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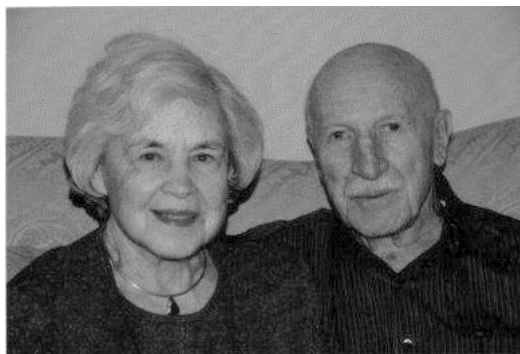
A Good Feeling

by Dan Hartley

When we were growing up our parents instilled in us the need to help the needy and to do some charity work in the community. It made us feel good to do deeds, but it also made us realize how lucky we were. Even today, now that we are much older, this spirit is with us and we find ourselves involved in doing deeds and in helping others.

Recently my wife and I were the recipients of a "Deeds" award from Exxon for charity work, and again it made us feel good to be part of this activity. Over the years we have participated in this important deeds program.

Now that we are retired, we are enjoying life at Winchester Gardens. Our children have told us, nevertheless, to take the time to be involved in the activities, and to devote some effort to doing deeds and in helping people. It is good for the soul, keeps us alert, uses our brains, makes use of our talents, and makes us feel good. ORANJ is an ideal group for residents to participate in this type of activity, and it is good to know that we are looking out for the needs of CCRC residents in New Jersey. It is rewarding. It is also fun to get together with residents and to take joy in the achievements of one another.



Dan and Phyllis Hartley

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The 42nd ORANJ Plenary Meeting Set a New Record

On April 20, 2011, about 150 residents and guests gathered in Denville, NJ, at the Franciscan Oaks Retirement Community to hear two outstanding speakers and to enjoy a delicious lunch. It was a remarkable gathering. Both speakers commented on the high quality of the audience and on their thoughtful comments and questions.

In the morning, James McCracken, the recently appointed New Jersey Ombudsman for the Institutionalized Elderly, described the many interconnected functions of his office. They not only investigate reported cases of abuse, neglect, and financial exploitation but also serve as advocate for the elderly who live in long-term care facilities in NJ, with the exception of those in independent living, who are under the authority of the NJ Department of Community Affairs.

The ombudsman's current initiatives are designed to help institutions to prevent problems. In the Volunteer Advocate program 180 trained citizens spend 4 hours per week in buildings that house the elderly, such as nursing sections of CCRCs. (See next article.) A Regional Ethics program helps providers to make appropriate decisions in end-of-life care situations. The ombudsman is encouraging passage of legislation that would help physicians draft rules for orders such as Do Not Resuscitate and Do Not Hospitalize. He warned his audience about unlicensed providers who claim to "provide assisted services" because these often drain financial resources of patients without providing the services they need.

The hotline number for the Office of the Ombudsman for the Institutionalized Elderly is 1-877-582-6995.

In the afternoon, Katherine Pearson, Professor of Law at Pennsylvania State University, spoke about the need for a National Bill of Rights for residents in CCRCs. (The rights of nursing home residents are codified in both state and federal statutes which could serve as templates for CCRCs.) She emphasized that residents need to have a voice in the direction of their CCRCs and to have comparable information on other communities. A study based on IRS forms 990 could be a valuable tool, as well as the profiles from Leading Age (formerly AAHSA) and other actuarial studies.

She commended ORANJ as a national leader and especially noted its many helpful surveys such as the recent transparency study, which she hoped would be widely adopted. She summarized that there is "a harmony between resident rights and sound management." She hoped that more CCRCs will recognize that guaranteeing resident rights is good marketing strategy.

An Interesting Way to Make a Difference

The Volunteer Advocate Program of the Office of the Ombudsman for the Institutionalized Elderly (OOIE) offers a satisfying way to contribute to the welfare of people like ourselves, or people we might become as we grow older. An advocate is assigned to a facility that provides long-term care such as a nursing home or an assisted living facility. Volunteer advocates are required to visit at least four hours a week to help residents voice concerns or to communicate those concerns when residents are unable to advocate for themselves. This is especially important for residents who are vulnerable and who have no living relatives or regular visitors. It is the philosophy of the ombudsman program that the advocate's presence helps to prevent abuse, neglect and exploitation.

Some advocates have been able to introduce new programs in their facilities. One advocate in NJ, for example, started a doll therapy program for patients with dementia and another started a local library along with monthly book discussions.

However, the advocates are more than friendly visitors because they are supported by a well-defined framework of services. Before embarking on planned visits, the volunteers receive 32 hours of training. They also get a feel for the program by shadowing an experienced volunteer before taking up their assignment. Thereafter, the regional coordinator is always available to the volunteer for advice and support. Volunteers are also expected to participate in continuing education training and quarterly meetings. The volunteer is linked to a contact person at the facility. Together they try to resolve problems as close to the bedside as possible. Volunteer advocates assist long-term care residents, their family members, and facility staff in addressing concerns on issues such as residents' rights, quality of life, quality of care, and daily activities.

The Volunteer Advocate Program has been running since 1993 and some of the current advocates have been serving since its inception. Today, there are about 180 advocates in NJ and most of them are serving in nursing homes, which are a program priority. But there is a significant need for more volunteers because there are approximately 350 nursing facilities in New Jersey.

Anyone who would like to make a difference in this special way should call Deirdre Mraw, Coordinator of the Volunteer Advocate Program, at 609-826-5053. The success of the Volunteer Advocate Program is predicated on the dedication and devotion of citizens in New Jersey who willingly give back to their communities, and their ability to effectively resolve issues on behalf of elderly residents of nursing facilities.

THE ORIGINS OF FRANCISCAN OAKS

The roots of Franciscan Oaks extend back to 1883 when a young German woman, Amalie Streitel, established the Sisters of the Sorrowful Mother (SSM) in Rome to care for the sick, for children and for the aged. In 1888 the Sisters who were sent to America to begin their health care ministry in this country settled first in Wichita, Kansas, and later in Wisconsin. Seven SSM Sisters came to Denville, NJ, because this location provided access to the Rockaway River, whose waters facilitated the “Kneipp Cure,” a combined hydrotherapy, exercise, nutrition, and spirituality program.

They purchased 200 acres of cultivated farm land and provided treatment at the St. Francis Health Resort. The resort flourished until the 1940’s, when the cure lost popularity and the resort became a hotel rather than a treatment center. Recognizing the changing demand, the SSM Sisters decided to change their focus to permanent residency for the aged, an alternative form of housing which added an element of security while preserving independence.

They also added a continuum of care that allowed “aging in place.” Thus they were among the pioneers of the CCRC concept to provide services to satisfy the new phenomenon called “the Graying of America.” In 1945 the SSM Sisters purchased 15 additional adjacent acres for the construction of St. Clare’s Hospital, which today provides hospital related services to residents of Franciscan Oaks. In 1985 St. Francis Life Care Corporation sponsored construction of Franciscan Oaks, the first continuing care facility in Morris County, NJ. St. Clare’s Hospital and Franciscan Oaks are both members

of the Marian Health Care system, founded as a SSM US Health System and now a subsidiary of Catholic Health Initiatives, a Colorado-based nonprofit corporation.

Franciscan Oaks offers both life care and fee for service contracts. With a life care contract, residents of the residential facility are entitled to nursing care in the health center and in the assisted living unit for an unlimited period of time without increase in monthly service fees. They also have a declining and a 90% fixed refund plan.

Franciscan Oaks today has 286 independent living units, 33 assisted living units and 85 health center beds. The independent living units are contained in four four-story buildings with enclosed walkways linking the buildings to the Commons, which contains the library, dining room, auditorium, store, bank and other common areas. In addition to outdoor parking, a 37-car garage was situated beneath the Commons.

Franciscan Oaks draws its residents largely from Denville and its surroundings. The residential community is located within walking distance of the amenities of downtown Denville and serves many of its residents. There is an active Residents Association. The staff arranges multiple outings, including cruises and day trips as well as dinners, seminars and arts programs.

Simone O’Keefe
Franciscan Oaks





Two Examples of Budget Building Procedures Demonstrate Different Levels of Transparency

Transparency in a CCRC is reflected in many aspects of governance. For instance, a CCRC with a high level of transparency tends to have better communication between residents and management. Residents tend to receive more information about possible changes in policy before they occur and more likely to take part in planning issues such as developing capital projects and cost reduction schemes. Since budget building is a very important aspect of governance, we will describe the process in two CCRCs, A and B, to illustrate different levels of transparency.

At CCRC A, preliminary budget talks start in July with a meeting that includes the CEO, the CFO, and members of the Residents Advisory Council (RAC) Finance Committee. They discuss what they think the year will look like and where they want to go. What is the residents' financial situation? In 2012 there will be a COLA increase in Social Security, but that will be wiped out by the premium increase for Medicare. The discussion includes how we can maintain high quality service, as well as adequate staffing levels, and build reserves. What items do we need to replace or update? What do the residents most want to see happen? Are we on target with our marketing? What would be a reasonable increase in monthly fees?

Further input comes from various groups including the Board of Directors and department heads. Members of the RAC Finance Committee are included in some of the meetings held during the summer and early fall. Among the items discussed are staffing levels, wage and fringe benefit increases and any ways that funds can be used more efficiently.

By October the group begins to put the pieces together and provide a draft of the budget to the Board of Directors. When the Board is satisfied, it approves the budget. The residents get the final report in November to allow them the requisite 30-day notice of fee changes. The Finance Committee has an informal lunch with the Board of Directors in which the final approved budget is presented. This is followed by the formal presentation by the Board and the CEO at a town meeting with the residents.

At CCRC B there are no budget meetings that include the Finance Committee. There is only the November presentation to the residents of budgetary issues followed by the percentage increase for the coming year. Directly following the presentation, residents are invited to make comments or ask questions. However, there is little response because the residents do not know the reasoning behind the figures they have been given. Questions yield little additional information and most comments or suggestions are answered with "I'll look into it." But without feedback it is difficult to tell whether the questions were ever "looked into."

The difference in the handling of budget building at the two CCRCs cannot be attributed to a difference in residents' responsibility. At both A and B residents have only an advisory role. But the differences in budget building are a reflection of differences in the level of transparency. On that scale, A rates high and B does not.