



*The Tree Unites the
Branches; The Branches
Bear the Fruit*

The ORANJ TREE

Quarterly Newsletter of the Organization of Residents Associations of New Jersey

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OUR NEW ORANJ PRESIDENT

On behalf of Gene Lanigan, a new writer, Bill Mebane of the Communications Committee, and myself as the new editor, the new editorial staff of the ORANJ (Organization of Residents Associations of NJ) newsletter would like to congratulate Ellen Handler on becoming the new President.



As prior Editor of the newsletter, Ellen chose and edited all the articles. She made sure we received all the information that ORANJ had been working on.

She prepared the content of the quarterly newsletter single-handedly since 2009. The reward for all her effort was to be offered the presidency of ORANJ, which entailed even more work. She accepted and therefore a new staff for the newsletter was organized. To be honest, we didn't know too much about ORANJ when we started. But after attending a board meeting, we were not only impressed with what ORANJ was all about but also with what a tremendous job Ellen had been doing.

Actually, ORANJ is like an insurance policy, watching over the welfare of senior citizens. It monitors all the 25 accredited CCRCs (Continuous Care Retirement Communities) so that we are all aware of common matters and concerns. So the new staff is ready to become involved and, under Ellen's watchful eye, we hope to produce

newsletters that will be as interesting and informative as hers have been.

Pearl Lehrhoff, Editor

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## ORANJ TO DAN HARTLEY: Many Thanks for a Job Well Done



Although he was President for only one term, Dan Hartley can justifiably be proud of several significant achievements. His outreach efforts converted one CCRC from minimal to active member status and also brought in a prior nonmember, Friends Village in Woodstown. At a recent Executive Committee meeting, Dan welcomed Bill Mackin, President of Friends Village, into the ORANJ community. Dan has brought excellent speakers to ORANJ plenary meetings and has markedly boosted attendance at meetings.

At the last Spring meeting 169 persons attended. We were delighted that Franciscan Oaks was able and willing to handle the large crowd.

During his term in office, the Transparency Study was carried out by Don Smith of Cedar Crest. This was a difficult undertaking and its successful completion is itself noteworthy. In addition, the study has initiated discussions in many CCRC communities and in letters to the editor of the ORANJ newsletter. Ripples from this study will be with us for many years.

*Ellen Handler*

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## INGLESIDE FAMILIES GROUP



*This is a slightly abbreviated version of an article in the NaCCRA LIFELINE, July/August 2011.*

Four years ago, in Washington, DC, a small group of family members of Ingleside residents gathered to get acquainted and to share their knowledge and concerns about life at Ingleside for those in its three residential settings. Led by a daughter and daughter-in-law of residents, the family members agreed to meet regularly and to organize a listserv that would extend the group's reach to out-of-town family members.

Issues raised in those early meetings ranged from questions about the process by which residents in Independent Living were counseled to move to Assisted Living to concerns about improvements needed in the Health Care Center. An overarching concern was the perceived lack of communication and transparency on the part of the administration.

From that modest beginning, the Ingleside Families Group, loosely comprised of family members and interested residents, has grown into an organization with a well-defined mission: ensuring high-quality care and services for all Ingleside residents through informed and effective advocacy.

The bimonthly Families Group meetings, announced on the listserv and on the in-house TV, present speakers, provide opportunities to hear and question Ingleside administrators, and offer informal discussion circles by resident setting. Minutes of Families Group meetings, summaries of Director's Dialogues, and other announcements are sent out on the listserv.

The Group has prepared three guidebooks for families and residents: (1) *Facing the End of Life: Making Decisions Toward a Good Death*, (2) *The Health Care Center Handbook*, and (3) *Transitions – Moving to and Life in Assisted Living* (revised edition coming in early 2012).

With its focus on advocating for best care practices and high-quality services for all residents, information sharing, and education, the Families Group has become an integral and vital component of the Ingleside community.

*Lynn Dizard  
Ingleside at Rock Creek (DC) Correspondent*

## THE CEDAR CREST ANNUAL REPORT



It's not as much fun as a mystery novel but it's a lot more interesting. Each resident receives a copy

and will discover that it is very readable, written in "plain English." On the first page of the 2009 version is a letter, "Dear Cedar Crest Residents" that said, in brief:

"Thank you to the residents of Cedar Crest for contributing your gifts to make Cedar Crest a great place to live. In particular, we would like to thank the members of your Residents Advisory Council (RAC) for their hard work, candid feedback, and thoughtful advice....In addition, special thanks to the RAC Finance Committee for their diligent attention to financial and budgetary matters. We also want to thank Cedar Crest's terrific staff members, who are committed to fulfilling the Cedar Crest mission every day....Thank you for the trust you have given us by choosing Cedar Crest as your home."

This letter was signed by the Executive Director and Chairman of the Board. Directly following was a full statement of the mission of the community.

The first half of the report started with the "Year In Review" that contains many sections including one on the annual "Resident Satisfaction Survey" and a listing of improvements and initiatives that were implemented on resident suggestions. It also included a section on Philanthropy, one on Community Outreach and another on "Green" initiatives. There was a section on Resident Accomplishments and one on Staff Accomplishments and Highlights. This was followed by a section on plans for the coming year, including a description on how the CCRC's budget is put together.

The second half listed members of the Executive Management Team and the Resident Advisory Council. The final section was on "Organization and Governance" with information on its Board of Directors and summary of the Board's actions and those of its committees. At the very back was a figure of the Cedar Crest Organizational Chart and a Statement of Operations for the Year.

Every CCRC should have an annual report. Such a document goes a long way towards creating transparency in the community. It contains a wealth of useful information and would be a good starting point for seeking more specific information.

*Ellen Handler*

## CEDAR CREST – MULTIPLE BENEFITS OF SATISFACTION SURVEYS

As described by Stefanie Mair, Associate Executive Director at Cedar Crest, annual satisfaction surveys are important markers of trends over time and quality control at present. Also, they set resident-supported goals for the future. They are required in all Erickson communities and supply an important ingredient, resident perceptions.

The annual ritual begins in the fall. Holleran, an outside purveyor, provides a questionnaire that covers every department on campus with multiple-choice and open-ended questions. Every resident is asked to complete it and buildings vie with each other to achieve the best response rate. The winning building receives a free breakfast for all its residents.

An effort is made to achieve responses from residents in Assisted Living and in Skilled Nursing units. Questionnaires are sent to families to complete on the resident's behalf if the resident is unable to complete the survey.

Holleran sends back cumulative results, along with results from the previous two years and comparisons with other Erickson communities and with a national database of other CCRCs. The information is studied and disseminated to each department. Each department develops an action plan to address areas that need improvement.

A separate annual satisfaction survey is administered to all employees, through Blessing White, a different research company. Employees are questioned on a number of issues, including whether they feel respected by their employer and their level of engagement with the company for which they work.

Few other strategies provide such a comprehensive view of the residents' perspective to complement the metrics of service delivery and management efficiency. They also serve to increase transparency in a community and to provide a basis for communication with residents on subjects that are basic to their wellbeing and support their decision to have entered the CCRC of their choice.

*Ellen Handler*

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LETTER TO THE EDITOR:

I'm a newcomer to CCRC life, and along with a lot of other things, I didn't know what that meant. Guessing, I reckoned the C's might stand for Comfort, or Care, or Contentment and the R denoted Rest or maybe

relaxation, all of which could apply. But then I read the newsletter and found it meant Continuing Care Retirement Community. An interesting article in the summer 2011 issue titled "Transparency" dealt with communication between management and residents, and outlined the depth and degree of transparency at two CCRC's, A and B.

CCRC A was described as having a wide open process, with residents and management working hand in glove over a span of months on an annual budget that would eventually be submitted to the Board of Directors for approval. So CCRC A earned high marks on the transparency meter. Residents there were treated like grownups, since the majority of them undoubtedly are. CCRC B, on the other hand, offered very little resident/management interaction prior to the presentation of the budget with only a brief opportunity for discussion or Q&A. Reading the article, I found no particular effort to couple high transparency with goodness or desirability: One can see differing opinions on the matter as being entirely possible.

Coming now to the fall 2011 issue, it featured a letter to the editor from a gent who is Chairman of the Finance Review Committee at another CCRC. His initial comment was, "In trying to explain a complex subject, the writer was clearly stating, 'the transparency at my CCRC is good and the opposite is bad.'" I disagree. First, transparency is not a complex subject. You either know what's happening or you don't. You want a complex subject? Try Maxwell's Field Equations. Second, the piece does not connect the author with either CCRC. Third, no correlation is made between a level of transparency and "good" or "bad." The reader is left to decide for himself.

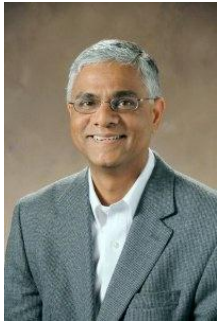
In his final point, Mr. Chairman makes a connection between a "high transparency rating" and "difficulties," such as the misapplication of endowment funds and a parent organization declaring bankruptcy, leading to the logical conclusion that you'll be a whole lot safer at a CCRC with little or no transparency. But you might have trouble here, since a list of CCRCs rated by transparency levels does not exist and no transparency ratings were ever made. Lastly, I would respectfully recommend to the Chairman that he be more careful in the use of a term like "personal bias" because so far as I can tell, there is none in the article. It's just a straightforward job of good reporting. Interested readers can review the two pieces on the internet website.

orangccrc.org/newsletter/2011_October_OT.pdf
orangccrc.org/newsletter/2011_July_OT.pdf

Gene Lanigan, Resident, Winchester Gardens

REPORT: ORANJ PLENARY MEETING, FALL 2011

One hundred thirteen CCRC residents braved inclement weather to attend the annual fall meeting of ORANJ on October 19 at Meadow Lakes in Hightstown.



Two speakers were on the program: Somesh Nigam, PhD, a Johnson & Johnson VP, and Dr. David Barile of the University Medical Center in Princeton.

After stating the premise that health care information technology will drive pharmaceutical/medical R&D, Dr. Nigam listed the present stark facts of life: Health care expenditures represent 18% of our GDP, with chronic illness as the principal contributor, and bringing a single new drug to market costs \$1 billion and, with more rigorous clinical trials, takes 10 years. The call for further innovation is clear. One possible answer lies in health care informatics, which could provide efficiencies and savings of \$80 billion annually.



The second speaker, Dr. Barile, Director of Acute Care for the Ederly at the University Medical Center in Princeton, is also founder and director of NJ Goals of Care, which has the mission of aligning patients' goals and hopes for care with available therapies and treatments. He pointed out that evolution of medical decision-making here

has come at a price: medical specialization and a shift away from the palliative role of the doctor at the bedside.

Dr. Barile delineated the differences between problem-based and goal-based care, noting that elders' goals may change from cure and longevity to more comfort and improved quality of life in the time remaining. He suggested that plans for treatment be initiated by asking the patient, "What are your goals for the future?"

Gene Lanigan

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### SHRINKING

*Based on Q & A in "Focus on Healthy Aging"  
Vol.10 G-R, p.8., Mount Sinai School of Medicine,*

As we get older, our height often decreases, mainly due to gravity. This, along with the natural loss of muscle mass and dehydration of the disks in the spine, can cause these disks to compress.

People typically lose about 0.4 inch of height every 10 years beginning at age 40, and the rate of height lost becomes even greater after age 70. Unfortunately, there is no way to get it back, but regular exercise (stretching exercises are great) and a proper diet with calcium-rich foods are two ways to minimize further "shrinking."

Another potential cause of height loss is osteoporosis, which causes bones to become weaker and the vertebrae to collapse. Osteoporosis is a serious and common condition that can lead to complications like hip and spine (vertebral) compression fractures.

*David C. Thomas, MD  
Internal Medicine, Physical Medicine and Rehabilitation*

### SLEEP DISORDERS

*Based on News Briefs in "Focus on Healthy Aging"  
Vol.10 G-R, p.2., Mount Sinai School of Medicine*

Maintenance of daily routines was associated with a reduced rate of insomnia and improved quality of sleep in a study published in the journal *Sleep*. Among the 96 participants, mean age 75, those who were more consistent in the timing of their basic activities of daily living fell asleep faster and had improved sleep quality. Poorer sleep quality was associated with less lifestyle regularity and additional health problems. Older adults often experience sleep problems. These findings highlight the importance of developing lifestyle regularity as a means for maintaining good sleep quality. You can achieve this by getting up and going to bed at the same time each day, scheduling meals for the same time, and having a bedtime routine that you adhere to as closely as possible.

