



Pennsylvania Alliance of Retirement Community Residents

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MINUTES - PARCR Quarterly Meeting - Wednesday, Oct 9, 2019
SpiriTrust Lutheran, The Village at Sprenkle Drive
1802 Folkemer Circle, York, Pa 17404
Oct.9, 2019 10:00AM

MISSION STATEMENT: *“To educate and inform residents of not-for-profit retirement communities in Pennsylvania by promoting the exchange of ideas, education and civic responsibilities of residents, and to encourage members to seek to be a part of informed decision-making in their communities.”*

WELCOME: Meeting called to order by President, Ida Jeanne Smith at 10:00am with Pledge of Allegiance.

PRAYER: Chaplain: Tricia McMackin

HOST: Julianne Devaney, Senior Executive Director welcomed everyone to the Village. She explained that there are 350 residents, 117 cottages, 22 acres, a skilled nursing area, and three people in assisted living, two of whom are in the memory care area.

ROLL CALL: There were 21 of our 27 communities represented with a total of 94 attendees.

LEADING AGE PA: Anne Henry’s word for the day is CHANGE. Three important changes were discussed.

1. As of October 1, 2019, Medicare adopted the new PATIENT DRIVEN PAYMENT MODEL (PDPM) in order to reduce Medicare expenditures in skilled nursing facilities. The assessments have been reduced to a requirement of the five day assessment and the discharge assessment. These assessments will focus more on skilled nursing (need for IVs etc.) and less on things like physical and occupational therapy. The latter, in fact, may actually move to group sessions rather than individual sessions. It is important to note that PDPM affects only patients covered by traditional Medicare. Patients with advantage plans are not affected. In answer to questions from the group, it was explained

1. That skilled nursing facilities receive a per diem payment based on the requirements for care and that this payment could be reduced if one of the five-day assessments shows a decreased need for skilled nursing procedures.

2. that changes such as this are often modified after they have been in place for a few months.

3. The fact that Medicare covers skilled nursing only after hospital admission as distinct from being placed in the hospital under observation is under scrutiny by Medicare. There may be patients who need skilled nursing but, since they have been on observation status, do not qualify for coverage.

2. In its efforts to achieve greater transparency, the federal government decided to place a red stop sign icons on the skilled nursing Medicare site selection list. One of these icons will be placed beside the facilities which have been cited for abuse, neglect, or exploitation. It was pointed out that such citations are often based on very minor issues (example cited was using one aide to transfer a patient when orders call for two aides). If such icon appears in your facility, you should discuss this with the administrator to determine whether or not it is significant. She noted that the PARCR communities, in general, have no issues with this.

3. Property tax reform is under discussion by the state legislature. These have risen in recent years and are problematic for communities which are not designated as nonprofit. In some cases, the property taxes have caused serious increases in the residence monthly charges. Alternatives to the property tax under discussion include increasing the sales taxes and adding sales tax to items which are currently not taxed.

4. Frank Williams from Lebanon County is introducing a bill into the Pennsylvania legislature which would

tax the employer contributions to retirement income. This is a 200 to 300-page bill and does not seem to be very popular at the present time

NaCCRA: Dan Seeger – NaCCRA “National Continuing Care Residents’ Association” is a nationwide organization of CCRC’s joined together for mutual sharing of information and for education. It also monitors CCRC’s so if someone is looking for a community, they can get information on this web-site, information on how to model a CCRC, a Bill of Rights, and Model laws.

There is a new set of rules from the Financial Accounting Standards Board known as ASC 606 which it is aimed at standardizing general accounting principles. For CCRC’s, the major effect would be to relegate entry fees to their contractual purpose which is to provide long-term care if a resident becomes financially insolvent. Currently many of these fees are put directly into the general operating fund of the facility and are not available when such a resident needs long-term care. There are examples of CCRC which have gone bankrupt because they were insufficient funds on hand to provide for this type of care. A full description of this matter can be found on the Internet at <https://gotransverse.com/blog/revenue-recognition-asc-60>.

As of August 2019, CCRC can no longer require new residents to sign an agreement for dispute arbitration. Sometimes these are embedded in the initial contract. CCRC are now obliged to point this out to new residents. These agreements essentially require that, in the event of a dispute between the resident and the C CRC, the resident will accept arbitration and will not go to court. He also pointed out that such situations would be highly unusual. When looking for the NACCRA, be careful that you’re not directed to the NACCRRRA (two letter R) because this is for childcare.

NaCCRA’s next meeting is in October in San Diego on October 26th with their National Meeting to follow. Members of NaCCRC can also view this meeting using Skype. Information will be sent to members about one week before the meeting.

PROGRAM: Dealing With Dementia by Dr. Kenneth Brubaker (geriatric specialist and corporate medical director for Masonic Village.

- Dementia has many definitions including memory loss, cognitive impairment, and mild cognitive impairment. This is basically a spectrum of organic brain dysfunction one from very simple difficulties remembering names or places to total disability. The problem is becoming much more important because of the increasing numbers of patients with this problem. As our speaker clearly demonstrated, the various forms of dementia are directly related to age with memory loss affecting approximately 1% of people age 60 and increasing steadily to 40%. Since life expectancy in the United States has risen from 47 years in 1900 to 79.3 years in 2015 the population of people over the age of 65 has risen from 3 million in 1900 to over 50 million in 2020. This is expected to continue with an estimated population over age 65 topping 70 million in 2030. Currently, various forms of memory loss affect 7 million people in our country. This is expected to rise steadily reaching 15 million by the year 2050. Many of these people will eventually require skilled care. Before 1990, physical restraints were commonly used for agitated patients but due to the frequency of injuries caused by those restraints, there was a gradual switch to the use of drugs including Risperdal, Seroquel, and Zyprexa. Over the next 25 to 30 years side effects of these medications made them generally unacceptable. These side effects included: Increase risk for strokes (cerebrovascular accidents)
 - Increased sedation associated with increased falls and fractures
 - Increased cardiac arrhythmias and sudden death
 - Increase incidence of diabetes (Metabolic Syndrome)
 - Frequent falls associated with anti-anxiety (Ativan/Xanax) and antipsychotic (Seroquel, Risperidone) meds
 - Over-sedation
 - Acute confusion with rapid withdrawal of medications for anxiety

Therefore, today, there are no drugs that are approved for dementia - some drugs are being used for sedation when necessary but daily treatment with medications is generally discouraged.

Instead, the focus is now on different methods to provide care for those with various forms of dementia. Dr. Brubaker pointed out that there are several inappropriate responses to disruptive behavior such as:

- Focusing only on the caregiver’s needs
- Touching a person with memory loss without introducing yourself first
- Asking the person with memory loss “Do you remember?”
- Requesting tasks that are very difficult
- Telling the person with memory loss “no” that is meant to stop the person’s immediate behavior
- Assuming persons with significant memory loss are teachable

The work of Prof. Jiska Cohen-Mansfield was discussed. In treating elderly patients with memory loss syndromes, she emphasizes decreasing loneliness, improving the quality of life, increasing motivation for physical activity, using updated environmental design and technological innovations as well as exploring other avenues for improving the end-of-life experience. She described a detailed agitation inventory especially designed for older people with memory loss syndromes. This inventory assesses such things as:

- Physical aggression – hitting, biting, undressing in public, hurting self/others
- Physical non-aggression – pacing, inappropriate dressing, spitting
- Verbal aggression – screaming, cursing, verbal sexual advances
- Verbal non-aggression – repetitive words(help) and sentences (I want to go home.) , negativism, constant requests for attention

Many of these are directly related to a long list of unmet needs among those with memory loss syndromes such as:

- Uncontrolled pain
- Hungry for food and/or fluids
- Lack of control of their environment (territorial behavior)
- Fatigue
- Poor vision that limits participation in activities
- Enjoys music but has limited occasions to hear music that they like
- Need to go to the bathroom (overactive bladder)
- Uncomfortable with seating position
- Discomfort with other residents (frightened by crowds)
- Discomfort with the environment (annoyed by bright lights or loud noise)
- Need to change soiled clothes
- Upset with the use of physical restraints
- May be constipated
- May have a distended bladder and unable to urinate
- Feeling too cold or too hot
- Lack of activities that are of interest to the person (sports, movies, career related)

The DICE (Describe, Investigate, Create, evaluate) method of management for a caregiver team. A problem is Described (e.g. hitting, biting attendants while they were trying to get the patient dressed in the morning), Investigated (who, what, when, where. In this case it occurred with any caregiver and always during morning dressing), a plan is Created (in this case a small dose of sedation was ordered by the physician to be given one half hour before morning dressing), finally, the plan is Evaluated (in this case the problem was solved and caregiver patient relations improved).

The management challenges associated with managing patients with memory loss syndromes were described. These included:

- Premature institutional care
- Caregiver burnout in the home and in institutional care that leads to high turnover of staff
- High direct and indirect cost of care
- Increased depression among primary caregivers
- Increase memory loss among family caregivers

For the future, Dr. Brubaker recommends increased efforts for continuing education directed at family member caregivers and staff members with emphasis on moving away from the old medical models of physical and chemical restraints to a newer model which includes environmental changes such as regrouping patients with similar interests in things such as music, sports, animals, or faith, creating an environment which looks and feels more like the era where these patients were raised. End-of-life care must also be addressed with those who have memory loss by enhancing the quality of life, developing special care units designed more like a home environment and giving additional attention to the sensory needs of patients such as lighting, touching, aromatherapy, and activities as appropriate. For those with mild to moderate memory loss, COGNITIVE STIMULATION THERAPY was discussed. A seven-week series organized around various themes twice a week and utilizing trained leaders apparently has had success in some areas.

In 2018, the Alzheimer's Association introduced "A Guide to Quality Care From the Perspective of People Living with Dementia" which encouraged the early detection and diagnosis of dementia (so as to begin cognitive stimulation therapy), and, for caregivers as well as assisted care and skilled care staff members, getting to know the person suffering with dementia, sharing appropriate information and education with that person, maximizing their independence, continually practicing patience and compassion with patient centered care and honoring the

person's preferences. The care approaches should reflect day-to-day needs and abilities, ongoing opportunities for engagement that have meaning and purpose, coordination among caregivers. Staff members should have continued training opportunities to learn more about dementia and best practices. They should inform the patient as well as that person's caregiver as any new interventions as appropriate. Person centered care is emphasized by creating a safe and supportive environment that reflects the person's characteristics as well as her personality and preferences. The link to this document is https://alz.org/dementia-care-practice-recommendations/downloads/qualitycare_plwd.pdf.

When the caregiver needs help there are numerous community options such as the LIFE (PACE) program and the waiver program in Pennsylvania, increasing numbers of personal care facilities and freestanding nursing homes. Continuing care retirement communities are also an excellent option for people with the very early stages of memory loss syndromes.

Teppa Snow is a nationally known expert on memory loss and dementia syndromes. She now has 40 years' experience giving lectures on these subjects and originally had training in occupational therapy. Attempts to show four short videos about problems with dementia including challenging behaviors, combative behavior, hallucinations, and agitation. If one does an Internet search for this lady, there are at least 80 videos ranging in length from two minutes to one hour. They are both interesting and informative. Like the four that were to be shown, these are all on YouTube and free.

Dr. Brubaker concluded with a quote from Hubert Humphrey "The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those in the shadows of life, the sick, the needy, and the handicapped." He also had a poem from a dementia patient is entitled "Take Hope You Are Not Alone"

I Have Memory Loss.
My eyes do see, My ears do hear,
I am still me, so let's be clear.
My memory may fade,
My walk may slow,
I am ME inside.
Don't let me go.

An internationally known nursing home in Hogeweyk, Netherlands was described as a completely open village with dementia patients free to roam the streets and buildings. There were walls around this village primarily to keep outsiders from coming in. The short video only which he gave us is worth watching:

<https://hogeweyk.dementiavillage.com/kenniscentrum/>

<http://hwww.cnn.com/2013/07/11/world/europe/wus-holland-dementia-village/index.html>

https://alz.org/dementia-care-practice-recommendations/downloads/qualitycare_plwd.pdf

Dr. Brubaker left several other links to be used for our reference:

[1.http://www.pchmo.org/services-CST.aspx](http://www.pchmo.org/services-CST.aspx)

[2.https://www.alz.org/facts/](https://www.alz.org/facts/)

[3.https://www.bing.com/videos/search?q=Teepa+Snow&&view=detail&mid=A01076727FD6DFC98223A01076727FD6DFC98223&rvsmid=1159BC06894C8E752AA91159BC06894C8E752AA9&FORM=VDQVAP](https://www.bing.com/videos/search?q=Teepa+Snow&&view=detail&mid=A01076727FD6DFC98223A01076727FD6DFC98223&rvsmid=1159BC06894C8E752AA91159BC06894C8E752AA9&FORM=VDQVAP)

[4. https://www.govserv.org/US/Carlisle/137585982981491/Cumberland-County%2C-PA---Aging-%26-Community-Services](https://www.govserv.org/US/Carlisle/137585982981491/Cumberland-County%2C-PA---Aging-%26-Community-Services) Cumberland County office of aging (717-2406119)

[5. https://lancoaging.org/](https://lancoaging.org/) Lancaster county office of aging (717-299-7979)

6. A Caregiver's Guide to DEMENTIA by Laura N. Gitlin, Ph. D. and Catherine Verrier Piersol, Ph.D.

7. <https://www.amazon.com/Caregivers-Guide-Dementia-Activities-Strategies/dp/1933822902>

8. <http://www.bing.com/search?q=Office+of+Aging.pa&src=IE-SearchBox&FORM=IESR02>

9. <http://goodnewsconsulting.com/about.html>

Great Buffet Luncheon enjoyed by all

“SHARING AN IDEA”:

Lori Jones and Jess Sheahan from Spirit Trust Mission Office

Citing a study by The International Council On Active Aging, it was pointed out that the overwhelming majority of people living in retirement communities are moving away from traditional models of wellness to those which involve multiple dimensions. People are now living longer and are healthier in later years allowing them to be much more active. At Spirit Trust, the so-called 360 program was started about six years ago with the mission to find meaningful purpose in the lives of residents by empowering them to seek growth opportunities for body mind and spirit. Seven dimensions of care have been identified and are being pursued at all levels of care-independent living, assisted living, skilled nursing, and memory loss. Engagement, as identified as active or interactive pursuits is emphasized over entertainment, which is identified as passive pursuits such as movies, concerts, etc. Although appropriate at times, passive activities should not dominate a person's schedule. Engagement activities, for example, would include card games, dominoes, and other group activities. The World Health Organization defines wellness as a state of physical mental and social well-being. Engagement opportunities at Spirit Trust have five requirements. They must be **personalized** and **appropriate** for the individual, must be **motivating**, must have an **opportunity for growth** and is **worthwhile**. Using music as an example, activities appropriate for people in skilled nursing, assisted living, and independent living were discussed.

Before people come to retirement communities, they're involved in numerous activities including work, volunteering, and social functions. After coming to a retirement community these should not stop. All communities have opportunities for people to volunteer, for instance, in the library, social activities and physical exercise. Obviously some of these people may be still working as they were before they came to the community but at some point, in the community, they will retire and these other activities become increasingly important as time becomes available. In like manner people who have regular outside activities such as a yoga class when they come to the community, have an opportunity to continue those programs but also to transition to a community program bringing new ideas from the outside program. The same is true with social activities. Older ideas presented aging as a time of sadness and emotional instability. Research is shown just the opposite-older people can be happier than they were in younger years and they are definitely more emotionally stable. **Socialization**, encouraged at Spirit Trust, is known to help with a variety of medical problems such as cardiovascular disease and dementia. In Europe, patients can actually get prescriptions for socialization services. **Physical Activity** is another important aspect of engagement. It is well-known that cognitive function is enhanced, activities of daily living are facilitated and decreased falls are all byproducts of continued physical activity. Periods of exercise, according to a Harvard psychiatrist have the added benefit of increasing dopamine and serotonin levels in the brain (the so-called “runners high”) These periods also tend to cause people to focus on what they are doing. The ability to do so apparently increases cognitive function. Every person living at a Spirit Trust community is encouraged to have a program of physical activity. At the Spirit Trust Foundation annual meeting there is always a session on engagement which focuses on how to better keep residents more active and vibrant. At the meeting in 2018, they highlighted several residents whose growth might be considered a bit “out-of-the-box”. One resident had visited 77 countries during her past 25 years of retirement-these included places like Afghanistan and Iraq. She says that her bucket list bucket is now empty, but something could come up any time. The Luther Ridge community had pictures of residents zip lining. A couple in the Gettysburg community are helping people continue to be computer literate and have access to the Internet. Another lady, not sure which community, attends daily mass and does

all of the liturgical readings. She also reads to people in the community who have problems with eyesight. Pictures were shown of residents enjoying croquet games, exercise in the gym, and enjoying a hot air balloon ride all of which are both exercise and socializing activities. At the foundation meeting, posters were presented representing each the communities views on engagement. These defined engagement and active aging as having no limits, being empowered and energized, and having equality and acceptance, being able to stay strong with various activities. Spirit Trust feels that they have a good program, but they are continuing to look for newer and different ways to enhance wellness by greater engagement. In the question-and-answer session, the speakers indicated that one of the ways they have improved their programs was by adding discussion periods to previous entertainment only sessions in order to encourage socialization. They also indicated that since the program began five years ago there have been measure measurable benefits in both the physical and mental wellness of residents. Finally, they have made increasing uses of outside resources including local colleges to bring in speakers and student interactors perhaps in need of subject material to write historical papers. One member of the audience spoke about the Quest program in Lancaster primarily aimed at senior citizens. This provides lectures on a broad range of subjects during the day and at very reasonable price.

PARCR BUSINESS MEETING: The Minutes of the July 10, 2019 meeting at Bethany Village will stand as presented.

Chair Reports:

President Ida Jeanne Smith reported with sorrow the passing of Everett Fuller who served for nine years as the treasurer, membership director, and Parker Post editor. Those positions now require three people. He was a valuable member of this group and will be missed

Secretary, John Judson was introduced.

Treasurer: Henry Mathers reported this fiscal year's actual income and expense to date compared to the total amount budgeted for this fiscal year. In addition, the report reflected income and expense to date by category. A handout was provided for attendees. The existing bank balance of \$6961 was shown. There were no questions about this report and thus was accepted as presented.

Membership: Susan Martin – SpiritTrust Lutheran at Shrewsbury is a new community which has just joined PARCR. The next meeting is scheduled in January at Bethany Village. We were advised to check all email for cancellations or postponements in the event of inclement weather.

Legislation: Gail Stelger - there has been no movement on house Bill 2291 which would have protected people in residential communities living in independent quarters from having to deal with outside inspections. Federal house Bill is 1652 (Senate Bill 753) also has had little movement. These bills would make Medicare count observation days the same as admission days as requirements for admission to the skilled nursing unit's needs. At present, it is very important for all of us if we get to a situation in the emergency room where admission has been recommended, that we ask and be very clear about the fact as to whether this is a hospital admission or an observation. If we are told it is an observation, it should be challenged if there is going to be active treatment. If you actually stay in the hospital under observation, and skilled nursing is recommended, it is quite possible that your insurance will not cover it in the same way they would cover skilled nursing after an actual hospital admission. Gail will issue information on new alerts as soon as they are issued.

Programs: Bill Stelger – Ballots concerning program preferences, distributed at the July meeting, have been tabulated and programs arranged for the next year. They are as follows: this is

January 8, 2020-Bethany Village- Kathy Morrison, RN, Penn State Medical Stroke Center, “Stroke Prevention, Awareness, Signs, Symptoms”

April 8, 2020-Masonic Village, Elizabethtown-Larry Zook, Pres. and CEO of Landis homes, advisor to PARCR, “Current and future Developments in CCRC new styles, new approaches.

July 8, 2020-Landis Homes, Lititz -Corry Miller, Dir. of information services, Cross Keys Village, “Recent Technology Advancements What May Be Coming Your Way”.

October 14, 2020-Cornwall Manor-Dr. Drew, J.Stoken, Stoken Wagner ophthalmic Associates, Carlisle, “Aging Eye Health, Good Practices, Potential Problems, Treatments, Resources”

"PARCR POST": Linda Heck – Thanks to the contributors of the October issue and remember that this is your publication to share your community information. **(Information from previous minutes for those willing to share information)**-She encouraged the communities to send material directly to her using the address on the last page of the newsletter. The deadline for October issue is September 9, earlier than originally planned because of personal scheduling availability. Linda already has three articles for the October issues so don't delay to submit your articles in Word format (.doc) with photos in .jpg or .png format. When Linda receives material for **The Post**, she will format and return it to the sender for proofing and ask for the approval of a person from the community who is authorized to speak on behalf of the Community. It is not wise to publish something from a resident in the POST, until it has been authorized by their community administration or department leaders. I trust you understand our proactive position by not printing any material that would jeopardize our organization, nor any of our officers and members.

The primary focus of the **PARCR Post** is on residents – their activities, participation in events, items of interest involving residents, community announcements, etc. However, the key focus is to be on **residents**, and not that of Marketing.

Meeting adjourned at 2:30 PM

Next Quarterly Meeting will be held January 8, 2020 – Bethany Village, Mechanicsburg Pennsylvania.

The Executive Committee will meet at Bethany Village at 10AM on December 9, 2019

Respectfully submitted,

John Judson, Secretary