



# The ORANJ TREE

NUMBER 32

Fall ISSUE

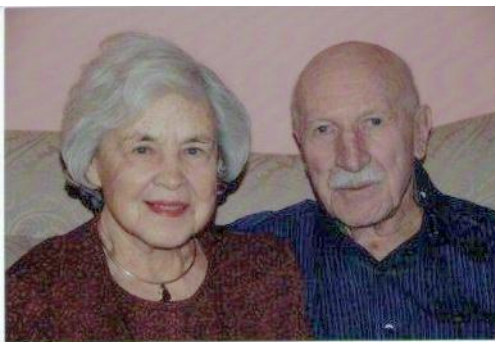
October 2011

## Outreach Pays Off

by Dan Hartley

Last spring we paid a personal visit to Fritz Reuter, a CCRC in North Bergen. The community had been a nominal member of ORANJ for many years but had shown little interest in active participation. Accordingly, we made contact with Jim Carffaro, President of their Residents Association, and were invited to make a presentation on the mission of ORANJ and the benefits of being involved. The audience was enthusiastic and the CCRC has for the first time sent a delegation to the recent plenary meeting. They have also elected their first resident trustee. Both we at ORANJ and the Department of Community Affairs in Trenton are very encouraged by these developments.

We also visited Friends Village in Woodstown, a Quaker-supported CCRC with about 250 residents. Although Friends Village had been certified as a CCRC in 2005, they had shown no previous interest in ORANJ. Through Bill Mackin, current President of their Residents Association, we were invited to a meeting with representatives of their Board and Residents Association, where we talked about ORANJ activities. It was interesting that the residents were especially impressed with the surveys that ORANJ had carried out.



Dan and Phyllis Hartley

Following a discussion with the resident body, Friends Village has decided to join ORANJ. This is a signal event because it means that all CCRCs in the state have become members of our organization.

Let me share with you some kudos that we received from Professor Pearson, who was a speaker at our spring meeting and who has since written an article, titled "Will Continuing Care Retirement Communities Continue?" published in a *Symposium on the Future of Elder Law in Pennsylvania*. She said, "New Jersey is among the leaders in the country in requiring a role for residents on boards of directors.... During a meeting with more than 150 CCRC residents at the statewide meeting of ORANJ in April, 2011...(we) heard from a number of attendees who spoke eloquently about their experiences as resident members on CCRC governing boards in New Jersey.

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## FRITZ REUTER: THE OLDEST CCRC IN NJ

Originally called simply “The Home,” and later “Fritz Reuter Altenheim,” Fritz Reuter Lifecare Retirement Community was built on 32 acres, originally known as Schuetzen Park, that stretched from Bergen Turnpike to the unpaved Hudson Boulevard down to routes 1 and 9. The sponsor was an association of clubs of persons speaking Plattdeutsch, a German dialect, who had voted to build a home for older German immigrants. Since its founding in 1897, the community has been supported and actively supervised by the same association, the “Plattdeutsche Vereen,” through its “House Committee,” which functions as a Board of Directors. It is named for Fritz Reuter, a German novelist of the 19<sup>th</sup> century who was also an activist for social justice. The front of the edifice resembles a 2000-year-old castle in the City of Trier, Germany, and there is an impressive bust of Reuter at the entrance.



In 1899, the first occupants moved into the living quarters, which became the assisted living section of the CCRC. Major extensions of the building were constructed in 1927 and again in 1972, the latter financed primarily by donations from the women’s auxiliary, known as the “Frauen Verein.” Although it is no longer limited to persons of German origin, it still maintains its “Life-Care” concept, that those who enter need have no concern for the future. In 1991 an independent living section was established with 59 studio, one, and two bedroom apartments. Each apartment has at least one balcony; large ones may have two. The current assisted living



section has 89 units and 59 additional units are licensed as skilled nursing.

New residents can enter through the independent living or the assisted living portal. Independent living residents can choose between paying higher upfront fees and lower monthly fees or vice versa, but all are provided lifetime care. Assisted living fees depend on the age and resources of entrants. Fritz Reuter covers non-Medicare medical expenses for assisted living and nursing care residents.

In general, the fee structure at Fritz Reuter is significantly lower than in most CCRCs in the state. In addition, there is some flexibility for those who encounter financial difficulties. There is a tradition of compassionate care. As the marketing manager said, “We have rules but we bend them.”

One factor that permits flexibility at Fritz Reuter is that major expenses for the community, such as capital improvements, are covered by donations, bequests, and annual fund raisers by the Women’s Auxiliary and others. The community is completely paid for and carries no debt.

Although some residents have cars and make their own arrangements, most residents depend on the community for transportation. For residents in assisted living and nursing all transportation is free. Fritz Reuter also provides free trips to shops, restaurants, and other entertainments in nearby locations.

Because Fritz Reuter is small, currently, about 175 residents and many staff have been with the organization for a long time. They all know each other personally, which contributes to the description, “We’re all family.”



# POLST – Physician Orders for Life-Sustaining Treatment

The ORANJ Legislative Committee has supported the act to establish Physician Orders for Life-Sustaining Treatment (POLST) to enable patients to declare their preferences for end-of-life health care with the expectation that they will be executed.

A POLST form contains immediately actionable, signed medical orders on a standardized form that address a range of life-sustaining interventions as well as the patient's preference for each intervention.

Because POLST forms are quite specific, execution of patient wishes is more straightforward than general statements that are often found in advance directives.

On Thursday, August 25, New Jersey Governor Chris Christie conditionally vetoed S2197/A3475, legislation providing for the use of (POLST) forms in New Jersey. The Governor's statement explained that he was recommending changes that will further protect a patient's health care wishes.

Complete and up-to-date information, including various versions of the bill, its progress through the legislature, and the specifics of the Governor's recommended changes, are at <http://www.njleg.state.nj.us/bills/BillView.asp?BillNumber=S2197>

Under the proposed law the Commissioner of the Department of Health and Senior Services (DHSS) will designate a patient safety organization (PSO) which will have responsibility for

- prescribing the POLST form and its procedures,
- prescribing additional requirements in the case of patients with mental illness or developmental disability,
- promoting awareness among healthcare professionals and the general public,
- providing ongoing training of healthcare professionals,

- ongoing evaluation of the design and use of POLST forms,
- minimizing the record-keeping burden on health care institutions, and
- ensuring confidentiality.

The New Jersey PSO will be able to pattern its guidelines on the work of the 20 states that have already passed and implemented similar legislation.

The completed POLST form has to be signed by the patient, or his representative, and also by the attending physician. It can be modified by the patient at any time. The bill which passed the NJ Senate and General Assembly provided for modification by the attending physician in consultation with the patient's representative if, and only if, the patient has lost decision-making capacity, and it included a provision for resolving disagreement about a patient's competency. The Governor recommends a change – that the POLST form will provide the patient with a choice as to whether the representative could modify or revoke the patient's POLST. Without that prior authorization, the representative would not be able to revoke or modify.

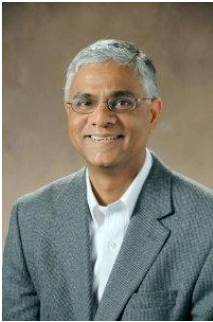
The POLST form does not invalidate an advance directive or a legally valid Do Not Resuscitate order. The bill protects the patient's representative and the healthcare professional from liability or disciplinary action for carrying out the POLST directives.

The bill specifies that withholding or withdrawing treatment specified in a POLST form does not constitute homicide, suicide, assisted suicide, or active euthanasia. The bill does not require a private religiously affiliated health care institution to act contrary to its policies. Such an institution must communicate its policies and practices prior to admission or as soon as possible. In the case of an unresolved conflict between the patient's rights and the institution's policies, the institution must take steps for an appropriate, timely, and respectful transfer.

This issue of *The ORANJ Tree* is being prepared in September. It is unknown when changes will be made or when the act will become law.

# SPEAKERS FOR THE ORANJ PLENARY MEETING

Wednesday, October 19, at Meadow Lakes in Hightstown



Dr. Somesh Nigam, Vice President, Healthcare Informatics at Johnson & Johnson, will discuss the value and uses of the information derived from millions of electronic patient records. He will describe case studies where the information is used to

assess unmet medical needs, to design clinical trials, and to study clinical effectiveness and the economic value of new therapies.

Prior studies suggest, for instance, that patients under financial pressures may postpone or forego necessary medical care, which may cause complications and additional expenses at a later time. He will outline the requirements for a national database that will achieve the full potential of this emerging technology.



Dr. David Barile is Medical Director of Acute Care for Elderly and Palliative Services at University Medical Center in Princeton. He is also Executive Director and Medical Director of NJ Goals of Care, a nonprofit organization devoted to improving medical decision

making through education and consultation. Dr. Barile is board certified in internal, geriatric, and hospice/palliative medicine.

His presentation will deal with four topics: aging worldwide, barriers to good decision making in geriatric medicine, the benefits of aligning patients' goals with available therapies, and the POLST pilot program that deals directly with decisions regarding end-of-life care for hospitalized patients.

## TO THE EDITOR

*(Letter slightly shortened for space reasons.)*

I was startled to read the item in the recent ORANJ TREE entitled "Two Examples of Budget Building Procedures Demonstrate different Levels of Transparency." In trying to explain a complex subject, the writer clearly was stating, "The transparency at my CCRC is good and the opposite is bad." The description of the "bad" CCRC is as bad as the writer could imagine. The personal bias, unstated, is a red flag that should warn the reader that what is being discussed is a summary based on a data source no better than any political poll.

In the first instance (the "good CCRC") the question comes to mind, is transparency the issue or is it micromanagement? We did not enter a CCRC with the idea of running the show. Most of us who are still active on residents' committees have been in retirement for at least 15-20 years, and yes, we do have a responsibility to

develop close communication with management. The writer of the piece did make one substantive error of fact. The residents' committees do not have only an advisory role but rather do interact with the corresponding members of senior management on the subject of the committee and thus can gain more understanding of broader concerns of the residents.

To close on a lighter note, I have to admit that two CCRCs given a high transparency rating have, in recent years, encountered difficulties: in one case endowment funds were misapplied, in the other, the parent organization declared bankruptcy... we are not all perfect.

Malcolm Crew, Chairman  
Finance Review Committee, Fellowship Village,  
and Member of the ORANJ Finance Committee