



Building Small-Style Nursing Homes:

The Choice is All About Perspective

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about perspective



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Mission Statement

To create the future of aging and continuing care services in New York State.

Our national partner, LeadingAge, is an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging. Together, we advance policies, promote practices and conduct research that supports, enables and empowers people to live fully as they age.

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LeadingAge New York

13 British American Blvd., Suite 2

Latham, NY 12110-1431

leadingageny.org

P 518.867.8383 F 518.867.8384

Kristen Myers, editor

kmyers@leadingageny.org

Kathie Kane, designer

Noreen Hiltzley Mosher,

sponsorship and advertising

nhiltzley@leadingageny.org

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Founded in 1961, LeadingAge New York represents more than 500 not-for-profit, public and mission-driven senior care providers, including nursing homes, senior housing, adult care facilities, continuing care retirement communities, assisted living, home care and community services providers which serve approximately 500,000 people across New York each year.

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A Matter of Perspective

Whether the glass is half full or half empty depends on how you view it. Likewise, the direction taken once an organization decides to build a small-style nursing home will depend entirely on what matters most to the future of that organization. The choices are many, ranging from Green House to Small House and myriad hybrid options. Organizations will contemplate what is important: cost, quality, brand, efficiency and a host of other factors as they choose their direction.

In this issue, Consultant Liz Kormos provides a primer on the differences between Green House and Small House homes and important factors to consider. Explore the experiences of several members including lessons learned from early adopters and factors under consideration for members recently embarking on the journey.

“LeadingAge New York is here to help – through advocacy for the right policies to support a vital new future and in helping members share their perspectives.”

A big part of the decision to move toward Green House/Small House models is the commitment to person-centered care. Several members share their unique ideas for being the best facility possible. Finger Lakes Health has installed four Carlisle Roof Gardens to decrease stress on sewer systems and provide green space throughout the year for residents and staff. Geneva Hospital is claiming a unique marketing niche by positioning itself to become the best hospital in patient safety and

experience of hospitals of its size in the United States. Explore the benefits for residents with dementia of Ellis Health Systems new Snoezelen Room, a unique therapy room designed to calm or stimulate as needed.


Learn how to move person-centered care into the managed care future with *Eight Critical Steps to Hardwire Relationships with ACO's and Referring Hospitals* and how to create efficient operations in *Energy, Sustainability and the Triple Bottom Line*.

The future of long term care is exciting and challenging. Opportunities to move to a newer consumer-driven model of care abound. Each organization will choose the direction that supports their unique perspective. LeadingAge New York is here to help – through advocacy for the right policies to support a vital new future and in helping members share their perspectives.

Jim Clyne

A handwritten signature in black ink, appearing to read 'James W. Clyne Jr.' with a stylized flourish at the end.

James W. Clyne Jr.
President and CEO



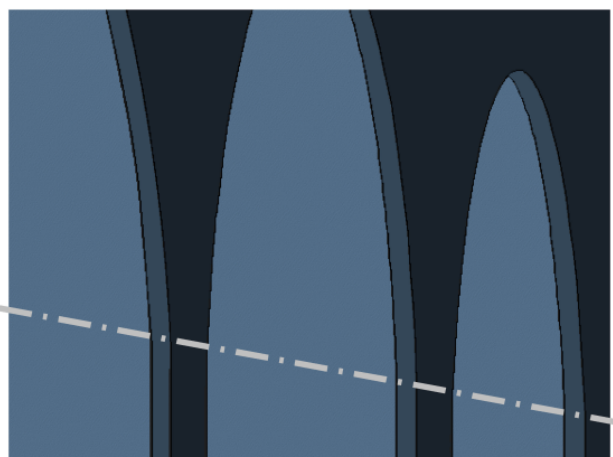
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Eight Critical Steps to Hardwire Relationships with ACOs and Referring Hospitals

By Michele Saunders, RPT, Business Development, HealthPRO® Rehabilitation

Nursing home executives, board members and administrators are faced with the challenge of cultivating relationships and vying for a seat at the table as the framework of accountable care networks matures. It is essential for LeadingAge New York members to be proactive in fostering connections with local referring hospitals and physician groups. Post-acute care (PAC) providers should be actively involved in following eight steps with those feeder hospitals where ongoing partnerships are critical.

Step #1: Offer one-stop-shopping with streamlined, consolidated services

Hospitals consider it an advantage to partner with post-acute care (PAC) providers that offer a full spectrum of services. Facilities that offer multiple levels of care (inclusive of home health, niche rehab programming, AL/IL, etc.) offer accessibility and convenience that differentiate them and provide a competitive advantage. Free-standing skilled nursing homes should develop strategic alliances including merger and acquisition opportunities with entities such as a community home health service provider, for example. Offering hospitals consolidated, complete continuum of services will streamline their processes, making the referral/transition process more user-friendly.

Step #2: Organize service lines that mirror services/strengths of feeder hospitals

PAC providers would be wise to invest in specialty services while scaling back commoditized offerings. Evaluate which disease states and physician groups draw the most attention within local hospital systems. This may require specialized staff training and clinical technology investments. Cardiac, pulmonary, oncology and wound care programming are good examples of what's trending now.

Step # 3: Establish a standard of care that assures a safe, efficient transition to PAC services

Skilled nursing homes should have a well-coordinated, interdisciplinary approach to managing seamless discharge transitions. For example, SNF therapy departments support the PAC transition process with training and education initiatives which facilitate care coordination and communication between patients and the families, caregivers and clinical staff involved in their recovery. Likewise, therapists play a critical role in mitigating unnecessary re-hospitalizations by implementing specific clinical pathways/protocols (e.g., fall prevention and pain management), educating patients/caregivers on medication management tools* as well as ensuring proper use of durable medical equipment. Therapy documentation tools track and manage clinical outcomes, providing important feedback regarding quality of care and areas for improvement.

*Important to note: approximately one in three re-hospitalizations are related to adverse drug effects due to taking medication incorrectly. It is critical that therapy, pharmacy and nursing teams coordinate efforts in administering medications during SNF stay and post-discharge.

(See *Eight Critical Steps* on page 6)

Eight Critical Steps... (continued from page 5)

Step #4: Track metrics essential to ACO success

Hospitals are most interested in chronic care management (for disease states such as COPD, DM, CHF, Oncology, asthma) as well as CMS-initiated quality improvement programs (e.g., readmissions rates). PAC providers should be able to demonstrate clinical outcomes related to managing these patient types. Moreover, a PAC provider's return-to-hospital rate is a critical metric subject to very close scrutiny by hospital partners. Lower than average readmission rates can be an important advantage for SNFs looking to develop strategic partnerships with referring hospitals.

Step #5: Develop strategic outreach/promotional approach

- Know how to speak the hospital language; match terms related to processes, services and initiatives.
- Develop different quality/cost value proposition for the hospital's two key constituencies:
 - ❖ Clinical/case managers/discharge planners focus on metrics related to:
 - Average time to place patient (less than 15 minutes?)
 - Rate of community discharges
 - Rate of acquired pressure ulcers
 - Rate of unanticipated weight loss
 - Rate of restraint usage
 - Rate of dehydration
 - ❖ Administration/executive managers focus on metrics related to:
 - 30-day readmissions rate
 - 30-day mortality rate
 - PAC-related metrics tracked in the Shared Savings Program
- Do not underestimate the value of collaborating with physician groups and private insurance groups/HMOs
- Remember: an ACO affiliation doesn't guarantee a referral stream; as such, if a competing SNF is "in network" with the local hospital system, do not assume there is no opportunity to capture referrals.

Step #6: Offer to participate in transition planning

In an effort to align with primary care physicians/specialists as well as with HMOs, PAC providers can work towards transparency and encourage collaboration in transition planning. Offer "liaisons" who can participate in case management meetings, patient rounds, joint operating committees (see below) to facilitate the matching process and fortify the SNF-hospital partnership, and can confront commonly held suspicions or biases that SNFs are primary source of readmissions.

Step #7: Build a joint quality improvement infrastructure

Research suggests global underutilization of PAC services. Likewise, there is no standardized procedure for matching patients with appropriate level of PAC services. Instead, patient care decisions often are sidestepped and/or made without resources, proper information and during a time of stress. The absence of a consistent

(See *Eight Critical Steps* on page 7)



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Eight Critical Steps... (continued from page 6)

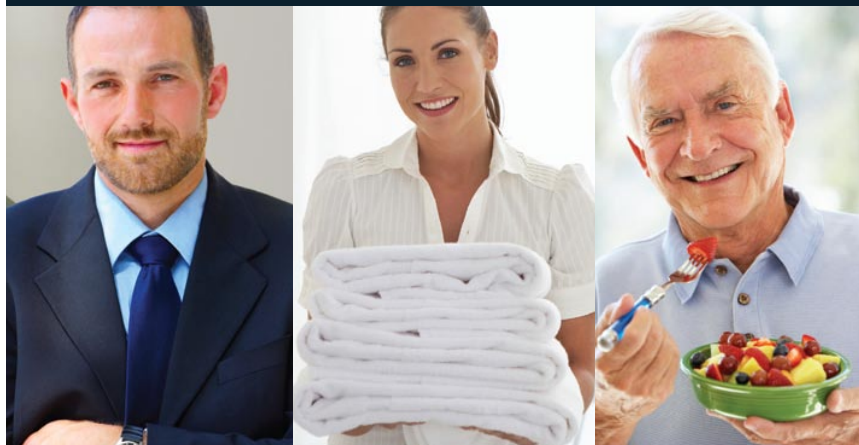
approach to managing these transitions actually represents a unique opportunity for LeadingAge New York PAC providers. SNFs may consider developing a standardized process with hospital partners, keeping in mind three key factors to building efficient, consistent transition procedures:

- 1) Hospitals should have specific guidelines for certain diagnosis related groups. PACs can be instrumental in helping to develop these. For example, specialized PAC services can define what patient care parameters must be in place for certain patient types (cardiac, some ortho cases, etc.).
- 2) A process should be in place for PAC experts to weigh in on transition planning. Therapists, liaisons, nurses, physicians should offer input proactively to hospital staff. For example, PAC staff are qualified to provide on-site rounding on high-risk patients, provide specific screening criteria, offer tips for optimizing length of stay, and ensure complexity thresholds are considered. A proactive, hospital-focused approach promotes transparency, communication and enhances patient/family satisfaction, ensures optimal patient care and mitigates re-admission rates.
- 3) Implement better ways to involve patients/families during the transition process to get buy-in.

Step #8: Enhance cross-continuum communication and establish care protocols

Many hospitals have formed “Joint Operating Committees” with clinical and administrative staff from both the hospital and post-acute care sides. These committees meet to brainstorm as often as monthly to review readmissions data and other clinical outcome metrics specific to the patient population served. Clinical quality tracking and improvement opportunities are discussed, as well as methods for establishing physician protocols, processes for medication reconciliation, and how to ensure discharge instructions are carried out, etc. Teams include medical directors, hospitalists/intensivists, physical/occupational therapists, diabetes educators/NP care manager. 

HealthPRO® Rehabilitation is a premiere therapy management company that is committed to partnering with long term care/post-acute providers; as such, our team of experts stays connected with issues that are important to LeadingAge New York members. The above eight steps were adapted from a recent seminar – “Strategic Considerations for Post-Acute Care Providers in an Era of Accountable Care” provided by The Advisory Board Company, the nation’s leading healthcare consulting organization. As rehab providers, HealthPRO® plays an important role in helping our customers execute on several tactics (as described above) that enable PAC providers to establish networks of referral sources in the era of accountable care. Please consider implementing these very practical and creative strategies for nursing home executives. Also, please contact HealthPRO® Rehab for more information about the industry-leading “Safe Transitions Program.”

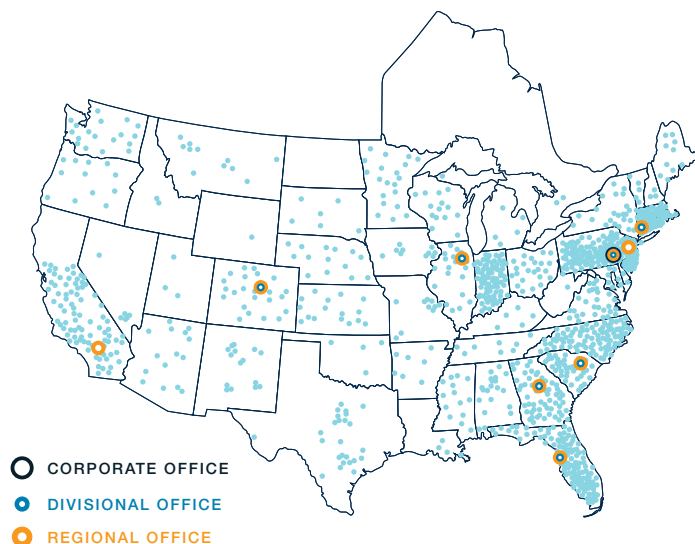


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LISTED IN FORBES
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Top Laundry Contractors (#2)

MODERN HEALTHCARE MAGAZINE'S
Top Foodservice Contractors (#2)

MODERN HEALTHCARE MAGAZINE'S
Top 20 Outsourcing Firms (#2)

PHILADELPHIA INQUIRER
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Philadelphia Region (#7)**

CORPORATE FACTS

- Approximately 30,000 employees
- Company went public in 1983
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- Company is national in scope, operating in 47 states
- Currently servicing more than 2,600 H&L facilities
- Dining & Nutrition Services Division started in 1999
- Currently servicing more than 400 Dining facilities

Geneva General Hospital Positions Itself as the Best in Patient Safety and Experience in 2013

In today's tough market, positive publicity and the ability to claim a niche are vital for health care organizations. In recognition, Geneva General Hospital (GGH) is positioning itself to become the best hospital in patient safety and experience of hospitals its size in the United States. Geneva General is making significant strides to reach this goal by being recognized by highly respected, national accrediting bodies and organizations.

Below is a list of significant achievements that, through good marketing, will support Geneva General Hospital as it positions itself a leader, not just regionally, but nationally.

Centers for Medicare and Medicaid Services' (CMS) Achievements

- Geneva General Hospital was identified as a Centers for Medicare and Medicaid Services (CMS) Mentor Hospital for the treatment of central line-associated blood stream infections.
- CMS has recognized Geneva General Hospital as an "Exemplary Hospital" due to its excellent Partnership for Patients Engagement Scores on the Zero Harm Across the Board initiatives. GGH is in the top 10 Safest Acute Care Hospitals in New York.
- CMS has published data showing how U.S. hospitals participating in Medicare will be penalized for avoidable readmissions for the period July 2009 through June 2012. Of 166 New York hospitals participating in the Medicare program, 141, or 85%, will be penalized. Geneva General Hospital is one of only 25 hospitals in New York State that did not receive a readmission penalty.
- Geneva General Hospital has achieved industry leading performance scores from the CMS Hospital Value-Based Purchasing (VBP) program for the second consecutive year. Geneva General scored higher than national, state and other regional hospitals. This achievement is significant since hospitals across the country are now be paid for inpatient acute care services based on care quality, as measured by the CMS indicators outlined in the VBP program, not just the quantity of the services they provide. This is also referred to as "pay for performance".



Geneva General Hospital

Infection Rates

- Geneva General had no central line-associated bloodstream infections (CLABSI) in 2013.
- Geneva General had no Ventilator Associated Pneumonia (VAP) cases in 2013.

"These superb achievements are examples of team efforts throughout the health system. We continue to prove not only to our community but to the entire nation that we provide safe, quality care for our patients. We continue to make progress towards our goal of being the best by improving our clinical outcomes and HCAHPS scores. This is what our patients and all of our community members deserve," states Dr. Jose Acevedo, president and CEO of Finger Lakes Health.

Stroke Care Accreditations

- Geneva General has received the American Heart Association/American Stroke Association's Get With The Guidelines® -Stroke Gold Plus Quality Achievement Award. The award recognizes GGH's commitment and success in implementing excellent care for stroke patients, according to evidence-based guidelines.
- To receive the award, GGH achieved 85% or higher adherence to all Get With The Guidelines-Stroke Quality Achievement indicators for two or more consecutive 12-month intervals and achieved 75% or higher compliance with five of ten Get With


(See *Geneva General Hospital* on page 10)

Geneva General Hospital... (continued from page 9)

The Guidelines-Stroke Quality Measures, which are reporting initiatives to measure quality of care.

- In addition to the Get With The Guideline-Stroke award GGH has also been recognized as a recipient of the association's Target: Stroke Honor Roll, for improving stroke care. Geneva General is also a New York State Department of Health Stroke Center of Excellence and a Joint Commission Accredited Advanced Primary Stroke Center.
- Geneva General is the only regional hospital that is certified by the Joint Commission for Primary Stroke Care. To attain this certification, the hospital must comply with very stringent stroke care standards and undergo an on-site certification review every other year.

Joint Commission Accreditations

- Geneva General once again earned the Joint Commission's Gold Seal of Approval™ for accreditation by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in hospitals.
- Geneva General's laboratory earned The Joint Commission's Gold Seal of Approval® for accreditation by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in laboratories.
- Geneva General was named Top Performer on Key Quality Measures® by The Joint Commission. GGH was recognized by The Joint Commission for exemplary performance in using evidence-based clinical processes that are shown to improve care for certain conditions. GGH is one of two hospitals in the region earning the distinction of Top Performer on Key Quality Measures for attaining and sustaining excellence in accountability measure performance. The Geneva hospital was recognized for its achievement in pneumonia and surgical care. 



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Finger Lakes Health is Going Green

As part of its commitment to environmental sustainability, Finger Lakes Health has installed four Carlisle Roof Gardens, measuring over 12,000 square feet, across Geneva General Hospital as part of the “Journey to the Best” Modernization and Renovation Project.



The Carlisle Roof Garden materials utilized are optimized for rooftop environments. The porous materials are designed to retain maximum amounts of water while simultaneously promoting drainage. The reduction of storm water and the reduced amount of storm water runoff, delays the time at which runoff occurs, resulting in decreased stress on sewer systems at peak flow periods.

Green roofs improve building insulation and prolong the service life of heating, ventilation and HVAC systems through decreased use, which helps with landfill management. In addition to their environmental benefits, green roofs are visually appealing.

“There are many environmental benefits in implementing green roofs and they require very little maintenance. As part of being the best, Finger Lakes Health is committed to being environmentally responsible for the future generations of the communities we serve,” said Vice President and Site Administrator Frank Korich.

Geneva General Hospital’s green roofs will retain their color throughout the year and consists of four various types of Sedum panels: Acre, Voo Doo, Tri-Color and Blue Spruce. These plants were chosen as vegetation because they are sustainable for our climate and region. These hardy, vibrant panels are placed to enhance the visual impact of the gardens. The gardens will be visible from patient rooms as well as common areas within Geneva General.

To learn more about the “Journey to the Best” Expansion and Modernization Project please visit www.flhealth.org/journeytothebest. 



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OMG! IDK What These LTC Acronyms Mean!

Ami Schnauber, director of government relations, LeadingAge New York

A few years ago my then eight-year-old son suggested I present to him an upcoming speech that I would be making. About five minutes into it he stopped me and said, “Mom, what are you talking about? You know I’m only eight, right?” It gave me a good laugh but he made a good point and I adjusted my presentation to ensure that the average listener, who didn’t work in my area, would understand. Now eleven, my son throws texts, tweets and jargon at me that sound like another language! Sound familiar? It happens in health care all the time too!

All the LTC (long term care) acronyms and texting shorthand can be baffling. WDIAM (what does it all mean)? Whether trying to understand our kids and colleagues texts or the acronym soup in health care, we are often left guessing.

The fact is that in both health care and in communicating with family and friends, we often speak, text and tweet an unrecognizable language. YKWIM (you know what I mean)?

So, in the spirit of openness and understanding, here is a list so you can CUWA (catch up with acronyms)! INPO (In no particular order):

YCMTSU: you can’t make this stuff up

ACF: adult care facility

ADHC: adult day health care

ALP: assisted living program

ALR: assisted living residence

CBM: covered by Medicare

CD9: Code 9, it means parents are around

CHHA: certified home health agency

DSRIP: Delivery System Reform

Incentive Payment Program

FTC: failure to communicate

EH: enriched housing

F-SHARP: Federal-State Health Reform Partnership

FFS: Fee for Service

FBOCD: Facebook obsessive compulsive disorder

HMO: Health Maintenance Organization

HCBS: home and community-based services

LHCSA: licensed home care services agency

LTHHCP: long term home health care program

MCOs: managed care organizations

HIOOC: Help, I’m out of coffee!

MLTC: managed long term care

MMC: Medicaid managed care

MAP: Medicare advantage program

CRTLA: can’t remember three letter acronyms

PCMH: patient centered medical home

PACE: program of all inclusive care for the elderly

PHSP: Prepaid Health Service Plan

BWTM: but wait, there’s more!

RHCF: residential health care facility

SSI: supplemental security income

H9: husband in room

SADS: social adult day services


SNF: skilled nursing facility

UAS: uniform assessment system

FEAR: forget everything and run!

We work in an environment filled with lots of acronyms. Keep in mind that the people – including legislators – that you speak with may not know what you’re talking about. Try to keep your message simple for the greatest impact and influence.

To learn more about long term care go to leadingageny.org.

To learn more texting acronyms check out netlingo.com. 

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Meet Gerard Kaiser

Broadlawn Manor Nursing and Rehabilitation Center



Gerard Kaiser, a New York State licensed nursing home administrator, serves as the vice president of Broadlawn Manor Nursing and Rehabilitation Center in Amityville. Gerard has devoted his career to providing quality, mission-driven care to seniors in various capacities at several LeadingAge New York member organizations.

Through volunteer service on the LeadingAge New York Board of Directors, the Nursing Home Cabinet, and the Awards Committee, Gerard helps craft the future of long term care and facilitate sharing of best practices and innovative thinking within the long term care field.

He is the recipient of the Spirit Award from United Adult Ministries in 2004 and the Martin Luther King Jr. Leadership Award in 2013.

Adviser: Why are you in the long term care field? How has life prepared you?

Gerard: I love what I do. I originally worked in the hotel industry after college and by chance landed in long term care. I immediately developed a passion for working with the elderly and went back to school to obtain my Masters in Health Administration. There are many similarities between the hospitality industry and long term care services. Putting the resident/patient first, meeting their needs and making a difference in their lives is what drives me.

Adviser: What do you bring to your role that is unique?

Gerard: Obviously my background in the hotel industry is unique. Combining that with my graduate education and my passion and excitement for what I do brings value to my role in the organization.

Adviser: Have you ever made a significant mistake that resulted in profound learning?

Gerard: Mistakes occur every day. We are all human and no one is perfect. I learn something new each and every day. I try to walk away each day having learned something and seeing what I can do to improve. There is not one specific mistake I can detail, but I can say that when I have made a significant mistake it usually has to do with some form of poor communication. All of us

can improve our communication whether it is verbal, written or using technology to inform our staff, residents and their families.

Adviser: Were there people who made a difference in your life?

Gerard: I have been very fortunate to have worked for great healthcare executives in this field. My past and present work experiences have been shaped by some great leaders of LeadingAge New York and the long term care industry, including Herb Friedman, Ralph Hall, Cynthia Wallace, Dennis Verzi, Hennie Kole, Bob Detor and Maureen McClusky. They have all imparted their wisdom to me and showed me how to run a high-quality, financially-viable and service-oriented organization.

(See Gerard Kaiser on page 16)

Putting the resident/patient first, meeting their needs and making a difference in their lives is what drives me.

Meet Gerard Kaiser (continued from page 15)

Adviser: How do you keep your life balanced? Balancing your life in our field can be very difficult at times.

Gerard: I do my best to ensure that I leave work at a reasonable time each day so that I can enjoy time with my family. I am blessed to have a supportive and understanding wife and three beautiful children. Spending time with them helps me forget the trials and tribulations we face daily. I also find balance through staying active in sports, exercise and playing music.

Adviser: What motivates you?

Gerard: I am motivated to do the best job I can and to have Broadlawn Manor be a facility recognized for excellence in care and service. I ask a lot of myself and I look for my management colleagues to give their all each and every day as well. Receiving testimonials such as letters and cards from residents, families and staff about the great experiences they have at our facility is what it is all about. Seeing people happy in the work place and our residents and their families satisfied is motivation enough.

I am motivated to do the best job I can and to have Broadlawn Manor be a facility recognized for excellence in care and service.

Adviser: What's your next big thing? What lofty goal keeps you motivated?

Gerard: Joining the Health System in 2012 was the last "Big Thing" and it still continues. The transition has been tremendous. Joining the Health System has afforded me the opportunity to participate in changing the health care landscape on Long Island. We are actively involved in the development of the ACO and we are participating in the bundled payment demonstration programs with the system hospitals. On a personal note, the transition has expanded my exposure to areas beyond long term care including clinical research, medical school education and the creation of a health insurance plan. All of these factors have helped me to grow personally and professionally. 🌱

Broadlawn Manor is a 320-bed skilled nursing facility that is part of the North Shore-LIJ Health System. We operate a 68 bed sub-acute program with a focus on orthopedic rehabilitation and medically complex care. In addition, we have two 40 bed secure dementia/behavioral units in our long term care complement. Broadlawn Manor operates an Adult Day Health Services program that is open seven days per week and we provide outpatient rehabilitation to the community.



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Energy, Sustainability and the Triple Bottom Line

*By Brandon McCraney, director, energy and construction services,
Sodexo North America Solution Center*

When it comes to the operating budgets of senior living communities, energy plays a major role in the bottom line, especially in the Northeast where electricity costs are among the highest in the United States.

With an increased focus on environment-friendly and sustainability efforts, there is much more to the traditional “bottom line” than numbers on a spreadsheet or final figures in an annual budget. The successful organization of today, particularly those in the field of health care, senior living and residential communities, gauges its accomplishments according to the triple bottom line: People, Planet and Financial Performance.

This triple bottom line concept should be envisioned as a set of three entwined circles because positive enhancements to any of them has a clear and positive impact on the other two.

Experience has taught us – and statistics reinforce the fact – that increased energy efficiency leads to significant reductions in operating costs. This allows communities to invest that savings into resident services, infrastructure and other capital projects. While the primary goals of any improvements may have been related to reducing costs and improving quality, any energy-efficient measure will impact the planet. Implementing these changes translates into reducing your community’s carbon footprint and improves the quality of your residents’ lives in yet another way. And so, the cycle of the triple bottom line continues.

With the winter upon us, it is more important than ever to implement energy-saving measures. Even more critical is the need to look beyond the current cold weather and give serious consideration to some long-term improvements via sustainability programs.

But there are steps you can take at any time to get this cyclical movement going.

Energy efficiency offers the most visible opportunity to reduce overall operating costs. This could be accomplished through measures as simple as an all-out effort to involve residents in shutting off lights and appliances when not in use, reducing food and paper waste and promoting a recycling program.

It could also mean a goal as far-reaching and long range as replacing an inefficient HVAC system or adding a room or structure that adheres to green building standards.

These actions help the planet and operating budgets but also go a long way in improving the overall atmosphere of the community. By encouraging residents to become more engaged in their community, they will likely become more active, and thus, healthier and happier. The overall atmosphere of the community will likely improve and will be evident to visitors as well, giving you an edge when you are recruiting new residents.

Saving money can improve your residents’ quality of life in many other ways and that all depends on the goals of each community. Maybe you are looking to upgrade recreational or entertainment equipment; significant energy

(See Energy, Sustainability on page 18)

Energy, Sustainability... (continued from page 17)

savings could be the key to such investments since, according to the U.S. Environmental Protection Agency estimates, every dollar a non-profit healthcare organization saves on energy is equivalent to generating \$20 in new revenue.

If it sounds simple, it's because it is. This triple bottom line effect is a cyclical one but we often only focus on the tangible benefits of sustainability projects such as cost savings, increased revenue and upgraded infrastructure. It is easy to overlook the intangible benefits such as an enhanced community image, marketing opportunities, resident involvement and improved resident quality of life. Eventually, all of these "people" benefits make a positive impact on both financial performance and the planet.

Sustainability and energy-saving projects often are ignored or not fully implemented because of several barriers. There is a lack of understanding as to how these environmental measures can evolve into social and economic opportunities. Other obstacles are inertia and a sense of "doing things the way we've always done them" or the problem of a complex organization that lacks clarity as to who is responsible for initiating these programs.

Senior living communities can overcome these obstacles by setting a goal of establishing sustainability programs that include:

- A structured and measurement-oriented approach with targets;
- A comprehensive approach toward valuating the impact of sustainability and energy-efficient projects (cost savings, impact on enhanced resident experience, marketing potential and environmental impact);
- A communication plan that creates visibility, builds momentum and spreads enthusiasm;
- A balance of tangible and intangible benefits;
- Someone within the organization who fits the profile for managing a sustainability program – a person in a leadership position who is willing to own the initiative, has access to funding or can approve financing and the necessary investments, and has internal influence and possesses the willingness to drive change; and
- A process of continuous improvement measures to drive results since sustainability is an ongoing journey, not a final destination.

Sustainability can play a key role in enhancing the residential experience, becoming a more cost-effective operation, and providing an avenue for the organization to become a recognized leader in environmental stewardship within their local communities. 🌱

Sodexo is a leader in the senior living market and has a proven record of providing quality of life services to organizations and individuals around the globe, including over 600 senior communities throughout the United States. The company is proud to be a LeadingAge™ Gold Partner and is thoroughly dedicated to helping LeadingAge realize its mission of "Expanding the World of Possibilities for Aging." For more information on how Sodexo can help your senior community maintain its competitive advantage, please contact Daniel Lucey at 413.222.6488, or you may contact Brandon McCraney by email at brandon.mccraney@sodexo.com



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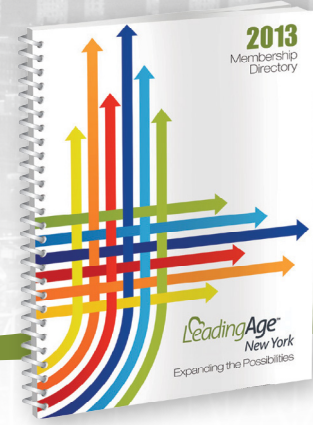
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Green House v. Small House Questions

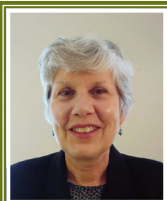
Of all the many changes in the field of senior care over LeadingAge New York's fifty plus years of serving members, the most dramatic is the move to home-like nursing homes. It represents a complete reversal in thinking on the best way to deliver care to the long term care population.

Gone are the days of a hospital-like delivery platform. For years, LeadingAge New York members have been bringing culture change, household-models and neighborhoods to fruition in existing facilities. Now, as facilities begin to age-out, a new "culture change" movement is transforming long-term care by promoting more home-like facilities and providing more options for consumers to receive care how and where they want it, in their communities.

This new model – "Small House" – is the generic name for a deinstitutionalized nursing home, and achieves this status by reframing the philosophical view of the person, changing the architecture and reengineering the design of the organization. The trademarked Green House® models are one part of the culture change movement. The basic principal of all iterations of Small House design is to create structures that are efficient, promote the highest quality and help people age with control over their privacy, leisure activities and dining.

LeadingAge New York Adviser recently interviewed Liz Kormos of Kormos and Company LLC, a multi-service consulting firm providing, among many other services, feasibility studies and real estate development/consulting services, to talk about the new movement toward building small. (See below for more about Kormos and Company.)

(See *Green House* on page 22)



Ms. Kormos attended Mount Holyoke College where she earned a Bachelor of Arts degree in Biology. She also earned an MS in Biology and an MBA from Northeastern University.

Prior to founding Kormos and Company LLC, Ms. Kormos was the vice president of a major regional developer of medical buildings, senior housing and commercial office projects in the Capital Region of New York and a real estate consultant for Conley Associates. Ms. Kormos has over 25 years of experience with organizations such as the Baylor Health Care System, Greystone Communities and Voluntary Hospitals of America.

Kormos and Company LLC is a full-service long term care, senior housing and healthcare consulting company that provides strategic planning, comprehensive market and financial feasibility studies and real estate development consulting services. Ms. Kormos wrote and won \$46.4 million in HEAL grants for her clients. Kormos and Company, LLC is a New York State certified Woman Business Enterprise. Kormos and Company is a NYS Department of Housing and Community Renewal approved market analyst. Ms. Kormos is also a licensed real estate broker.

Kormos and Company has more than 30 years' experience in long term care; low income and market rate senior housing; active adult communities; assisted living; and community based services such as home health care and adult day care, and healthcare facilities and services.

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Municipal approvals

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Kormos and Company holds memberships in, among others, LeadingAge New York, National Home Builders Association, Certified Commercial Investment Member (CCIM), the New York State Association of Commercial Realtors and Commercial and Industrial Real Estate Brokers, and the Upstate Chapter of the Green Building Council.

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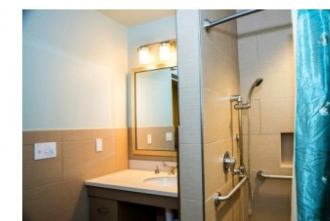
Q Describe a Green House-style nursing home. What are the requirements? What areas are prescribed and where do organizations have choice?

The “Green House” nursing home was developed by Dr. William Thomas to advance the culture change model by dividing the residents into small home-like groups of 10 residents. Green Houses are small homes with self-directed teams of caregivers and private living spaces supporting normal and flexible daily routines which meet individuals’ needs and preferences. The Green House home is a self-contained residence designed to the scale and décor of a private home. Ten to 12 residents live in the home, each with a private bedroom and full bathroom. Meals are prepared in a fully functional, open kitchen. The dining table supports a normal and social dining experience. A living room with a fireplace, the dining room and open kitchen, comprise the center of the home. Access to outdoors is maximized through a patio or balcony.

In 2002, the National Green House Project was initiated with grant funds as a vehicle to provide technical assistance to potential implementers of Green Houses. Mississippi Methodist Senior Services (MMSS), headquartered in Tupelo, Mississippi, became the first organization to actually implement the model which opened in 2003. The Robert Wood Johnson Foundation funded the project and was so impressed with this model of care they set up the Green House Initiative. NCB Capital Impact, in partnership with Bill Thomas and early adopters, provides a range of services, including: technical assistance services, such as financial feasibility; regulatory compliance; design; fund raising and marketing; leadership development and staff education; operations planning and post-occupancy support; and, a national peer network. Green House projects must meet certain facility, occupancy and staffing requirements and pay a fee paid to join the initiative and access the support services. There are now 260 Green House homes in 32 states open or under development. For more information on the Green House Model visit changingaging.org/the-green-house-project/

Q Describe a small house-style nursing home?

As more sponsors became interested in this facility and care model, many sought to modify the design and operations and found the Green House model too restrictive for their conditions. For example, in northern climates, where independent structures meant residents and staff needed to go outside in winter weather, more connectivity between houses was desirable. The restriction of 10 to 12 residents per house proved to be financially unfeasible for some sponsors. From these concerns the Small House nursing home movement was born. Small Houses are not part of any one model or organization.



(See Green House on page 25)

Green House... (continued from page 22)

Q Is there a national resource for Small House, similar to the Green House Project?

The National Alliance of Small Houses (NASH) (smallhousealliance.ning.com/) formed an online community for those developing and operating Small Houses. NASH membership is open to any organization that is operating or investigating operating a small house.

Q What are the fundamental differences between a Green House model and a Small House model?

The Green House is a tightly defined, registered trademarked model. Adopters commit to implementing and sustaining core principles and practices of the model in exchange for the use of The Green House Project trademark. The program has specific facility requirements, staffing models, and training.

Small Houses are sponsor driven variations on this model. Both Green Houses and Small Houses implement self-contained houses or communal apartments of usually no more than 20 residents. Each 'house' has an open kitchen, family style dining room, living room, private bedrooms with private baths and showers, and spa bathing room. There is a small office for use by staff and a utility room. Most facilities offer access to an outdoor courtyard or landscaped area.

Q Are there significant differences when either model is used for different populations, for example memory care?

Some sponsors have focused on specific populations such as ALS (amyotrophic lateral sclerosis) and memory care. The facility design and care philosophy is quite similar to the innovative assisted living memory care facilities developed in the late 80s such as the Corine Dolan Alzheimer's Center with two units of 12 beds (1989) and Woodside Place with three units of 12 beds (1991). The model is especially well suited for memory care because of the lower noise and confusion possible in a smaller setting. Accommodations for memory care include secure access, orientation of the exterior doors to allow access to a secure courtyard, way finding and cuing features. The Leonard Florence Center for Living in Chelsea, MA built a Green House to serve those with ALS in 10 separate residences of 6 to 10 residents in a six story skilled nursing home. The facility features extensive automation to allow residents to personally control their environment.

Q Are there modifications that need to be made when using either style for the purpose of Assisted Living as opposed to skilled nursing?

Since the Green House/Small House model is similar to memory care assisted living, there is little difference when the facility model is used for this population for assisted living. Rochester Presbyterian Home developed Cottage Grove for assisted living dementia care with 4 houses of 12 residents each. An assisted living facility would not necessarily need access to the same therapy and ancillary medical services as a nursing home would. The facility requirements would depend on the regulatory requirements for the selected level of care. Most newer, contemporary private pay assisted living facilities offer apartments with one and two bedrooms and kitchenettes. The Green House/Small House model with its single room accommodation is more suited for memory care and other special needs populations at this level of care.

Q Discuss the process for building of each? What are the steps? When is it advisable to retain a consultant or consultants?

In undertaking any new project be it renovation, replacement or new service; a sponsor should start with a thorough assessment of their local marketplace to determine if the

(See *Green House* on page 24)

Green House... (continued from page 23)

planned facility or service is needed by the community. There are now metropolitan areas, such as Rochester, with one or more of these models. Will your planned facility be able to compete with other like models? Is there a special needs population that is not currently being served that could be cared for in this model? The sponsor may wish to retain a feasibility consultant with Green House/Small House experience to assist it in answering these questions.

Discuss the staffing structure for each.

The Green House model reorganizes staff and flattens the hierarchy of the traditional organization. Each house functions independently with consistent and dedicated certified nursing assistants (CNAs or “Shahbazim”) who work in a blended and expanded role. The Shahbazim are the managers of the home and the care partner to the resident. They work in self-managed teams, organizing and performing all the personal care and homemaker tasks required to meet the needs of the residents (typically four hours per resident per day). The Shahbazim report to a Guide (a position often assumed by the nursing home administrator). The organization’s clinical staff forms a clinical support team (CST). Nurses from the team meet the clinical needs of the residents (typically 1-1.2 hours per resident per day). The remaining clinical professionals visit the house on a routine basis and as required by the needs of the residents.

Small houses may adopt a similar staffing model as described above but often modify the roles to better suit their own organization’s needs. For example, Judson Meadows Residential Health Care in Glenville, currently under construction, will continue to use dedicated housekeeping staff and will prepare some foods in a central kitchen. (See *Building a Community* on page 29)

What are the benefits of building small to residents and families?

The homelike atmosphere and increased autonomy is very appealing to residents and families as evidenced by the high private pay ratios these facilities experience. Kane and colleagues (2007) reported significant improvements for Green House residents in quality of care indicators.¹ Green House residents maintained self-care abilities longer with fewer experiencing decline in late-loss ADLs such as eating, toileting, and transferring as well as depression. Regarding quality of life measures, Green House residents reported significantly greater satisfaction on seven of the 11 domains of quality of life (privacy, dignity, meaningful activity, relationship, autonomy, food enjoyment, and individuality) compared to the residents living in one of the two traditional settings.

In another study, Lum and colleagues (2009)² used the same data set as the Kane (2007) study to examine the model’s impact on the experiences of residents’ families. The study collected data from family members in person using a questionnaire focused on five domains (general amenities, physical environment, social environment, autonomy, and health care). Lum and colleagues (2009) found that families of Green House residents were significantly more satisfied with their family members’ care compared to families of residents in the traditional sites.

Is there a cost variance between the two types?

The construction cost for a Green House/Small House project can actually be lower than for a traditional nursing home. Baptist Health Nursing and Rehabilitation Center is currently constructing a 192 bed replacement nursing home, designed by SWBR and built by AOW, for less than \$190,000 per bed total project cost. Cost savings come from having no elevators and using wood frame construction.

Sharkey and colleagues (2010)³ conducted a study addressing staff time comparing 14 Green House to 13 comparison organizations. Comparison organizations were selected to reflect “typical”

(See *Green House* on page 25)

¹ Kane, R. A. (2001). Long-term care and a good quality of life: Bringing them closer together. *The Gerontologist*, 41, 293–304.

² Lum, T., Kane, R., & Cutler, L. (2009). Effects of Green House® nursing homes on residents’ families. *Healthcare Financing Review*, 30, 35-51

³ Sharkey, S., Hudak, S., Horn, S., et al. (2010). Frontline caregiver daily practices: A comparison study of traditional nursing homes and The Green House Project sites. *Journal of the American Geriatrics Society*, 59, 126-131.

Green House... (continued from page 24)

traditional nursing homes, with populations comparable to The Green House homes in adjacent communities. With regard to Green Homes, they reported that overall staff time related to the providing direct services was somewhat lower; direct care hours were significantly higher; CNA/resident engagement was significantly greater; and administration and clinical leadership time were reduced.

Chi Partners⁴ examined the quantity and costs related to non-direct service staff at a sample of Green House homes. The staff positions examined included non-nursing clinical, accounting, marketing, compliance, support, and management staff. Chi Partners also studied the total average staffing needs of five Green House sites and compared their levels and costs to two good quality traditional settings. The 99-bed traditional facility utilized 1.06 FTEs per resident compared to the 1.07 required for a 100-resident Green House Project. An increase is seen in the number of direct care FTEs compared to the two traditional comparison sites. The number of recommended nurse and CNA FTEs in The Green House homes are 49.9% and 57.8% higher, respectively, than in the comparably sized 59-bed and 99-bed traditional facilities. The higher number of nurse and CNA staff is offset by a reduction in the number of administrative and support staff FTEs.

ICA Group⁵ conducted an analysis of available data and research to understand what is currently known about Green House homes' overall operational performance and capital costs. The ICA study suggests that typical Green House operating costs should be between the 50th and 60th percentile of national nursing home costs. In 2009, total operating costs per resident day, excluding interest and depreciation, for the five Green House Projects ranged from \$161 to \$237. Green House homes, however, tend to serve a lower proportion of short-stay Medicare-funded residents than a typical nursing home and Medicare residents may increase ancillary costs. Adjusting the mean ancillary cost for the five Green House Projects to match the national median results in a mean Green House home per resident day cost of \$213 (7.6% higher), although it would be expected that the higher Medicare ancillary costs should be offset by an associated increase in reimbursement. The adjusted Green House sample's per resident day costs fall in the 60th percentile of nursing home costs nationally.

In addition to increasing overall occupancy, the Green House model appears to enable adopters to increase their proportion of private-pay residents. Between 2007 and 2009, the number of private-pay days increased an average of 24% among the five Green House adopters that began operations in 2007. Nursing homes overall (n = 8,903) experienced a 5% decline in the number of private-pay days during the same period, resulting in a 29% variance.

Some facilities end up with higher operating costs due to an inability to completely make the transition from centralized management with heavier administrative staffing to a decentralized model. Some areas of increased costs include food and supply distribution to the homes and outdoor maintenance that comes with a larger campus. Multi-story Green House/Small House facilities will mitigate those costs but are better suited to urban environments.



Does it have to be one or the other? Are there hybrid options?

The Small House option allows for variations. For example, Baptist Health Nursing and Rehabilitation Center in their Judson Meadows replacement nursing home has joined

(See *Green House* on page 26)

⁴ Robert Jenkins, MSRED; Terri Sult, MBA; Newell Lessell, MBA; David Hammer, MS; Anna Ortigara, RN, MS, FAAN Financial Implications of THE GREEN HOUSE Model Senior Housing and Care Journal 2011

⁵ Robert Jenkins, MSRED; Terri Sult, MBA; Newell Lessell, MBA; David Hammer, MS; Anna Ortigara, RN, MS, FAAN Financial Implications of THE GREEN HOUSE Model Senior Housing and Care Journal 2011

Green House... (continued from page 25)

two houses of 12 residents. Each has their own living and dining area but share the kitchen and spa room (tub room) and back of house functions (garbage, deliveries, etc.). The blocks of 24 units are joined by a connector containing staff offices and a small therapy room. This design with 48 residents under one roof was developed to address upstate New York winters. Nursing staff can easily circulate and serve 48 residents. Likewise residents can invite residents from another home to their home in inclement weather. A community building with future administrative space was centrally located for larger events.

Q How do organizations typically fund these types of projects? Are there different options based on the type chosen?

These projects are funded with the same sources as traditional nursing homes. Most financing sources are now familiar with the Green House/Small House model. HUD financing, tax exempt bonds and bank financing are all financing alternatives. Projects will need to meet debt to equity ratios and debt coverage ratios as required by the financing source. Almost all New York State projects that have been developed are replacing beds rather than constructing new beds which makes financing easier. Sponsors should be cautious not to overstate the private pay increase they expect with this new model of care.


Q How prolific are the Greenhouse/Small House models in New York State?

The table at the right shows the existing, under construction, planned projects.

Q What should an organization contemplate when considering a move to either of these types of models?

The move to this model of care encompasses a major shift in the philosophy of the traditional nursing home. Organizations need to be committed to culture change from the top down. Extensive staff education will be needed. Many staff will see their roles change. Management should be aware that not everyone will make the transition and there will likely be some resistance and turnover.

While the Department of Health has supported this model of nursing home care, there are still numerous regulatory requirements that do not fit the residential model of care. An example is the requirement for commercial kitchen equipment, specifically a commercial hood. A waiver will need to be filed and approved for designs incorporating residential style hoods.

This model requires sufficient land to build multiple single story homes. In urban settings the model can be implemented in a multi-story building but direct outdoor access will be sacrificed. A key consideration is whether there will be sufficient opportunity to attract additional private pay residents to offset the slightly higher operating costs. Due to the attractiveness of this model for patients and their families, significant opportunities exist in communities where only traditional nursing homes currently operate. 

EXISTING, UNDER CONSTRUCTION, PLANNED PROJECTS

Name	City	Type	Houses	Beds	Ave \$/house
Existing					
Eddy Village Green	Cohoes	Green House	16	192	12.0
Eddy Village Green at Beverwyck	Slingerlands	Small House	2	24	12.0
Rochester Presbyterian Home Cottage Grove	North Chili	Small House - Dementia Assisted Living	4	48	12.0
Sit'in	New Hartford	Small House	9	110	12.2
St. John's Home	Penfield	Green House	2	20	10.0
Under Construction					
Judson Meadows Residential Health Care Center	Glenville	Small House (Under Construction)	16	192	12.0
Loretto Cottages at Garden Grove	Cicero	Small House (Under Construction)	12	156	13.0
Planned					
Jewish Home Lifecare	Manhattan	Green House	22	262	11.9
Rochester Presbyterian Home	Perinton	Small House - Dementia Assisted Living	4		12-14
Sarah Neuman	Mamaroneck	Green House (Jewish Home owner)	5	63	12.6
Jewish Senior Life	Rochester	Green House	14	168	12.0
Victoria Home	Ossining	Green House	6		
VA Canandaigua Community Living Center	Canandaigua	Small House	10	120	12.0
Other Like Completed Projects					
United Helpers - Maplewood Campus	Canton		8	96	12.0
St. Ann's Care Center at Cherry Ridge	Webster	Person Centered Care	6	72	12.0
Park Ridge - Wegman Family Cottages	Rochester	Culture Change Model	4	80	20.0

Small Homes and High Rises: Jewish Home Lifecare Debuts Innovative Urban Eldercare

Urban environments offer unique challenges to providers in nursing homes, especially when residents may prefer apartment living, privacy and independence. Surprisingly, a solution to these challenges comes in the form of a care model found in suburban and rural environments. Jewish Home Lifecare is developing a new campus on New York City's Upper West Side that will take the successful Green House® model of eldercare and apply it to a newly designed high-rise building.

The Living Center of Manhattan, to be built on 97th Street between Columbus and Amsterdam Avenues, will be the first of its kind in the United States. Unlike a traditional nursing home and utilizing The Green House® model, the Living Center will offer skilled nursing within the setting of small homes. The result of this living arrangement will be an improvement in residents' quality of life, clinical outcomes and emotional well-being.

The difference between the two models can readily be envisioned: it's early morning and 91-year-old, wheelchair-bound Mrs. Jones wants to make her own breakfast. She also wants to invite her neighbor from a nearby room to join her. In a traditional nursing home, her wish could not be accommodated. Yet, at Jewish Home Lifecare's Living Center of Manhattan, meeting the personal preferences of residents, such as Mrs. Jones', will be the norm.

(See *Small Homes* on page 28)

Bronx Assisted Living Completes Care Spectrum at Jewish Home Lifecare

"I think it's very significant and exciting that we can provide local seniors, who might not be able to live on their own, the chance to stay in the community," said Project Manager Merri Buckstone during the November ribbon-cutting ceremony for Jewish Home Lifecare's brand-new University Avenue Assisted Living in the Bronx.

The assisted living facility is the latest addition to Jewish Home's 63-year-old Bronx campus that offers services in a traditionally underserved area. "The opening of our new University Avenue Assisted Living program reinforces Jewish Home Lifecare's commitment to providing a full range of care to the people of the Bronx," said Rita Morgan, administrator, Bronx division.

University Avenue Assisted Living was funded in part by a New York State Department of Health HEAL grant and provides affordable housing and care to New York State residents who are 62 or older, receive Medicaid and require assistance with personal activities such as bathing and dressing.

Amenities offered at the new building include 72 studio apartments, each with a kitchenette and private bathroom, along with a main dining room and access to beautiful gardens. The building also brings elders the comfort and peace of mind of 24-hour security and an emergency response system, as well as activities, trips, laundry, housekeeping services, personal care and medication assistance.

Jewish Home Lifecare's Bronx campus currently offers long term skilled nursing, short term rehabilitation, Alzheimer's/Dementia special care communities, independent living apartments, senior housing and community programs, such as home care and adult day care along with other specialized services. With the addition of the University Avenue Assisted Living residence,

the Bronx campus completes its range of offerings to cater to elders no matter what their needs, financially or medically, within its innovative community of eldercare.



Deputy Bronx Boro President Greene in model apartment.

Small Homes... (continued from page 27)

“The Living Center of Manhattan will combine innovative vertical design with a new approach to care,” said Audrey S. Weiner, DSW, MPH, president and CEO, Jewish Home Lifecare. “By merging the Green House® model’s principles with our experience providing care in an urban setting, we ensure that our elders can remain living as independently as possible while directing their own care and retaining dignity. Additionally, the environment will be reminiscent of their own homes while preserving the connections they have with the city in which they have lived their lives.”

Early support by The Harry and Jeanette Weinberg Foundation with a \$2.5 million grant reaffirms the vitality and importance of the project. “Jewish Home’s Living Center of Manhattan will be the first Green House® model to be built as a high rise in a major metropolitan setting,” said Ellen M. Heller, chair of The Harry and Jeanette Weinberg Foundation. She continued, “The Weinberg Foundation is thrilled to be supporting a care model that can improve the quality of life of older adults in New York City and, equally important, can be replicated in large urban settings across the United States. This model also provides a rewarding work environment for staff which translates to better care provision.”

When completed in 2017, The Living Center of Manhattan will consist of 12 long-term care floors with two Green House® residences per floor, all with private bedrooms and bathrooms. The Post-Acute Center will encompass five floors each with its own rehabilitation suite and a mix of private and semi-private bedrooms. Rounding out the Living Center will be an area of welcoming indoor and outdoor public spaces including gardens and a plaza.

The Green House® model has been incorporated into Jewish Home Lifecare’s Sarah Neuman Center in Westchester. In 2010, the not-for-profit agency embraced the Green House® model as a guiding philosophy and, in 2012, embarked on a renovation of its Westchester campus (see sidebar on page 30).

According to research from the *Journal of the American Geriatric Society and Health Care Financing Review*, elders residing in Green House® homes maintained their self-care longer – and experienced depression and “bedfastness” less often – than their peers in nursing homes.

These improvements to the quality of elder care are substantially due to the tenets of the Green House® model’s philosophy:

- Creating real homes around which communities are developed and high levels of care are provided;
- Recognizing and valuing individuality of elders and staff;
- Honoring autonomy and choice;
- Supporting elders’ dignity and providing privacy;
- Offering opportunities to forge close relationships between elders and staff;
- Offering meaningful activities and engagements; and
- Promoting maximal functional independence.

(See *Small Homes* on page 30)

According to research from the Journal of the American Geriatric Society and Health Care Financing Review, elders residing in Green House® homes maintained their self-care longer – and experienced depression and “bedfastness” less often – than their peers in nursing homes.

Building a Community in Glenville Baptist Health System Grows in a Small Way

Baptist Health System plans to make a big impact in the Capital Region long-term care market by thinking small. Having successfully opened the new, state-of-the-art Judson Meadows Assisted Living facility this fall on an expansive piece of property in suburban Glenville, they have already begun site work on a brand new nursing home to be co-located on the same property. But this won't be your grandmother's nursing home; it is an exciting new model for the future that caters to a new, consumer-driven model of care.

Already committed to replacing their aging nursing home, Baptist conducted an extensive literature review and made site visits focusing on small-style construction.

"When you visit the Green House/Small House models, they just capture you as soon as you go through the door. You think, wow, I could live here NOW," said Tony Alotta, administrator at Baptist Health Nursing and Rehabilitation Center, "They are very homelike with no long hallways and they're not the least hospital-like."

In the end, commitment to build on this smaller scale was made, but none of the existing models quite captured Baptist's desires so they created a unique Small House model that will meet their current and future needs.



Rendering of what buildings are expected to look like when completed.

Still in the pre-construction stage, this nursing home will consist of single-story residential Small Houses. The design will consist of two joined houses that are home to 12 residents each. Each house will have its own living and dining area but share the kitchen and spa room (tub room) and back of house functions (garbage, deliveries, etc.). The blocks of 24 units will be joined by a connecting hallway containing staff offices and a small therapy room, allowing for 48 residents under one roof. This design really works for operation in an upstate New York climate, allowing for easy movement by staff and residents while increasing operational efficiency. A community center will also be built for larger community-wide events to draw the entire community together.

Increasing the efficiency of the model in terms of construction costs and staffing expense became vital when the HEAL 21 grant that was funding the project was reduced from \$21 million to \$8.7 million creating a very large funding gap. Committed to this project, Baptist sharpened their pencils and sought a model that would enable them to capture maximum savings. Some factors providing significant cost savings on this project include: creating single story structures eliminating the need for expensive steel girders and elevators required for multi-story construction; since each house is co-built to house 24 residents it will have one kitchen and shared IT, significantly reducing construction and equipment costs; and, the single kitchen and common corridor enable the homes to share some staff positions creating cost savings and efficiency.

Another important factor that supports the decision to build small is the ability to convert this model for specialty populations like bariatric and memory care. In today's competitive environment creating niche services may well be the key to success.

This model contemplates Baptist's needs now and in the future as they strive for a community niche. Many will watch the evolution of this project with interest! 🌱

Small Homes... (continued from page 28)

For New Yorkers relocating, the Living Center on the Upper West Side or moving the Sarah Neuman Center in Westchester will be singularly well-suited to their lifestyles.

In the near future, record numbers of elders will enter the age range where assistance becomes necessary, even as healthcare costs continue to increase apace. Preparing to offer affordable living options for this unprecedented magnitude of the aging is daunting enough – but through such innovations as the Green House® model and small home living systems, eldercare providers can follow the lead taken by Jewish Home Lifecare and other early adopters in offering assistance that prioritizes not just affordability, but dignity and independence as well. 🌱



Westchester to Open Green House Model Small Homes for Elders

"I was excited to find the opportunity to live in a small home setting rather than a standard nursing home," explained Jewish Home Lifecare resident Sylvia Greenfield, who moved into Sarah Neuman Center's first Green House-modeled Small House. She adds, "Living here I can gain more independence, socialization and direction over my own life while still receiving professional care."

With a \$500,000 grant from The Harry and Jeanette Weinberg Foundation, two floors of Jewish Home Lifecare's campus in Westchester, Sarah Neuman Center, were renovated in a new configuration to enhance the personal preferences, privacy and autonomy of its nursing home residents.

Christopher Ferreri, administrator, Jewish Home Lifecare, said, "With support from The Harry and Jeanette Weinberg Foundation, a longtime partner in our work, the Pavilion Building redesign will create a new model for long-term care at Sarah Neuman Center, which will have a profound positive impact on our eldercare services for the 21st Century."

The renovation of two existing floors of the Pavilion Building transformed the current traditional nursing home room arrangement, with semi-private rooms lining main corridors, into one that better addresses the personal preferences of today's elders. Upon completion of a third floor renovation, there will be a total of five clusters of rooms, called "Small Houses", that will be home to 63 residents. Each Small House will feature a country kitchen (in which meals are prepared and cooked), communal dining table, a den for recreation and private bathrooms. Staff, called "Adir," a Hebrew word meaning "noble," majestic, mighty and impressive, are assigned to households. This central person establishes close, personal relationships with the residents to better understand and accommodate their needs and preferences.

Elders receive the personal care, clinical support and skilled nursing they need in a living space designed as a private home, without clinical services becoming the focus of their existence. The Small Houses are inspired by the Green House® model (www.thegreenhouseproject.org), which encourages elders and staff to build genuine, personal relationships with one another.

Sarah Neuman Center's Small Homes were opened with a ribbon cutting on December 9, 2013 attended by trustees, donors and some of the residents moving into the new living spaces. The event represented a significant step forward not only for Jewish Home Lifecare but also for the future of the Green House® model in New York.

Green in Rochester: St. John's Home Moves into the Community

St. John's Home in Rochester has long been committed to the Eden Alternative, becoming New York State's first registered Eden Alternative nursing home in 2003. As soon as St. John's executives learned of Dr. Bill Thomas' vision for the Green House model, they began planning as a natural extension of their commitment to the Eden

Alternative. St. John's leaders adopted and expanded the Green House philosophy because they believe this non-institutional approach will revolutionize what people want for long term care and it constitutes a better way to provide what people will need.

St. John's Green House homes are the only homes in the nation that are decentralized, located away from their main nursing home campus and are fully integrated into a wider residential community. The two homes are located in Penfield, NY, within the Arbor Ridge community, designed by SWBR Architects and developed by Pride Mark Homes, Inc. The architectural

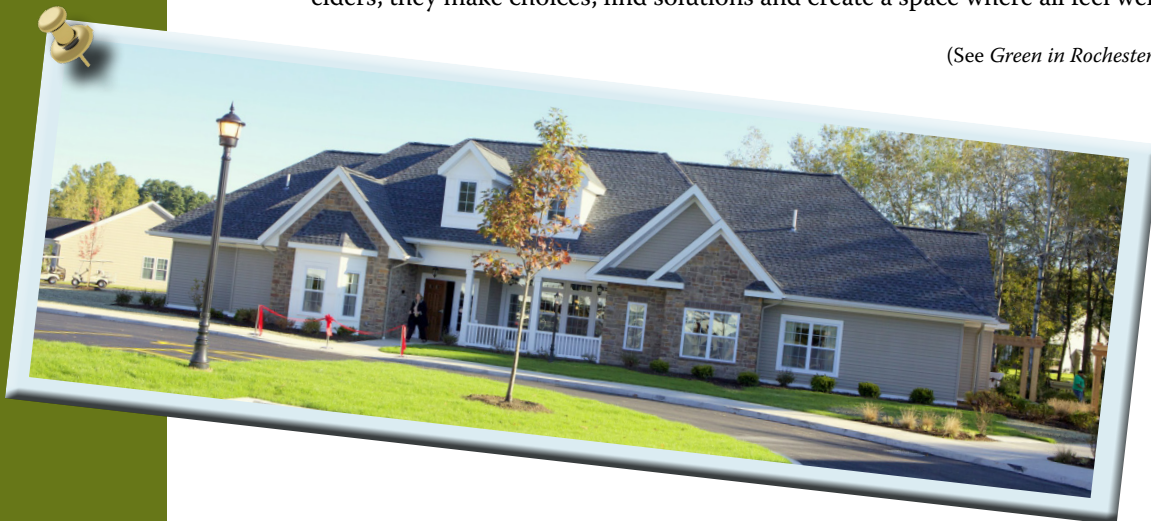
style of the Green House homes blends with the style of the surrounding residential townhouses, supporting the concept that St. John's Green House homes are truly residential and not institutional.

It has also created an opportunity for staff to actualize their full potential in caring for our elders. THE GREEN HOUSE® Project requires specialized staffing including Shahbazim. They found that many of their CNAs were interested in growing their skills and career potential by becoming Shahbazim. They are really the stars of this model. They protect, sustain, and nurture life and empowered work teams. They are trained as "universal workers" to not only provide individualized care within the principles of the Eden Alternative philosophy, but also to fulfill housekeeping needs and create meaningful mealtime experiences.

The staff members have been incredibly courageous, flexible and committed beyond what many employers would ever see. They have changed routines, changed accountability, and are growing to maintain trust, security and the sense of belonging. There has been almost no staff turnover, which is an incredible accomplishment. Staff members embrace daily life in the homes in a way that is unmatched. Together with the elders, they make choices, find solutions and create a space where all feel welcome.

(See *Green in Rochester* on page 32)

St. John's Green House homes are the only homes in the nation that are decentralized, located away from their main nursing home campus and are fully integrated into a wider residential community.



Green in Rochester... (continued from page 31)

Here's one staffer's perspective:

"I have been with my job for 10 years now and I have been one of the lucky ones who always found a way to get out of working Thanksgiving. Either someone was always willing to switch with me, or people would always help me out because they knew I had small children. Well, tomorrow will be a first for me since my son was born. For the first time in many years, I won't be at my parent's supper table having dinner with my family. But, I will give you a reason why I feel like it's my time to help. I really believe I was meant to work at this Green House home in Penfield and honestly, the elders are my second family. If I'm not at my family's supper table having Thanksgiving with them, there really is no other place in the world I would rather be. If people only realized how their loved ones have impacted my life, like their dads, grandfather, somebody's mom, grandmother, etc... I have each and every one of them in my heart this season. So yeah, I'm working Thanksgiving and I am perfectly okay with it. I feel blessed all the way around. As I have said in the past, it's the little things in life that really matter."

The Green House model is the St. John's brand in physical manifest. They maintain the St. John's brand in the community surrounding the Green House – in this case, Penfield, NY, and the Arbor Ridge Community – by establishing relationships with the neighbors living around the homes and being an active part of the community. St. John's mission is to "embrace life with vibrant, caring and life-affirming relationships." The Green House homes offer wonderful opportunities for interaction and volunteerism. They give elders and staff a true residential feel and experience and support our vision to lead and inspire a shift in society's view of elderhood, nursing homes and long term care. Elders are living in real homes in a real community and are completely connected.

Residents are living longer, healthier, happier lives, just as they had anticipated. That is the best measure of success for this model! 🌱

TIP: Under current New York state regulations, the community-based model required that the Green House homes be licensed as a separate corporation, adding extra cost to the process. It is recommend that anyone considering this model carefully research licensure laws and regulations as appropriate early in the planning.



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The Snoezelen Room: A Welcome Refuge for the Mind

It's so bright and loud in here. I just don't understand where I am and I feel lost and confused. I call for Mommy but I can't find her so I wander around looking for her, calling her name.

A lady sits me in a wheelchair and rolls me down the hallway. There is so much noise and confusion. I call for Mommy, again, but I still don't find her. I feel so stressed and agitated right now I can't contain myself.

Suddenly, we roll into a room that is so different from the rest of the environment. It is very dim, and smells so good. The most soothing music is playing and it reminds me of Mommy. On one side there are these amazing lights. I focus on the bubbling, color changing lights and, for the first time in hours, take a huge sigh of relief and contentment. This is better!

This is Ellis Medicine's, "Snoezelen" (pronounced SNOO-zeh-lehn) Room. It is a contraction for the Dutch words for sniffing out (snuffelen) and dozing (doezlen). Snoezelen Rooms were first created in the Netherlands during the 1970s.

When Rebecca Walpole, recreation therapy manager at Ellis Residential and Rehabilitation Center in Schenectady, first heard of "Snoezelen Rooms", she was working with adolescents at an inpatient mental health facility in Western New York.

While attending graduate school at Sage College of Albany, she researched the benefits of multi-sensory therapy and the use of Snoezelen Rooms with long-term care residents, particularly those with dementia. She reviewed several studies that were conducted measuring the length of time spent in the room, behaviors/affect before and after a session in the room, areas of benefits, and the length of time the benefits were found to last.

The room incorporates multi-sensory therapy including fiber optic lights/visual stimulation, tactile materials, sensory balls, weighted blankets, aroma therapy (natural oils used for relaxation) and music to increase or decrease stimulation depending on the resident's need.

Rebecca was able to secure funding through the Ellis Medicine Foundation from families who donate money to be used for the well-being of their nursing home residents. The Ellis Health Center engineering team was instrumental in making her vision a reality. The entire engineering team was dedicated to making this a safe environment for residents and did a phenomenal job.

Creating and equipping these types of rooms can cost upwards of \$75,000. Ellis was able to implement this project with just a \$10,000 grant. An existing room, located in the administrative wing away from the daily hustle and bustle, was painted dark gray and the window was blocked out because dimly lit, soothing space is necessary for success. A patient room

(See *The Snoezelen Room* on page 34)



The Snoezelen Room...

(continued from page 33)

was converted by filling in the closet and removing the oxygen hook-up. A mirror constructed of safety glass was put over the space where the closet had been to add depth to the room and to enhance the special lighting. Special switches were installed to accommodate the equipment. Rebecca focused on purchasing the costliest equipment first and plans to add resources each year.

Goals for the use of the Snoezelen Room include increased or decreased stimulation for residents in the later stages for dementia, increased balance and decreased potential for falls, increased opportunity for relaxation and decreased negative behaviors or feelings (i.e., wandering, agitation, aggression, anxiety, depression, etc.).

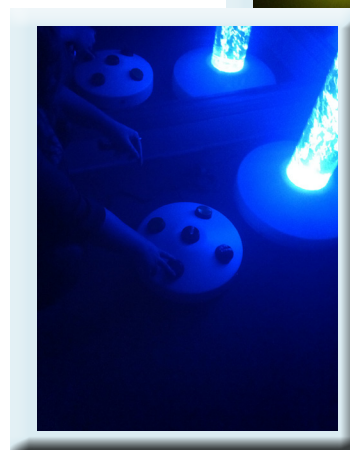
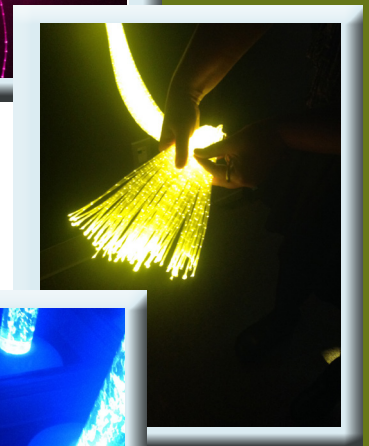
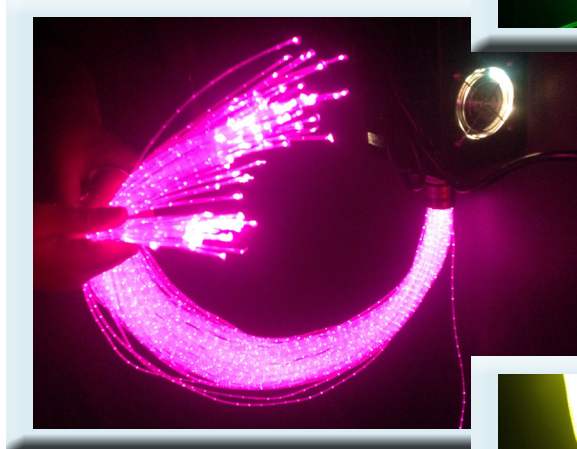
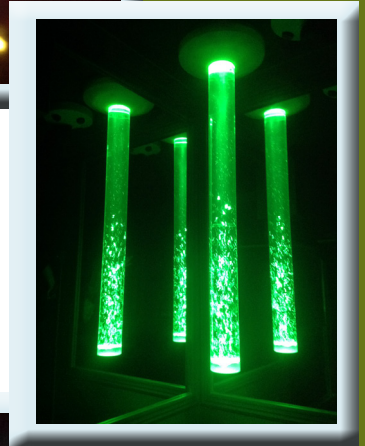
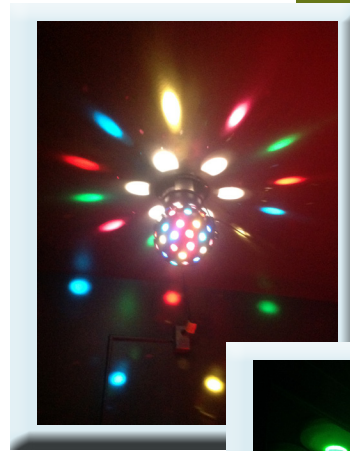
The use of the room promotes well being without the use of medications. Changes in breathing, eye movement and vocalization in both the over- and under-stimulated populations are monitored. In one example, a person who exhibits lots of “behaviors” and never wants to leave her room just loved it. After just 15 minutes in the Snoezelen Room, her breathing changed and after leaving the room, she remained calm for a full three hours. Research shows that the affects can last up to four hours for people who use the room for as little as 15 minutes.

The room can be used in complete darkness or low light. It offers fiber optic light strands, multi-colored lights, strobe lighting, flowing tube lighting, aroma therapy, ambient music, equipment for tactile stimulation, weighted blankets for calming and many other tools to assist in calming or stimulating patients depending on their needs. It can be used with up to three people at one time or for one-on-one time. The key is to find out what works with each person by using one thing at a time to see what is helpful.

Ellis Medical Center has a similar room used by the adolescent psych population and Rebecca repurposed those policies and procedures for the senior Snoezelen Room. They began using the room in December following staff training. It is important that only trained staff take residents into the room.


In the long term, Rebecca plans to conduct their own case study to track the specific benefits of their residents and as they determine what is working and what needs improvement, they will tweak their program to meet the needs of residents. She will also look at whether she can document increased quality metrics and cost-savings, for example, through decrease in falls.

The fruition of this dream of Rebecca’s provides Ellis Medicine with new tools to help give peace to seniors who are experiencing a very confusing and stressful condition. A true win-win! 🌱



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Building Structures of Hope!

It all starts with a can. Can you imagine ending hunger? Well one of our business partners is answering that question with a new twist on cans. When it comes to creativity and supporting local food pantries, Spring Line Design Architecture + Engineering LLP, the sponsor of the LeadingAge New York Art Show, stands tall.

Spring Line Design Architecture + Engineering LLP is part of Canstruction, a charity committed to ending hunger. Canstruction is a friendly design competition fighting hunger in cities all over America. Here in the Capital Region, it brings together teams of local professionals in the Architecture, Engineering and Construction (AEC) industry, challenging them to imagine and bring to life structures made completely of canned food goods – “canstructures.”

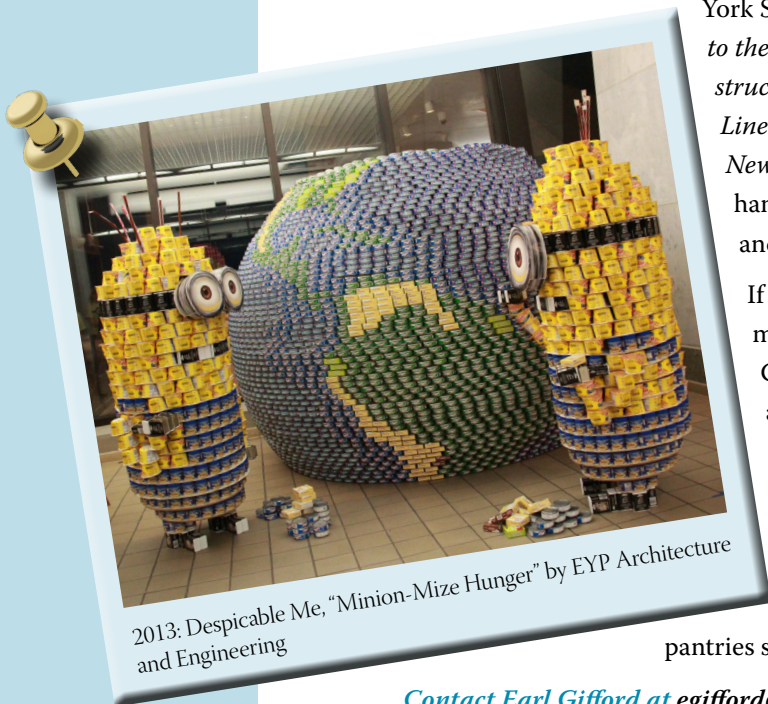
There will be a public viewing of all the canstructures from April 10 – 24 at the New York State Museum. *Visitors are encouraged to bring cans to the New York State Museum and vote for their favorite structure(s) by donating a can of food. (Hint...hint...Spring Line Design Architecture + Engineering LLP, LeadingAge New York's business partner).* Volunteers will also be on hand with cans for visitors to use. Or, just donate a dollar and grab a can from the volunteers' stash and vote.

If you are unable to visit the museum to view these magnificent works of art and would like to support the Canstruction project, please visit springlinedesign.com and click on the Canstruction Logo. Or, visit www.firstgiving.com/fundraiser/storytown/canstruction-2014-storytown. After being on display in the New York State Museum, these well-balanced works of art will feed much more than the imagination; the cans will be donated to food pantries serving the Capital District. 

Contact Earl Gifford at egifford@leadingageny.org or Noreen Hiltzley-Mosher at nhiltzley@leadingageny.org for additional information.



2011: Angry Birds by Mosaic Associates



2013: Despicable Me, "Minion-Mize Hunger" by EYP Architecture and Engineering



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Member News

Awards & Achievements

Schervier Nursing Care Center Recognizes Tommy Gutierrez as its "Values in Action" Award Recipient for October



Tommy Gutierrez

Bon Secours New York Health System's Schervier Nursing Care Center, specializing in long-term and rehabilitation care in the Riverdale section of the Bronx, proudly recognizes Tommy Gutierrez as the Values in Action award recipient for October 2013.

The prestigious Values in Action award is presented monthly to recognize an individual who embodies the mission of Schervier and exemplifies Bon Secours' core values, namely delivering superior quality care and service to each resident with compassion, respect, integrity and justice. Gutierrez, of Schervier's Material Management team, was nominated by his peers and fellow leaders for delivering service with respect and dignity, and for the superior support he consistently provides to all units and departments on Schervier's campus.

"Tommy is extremely dedicated and encompasses a strong work ethic, which is consistently seen in his willingness to go the extra mile to provide the highest quality of service and ensure that every department's needs are met," said Stephen Kazanjian, director of mission at Schervier. "He provides good help to those in need daily and always treats his colleagues and our residents with the highest level of respect and compassion, making him very deserving of this recognition."

A Values in Action ceremony was held in honor of Gutierrez on November 7, 2013, where he was presented with a certificate of excellence, along with a small gift on behalf of Schervier by Kazanjian.

Ellen Wright, LMSW Named as Director of Home Care Services



Ellen Wright

United Hebrew of New Rochelle, a leading Westchester skilled nursing home and short-term rehabilitation center, has named Ellen Wright, LMSW as director of home care services. With more than 25 years experience in medical social work, Ellen brings extensive knowledge of both hospital and home care settings. Ellen is the former director of social work and mental health home care at the Visiting Nurse Association of Hudson Valley. In her current position at United Hebrew, Ellen is responsible for managing and growing United Hebrew's AZOR Licensed Home Care services and expanding its geriatric care management program. Ellen has a strong commitment to community outreach and passion for preserving the quality of life for the aging and disabled populations. She lives in Yorktown Heights with her husband, David, and their two children.

"Ellen has a wealth of knowledge and experience in the healthcare field. She has all the qualities we strive for at United Hebrew: compassion, strong commitment to community outreach and education, and a high degree of professionalism. I look forward to working with her and expanding our home care services and geriatric care management program," said Rita C. Mabli, president and CEO of United Hebrew.

Wartburg Appoints Jeanette Carlson to Board of Directors

Jeanette Carlson, a resident of Pelham, NY, an experienced independent register investment advisor, has been appointed to the Board of Directors of Wartburg, one of Westchester's largest senior services providers.

(See Noteworthy on page 40)

"We are pleased to reconnect with Jean, who served on our Foundation Board in the past," said David Gentner, president and CEO of Wartburg. "She brings institutional knowledge, a passion for senior services in this community and enthusiasm about Wartburg's vision of the future and our preparations for sesquicentennial celebrations."

Ms. Carlson has a lifetime of professional experience in benefits administration and financial advising and as a board member for non-profits. She is presently the benefits plan administrator for the Administrator's Association of the New Rochelle School District. She has held positions with ING and served as an associate general agent for Thrivent Financial, a Lutheran Fraternal Society based in Minneapolis, MN.

Ms. Carlson was a board member of The Home Board and chairman of the Foundation Board for 14 years, from 1990-2004. She is currently a council member of St. Luke's Lutheran Church in New Rochelle.

Ms. Carlson earned a Bachelor of Science degree from Iona College, is a certified financial manager from the School of Financial Management at Iona College, and is designated as a long term care professional by the Health Association of America.

Wartburg Honored for Service to the Aging

Wartburg received the prestigious Golden Harvest Corporate Award from the Westchester Public/Private Partnership for Aging Services. David Gentner, president and CEO, accepted the honor on Wartburg's behalf at a Tarrytown breakfast ceremony. The Partnership cited Wartburg's organizational achievements in the field of aging in the past year.

The Public/Private Partnership is a unique alliance of government, business, and voluntary service agencies. This year, the Partnership put particular emphasis on awarding individuals for "intergenerational planning for successful aging," noting an increased need for these services in Westchester. Several other Westchester service agency leaders were also honored.

Among its organizational achievements this past year, Wartburg opened the Friedrichs Residence, a four story building of 61-unit affordable apartments for seniors. Last October it opened a new multi-level Rehabilitation & Adult Day Services pavilion.

Gentner, who became president and CEO of Wartburg in January 2011, has been the driving force behind its award-winning Creative Aging & Life Long Learning Initiative – recognized for its innovative programs designed to enhance the lives of seniors through the arts.

Wartburg is an award-winning provider of comprehensive senior services, including independent living, assisted living, Alzheimer's/dementia care, skilled nursing, rehabilitation and hospice care. Its 34-acre campus in Mount Vernon serves seniors and their families in southern Westchester and the northern Bronx. Wartburg's nursing home has been recognized by *U.S. News and World Report* as among the most elite nursing homes in New York State.



Photos: Charlotte Abram

From left: Mary Calvi, anchor CBS2 News; David Gentner, president and CEO, Wartburg; Mae Carpenter, Westchester County Dept. of Senior Programs & Services.

St. Peter's Health Partners Selected to Partner with American Cancer Society in Largest Ever National Cancer Prevention Study: Volunteers Sought

St. Peter's Health Partners (SPHP), the Capital Region's largest and most comprehensive health system, has been selected to partner with the American Cancer Society in a landmark cancer prevention study that is the largest ever to be conducted in the United States.

Cancer Prevention Study-3 (CPS-3), a long-term epidemiology study planned for the next 20-30 years, will involve more than 300,000 individuals of various racial and ethnic backgrounds recruited nationwide.

SPHP has worked to recruit more than 800 volunteers through its four hospitals in the Capital Region – St. Peter's Hospital and Albany Memorial Hospital in Albany; Samaritan Hospital and St. Mary's Hospital in Troy; and The Eddy network of services.

(See Noteworthy on page 41)

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"We all know someone – a loved one or a friend – whose life has been touched by cancer," said James K. Reed, MD, president and chief executive officer of St. Peter's Health Partners. "This is an historic study and a once-in-a-lifetime opportunity to be a part of what is potentially life-saving research."

"More than 11 million people have survived cancer, so as the largest health system in the Capital Region we are proud to be selected to partner in what will be the next wave of cancer prevention and cancer solutions," Reed said. "By enrolling to become a participant, all of us are helping to protect our future generations – our children and grandchildren – from ever developing this horrible disease."

The American Cancer Society (ACS) first began conducting long-term prospective studies in the 1950s, partnering with researchers and recruiting large groups of individuals to provide information on lifestyle, medical and behaviors factors related to their health. Study participants are followed over time as researchers assess their health outcomes and determine how those outcomes relate to previously collected exposure data.

More than 300 scientific articles have already been published from ACS studies. Previous CPS studies have demonstrated vital findings that significantly impact our health, including: the link between cigarette smoking and lung cancer; the role of being overweight or obese on the risk of cancer occurrence and death; the link of physical activity and lower risk of various cancers (including breast, colon and prostate cancers); and the impact of hormones, diet, various medications and vitamins, and a variety of other factors in relation to cancer risk.

Enrollment of participants for the CPS-3 study launched on December 6, 2006 closed on December 6, 2013. Such new follow-up studies are needed as the current study population ages and environmental and individual lifestyles change over time. Enrollees will be asked to complete follow up surveys at home every few years for the next 20-30 years to help researchers build on evidence from earlier studies, and better understand the lifestyle, environmental and genetic factors that cause or prevent cancer.

Happenings

AFLAC 2013 Workforce Report

This annual employee [benefits study](#) examines trends and attitudes in four significant areas: implications for consumer-driven care; the competitive edge; benefits; and the rewards of voluntary benefits.

Jefferson's Ferry Holds Annual Monte Carlo Night

Jefferson's Ferry's annual Monte Carlo 2013 offered a winning combination of fun and fundraising. More than 150 guests enjoyed casino gaming tables, slot machines, Las Vegas-style entertainment and service, as well as fine food and drink. The evening raised more than \$100,000 for the Successful Aging Project, the Jefferson's Ferry Foundation's initiative to construct new space for wellness programs open to all Long Island seniors. The evening's festivities also included the presentation of The Community Builder Award to resident Lotti

(See Noteworthy on page 42)

Huntstein for her good deeds to improve the lives of many, both inside and outside the Jefferson's Ferry community. Fairview Pharmacy and Homecare Supply President Michael R. Nastro, RPH, received the 2013 Humanitarian of the Year Award for his philanthropic leadership and commitment to helping others.

LeadingAge New York News

ProCare Consultant Obtains Board Certification

LeadingAge New York ProCare consultant Christina Jones has obtained Board Certification and is licensed in New York State as a family nurse practitioner. Her training was completed through George Washington University, Washington DC. Christina is currently the director of nursing for a 5-star facility in rural New York. She practices as a nurse practitioner in a rural health clinic. Christina's medical knowledge will further enhance services offered by the ProCare consultants.

LeadingAge New York One of 2014 Best Companies to Work for in New York State

LeadingAge New York is very pleased to announce that it has been named one of the Best Companies to Work for in New York State for 2014. "We're honored to receive this award and attribute the positive work culture to our employees' dedication and passion for our mission," said James W. Clyne Jr., president and CEO. "LeadingAge NY's team members reflect the passion and commitment of our members - innovators in the field of chronic and rehabilitative care who meet the medical, personal and social needs of frail elderly and disabled New Yorkers across the state."

LeadingAge New York will be recognized at a public awards dinner to be held at the Albany Marriott on Tuesday, May 6, 2014, from 5:45 to 9 p.m. During the event, LeadingAge New York will learn its rank among 32 companies in the category for small- and medium-sized employers with 15 to 249 U.S. employees.

LeadingAge New York Leadership Academy Application Process to Start

Ignite Your Leadership Flame!



LeadingAge New York is preparing for the second year of the New York-based Leadership Academy! This transformational leadership platform is designed to foster growth and relationships among our current and next generations of leaders within New York's

non-profit providers of care, housing and service to seniors.

This program is modeled on national and other state leadership programs – most designed by consultant Michele Holleran – but will focus on topics of interest to New York members.

Applications for the 2014 Class will be available soon. For more information, feel free to contact Kristen Myers at kmyers@leadingage.org.

(See Noteworthy on page 43)



From left: Carol Fenter, Jefferson's Ferry resident; Karen Brannen, Jefferson's Ferry president & CEO; Steven Englebright, New York State Assembly Member; Kara Hahn, Suffolk County Legislator; George Rice, Jefferson's Ferry Board of Directors chair; and, in the foreground, award recipients Lotti Huntstein and Michael R. Nastro.

Save the date!

2014 Advocacy Day

LeadingAge New York/Adult Day Health Care Council

Tuesday, February 4

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Welcome New Affiliate Member

Laura Cameron, Association on Aging in New York

Welcome New Associate Members

Kristin Knickerbocker, Spring Line Design

Ralph Peterson, Healthcare Services Group

Carla Williams, O'Connell & Aronowitz, Healthcare Consulting Group

Upcoming Conferences and Educational Events

March 26-28, 2014

Housing Professionals Annual Conference

DoubleTree Hotel by Hilton Syracuse, Syracuse, NY

March 28, 2014

Policy and Procedure 101 Workshop

DoubleTree Hotel by Hilton Syracuse, Syracuse, NY

April 10 - 11, 2014

Adult Day Health Care Council Annual Conference

Gideon Putnam Resort & Spa, Saratoga Springs, NY

June 16-18, 2014

Annual Conference and Exposition

Saratoga Hilton Hotel and Conference Center, Saratoga Springs

September 16-18, 2014

Financial Managers Annual Conference

Saratoga Hilton Hotel and Conference Center, Saratoga Springs

Nov. 19-21, 2014

DNS/DSW Annual Conferences & Exposition

Saratoga Hilton Hotel & Conference Center

Leading-U is offering many audio conferences and seminars. Check out our line-up by [clicking here](#). 