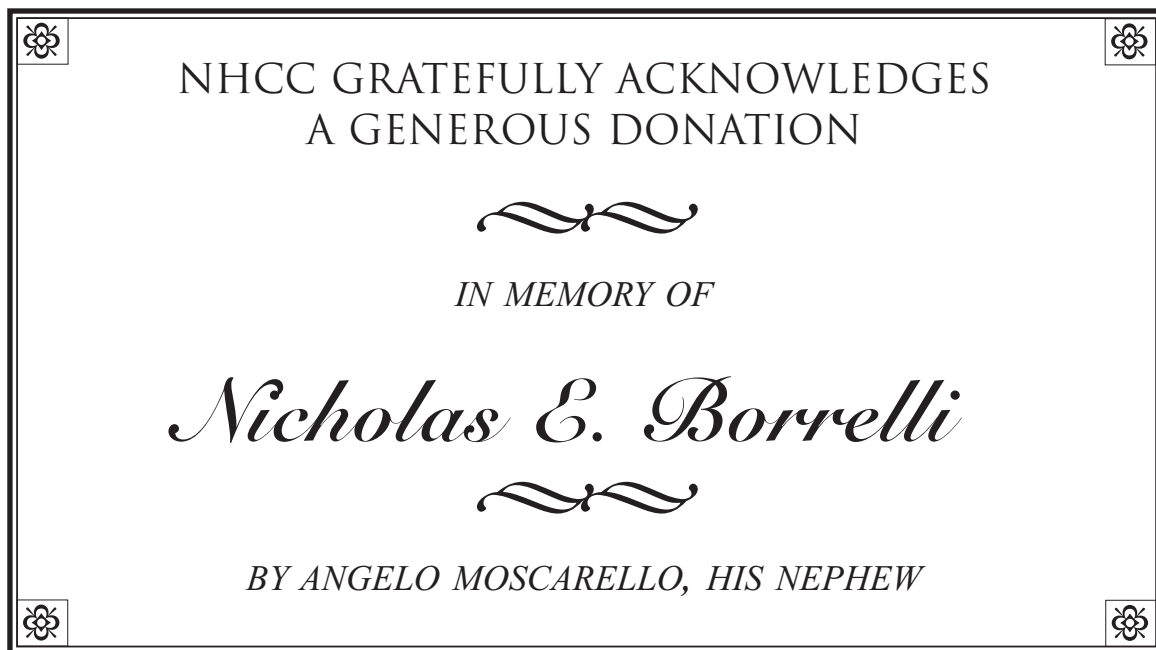
Contact Information: \_\_\_\_\_

Email Address: \_\_\_\_\_ Check to join our Action Alert List: ☐

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THIS PAGE TO NHCC Posting, 11 John Street, Suite 601,  
New York, NY 10038 or FAX 212-732-6945.**



*T*his is a lovely way to remember or honor a loved one — by helping to make sure that our elderly are well cared for. All contributions go directly to our important work to enhance the lives of people in nursing homes and assisted living facilities and to improve conditions for all long term care consumers in New York.

If you would like to make a donation in the name of someone special, please send your check to:  
NHCC Fund, 11 John Street, Suite 601, New York, NY 10007. Let us know if you would like us to acknowledge the gift by notifying someone of your generosity, and/or by publishing a notice in a future edition of *LTC Monitor*.

## NHCC Launches Initiative to Monitor Nursing Home Staff Posting...

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mature death of vulnerable nursing home residents.

NHCC is calling on nursing home residents, visitors and employees to use the simple form we created to report on the posting for their facility. NHCC will use your answers to make sure that nursing homes are complying with the law and that the information is posted in a way that is helpful to consumers. It will also help us determine whether we need to advocate for improvements to the law in the future.

**This is important information that can help you and other consumers determine the kind of care a facility is providing.**

We encourage you to make and distribute copies of this

form so that we can get as much information as possible. Feel free to fill out a form every time you visit — every report we receive will help us determine if this new law is working to benefit residents. Even if you have found that there was no posting, it is extremely important that we hear from you. ■



### WHAT YOU CAN DO:

Fill out the short form every time you are in a nursing home. Make copies of the form for your family and friends and others who visit or are in nursing homes.

The form is printed on page 10 and available for free on our website,

[www.nhccnys.org](http://www.nhccnys.org),  
or by calling 212-385-0355.

## ACTION ALERT BOX

### New York State Officials:

Governor Pataki  
State Capitol  
Albany, NY 12224  
Phone: 518-474-7516  
E-Mail: Go to:  
<http://www.state.ny.us/governor/>

Commissioner Antonia C. Novello  
NY Department of Health  
Tower Building  
Empire State Plaza  
Albany, NY 12237

**New York State Assembly:**  
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 518-455-4100.

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](mailto:speaker@assembly.state.ny.us)

Assemblymember Richard N. Gottfried  
Chair, Committee on Health  
[gottfr@assembly.state.ny.us](mailto:gottfr@assembly.state.ny.us)

Assemblymember Steve Englebright  
Chair, Committee on Aging  
[engles@assembly.state.ny.us](mailto:engles@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](mailto:bruno@senate.state.ny.us)

Senator Martin Golden  
Chair, Committee on Aging  
[golden@senate.state.ny.us](mailto:golden@senate.state.ny.us)

Senator Kemp Hannon  
Chair, Committee on Health  
[hannon@senate.state.ny.us](mailto:hannon@senate.state.ny.us)

To obtain the names of your personal state government representatives, go to [www.elections.state.ny.us](http://www.elections.state.ny.us) and click on "District Maps and Representatives."

**Federal Officials:**  
President Bush  
The White House  
Washington, DC 20500  
Phone: 202-456-1111  
Fax: 202-456-2461  
E-Mail:  
[president@whitehouse.gov](mailto:president@whitehouse.gov)

Senator Hillary Clinton  
United States Senate  
476 Russell Senate Office Building  
Washington, DC 20510  
Phone: 202-224-4451  
Fax: 202-228-0282  
E-Mail: Go to:  
<http://clinton.senate.gov>

Senator Charles Schumer  
313 Hart Senate Building  
Washington, DC 20510  
Phone: 202-224-6542  
Fax: 202-228-3027  
E-Mail: Go to  
<http://schumer.senate.gov>



**Nursing Home Community Coalition  
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