



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

# The ORANJ TREE

Quarterly Newsletter of the Organization of Residents Associations of New Jersey

[www.oranjccrc.org](http://www.oranjccrc.org)

Number 52

Fall Issue

October 2016

## RON'S MESSAGE



At Navesink Harbor. L to R: Ron Whalin (President), Maggie Heineman (Chair, Communications), Gene Wachspress (Chair, Legislation), David Hibberson (VP, SE Region), Alice Crozier (Chair, Health), Henry Hohorst (Atrium RAC President), Bob Geberth (VP, Central Region), Gary Baldwin (Chair, Bylaws), Jim Smith (Chair, Fall Plenary Meeting), Ted Brock (Treasurer). Missing: Barbara Trought (VP, SW Region), Wendy Gansberg (Secretary).

The ORANJ Executive Committee met at The Atrium at Navesink Harbor on July 27, 2016, to hear reports, discuss budgets and plan for the Fall Plenary Meeting. The views from the patio garden were wonderful. Michael Gentile, Executive Director of The Atrium, took us on a tour of the campus. We were served a delicious lunch in the beautiful dining room overlooking the Navesink River.

The ORANJ Legislative Committee met on August 15, 2016, at Meadow Lakes to discuss a proposed bill that will require that CCRC entrance fees be refunded quickly when a resident passes away or moves out. The committee approved a motion calling for David Hibberson to discuss a draft bill with Senator Bob Singer. On August 25 David and I met with the District 30 NJ Senator in his Lakewood office. An alternative draft will be created by the Senator's staff.



**Remembering Frank Honn.** Frank co-authored the widely distributed 30-page ORANJ report on the effect of Hurricane Sandy on NJ CCRCs. Because of his extensive experience in business management, he was appointed Chair of the ORANJ Finance Committee. Frank's interest in ORANJ followed a term as President of the Residents Association of Crane's Mill. During his presidency, he successfully initiated several building ventures and changes in policy. Frank passed away on July 2, 2016.

### Executive Committee

RON WHALIN, *Fellowship Village*  
President & VP Northwest Region

ROBERT GEBERTH, *Applewood*  
Vice President, Central Region

DAVID HIBBERSON, *Harrogate*  
Vice President, Southeast Region

BARBARA TROUGHT, *Medford Leas*  
Vice President, Southwest Region

TED BROCK, *Harrogate*  
Treasurer

WENDY GANSBERG, *Meadow Lakes*  
Secretary

MAGGIE HEINEMAN, *Medford Leas*  
Communications

GARY BALDWIN, *Seabrook*  
Bylaws Committee

ALICE CROZIER  
Health Committee

GENE WACHSPRESS, *Meadow Lakes*  
Legislative Committee

### Members

Applewood, *Freehold*  
Arbor Glen, *Bridgewater*  
The Atrium at Navesink Harbor,  
*Red Bank*  
Bristol Glen, *Newton*  
Cadbury at Cherry Hill, *Cherry Hill*  
Cedar Crest, *Pompton Plains*  
Crane's Mill, *West Caldwell*  
Crestwood Manor, *Whiting*  
The Evergreens, *Moorestown*  
Fellowship Village, *Basking Ridge*  
The Fountains at Cedar Parke, *Atco*  
The Oaks at Denville, *Denville*  
Friends Village, *Woodstown*  
Fritz Reuter, *North Bergen*  
Harrogate, *Lakewood*  
House of the Good Shepherd,  
*Hackettstown*  
Lions Gate, *Voorhees*  
Meadow Lakes, *East Windsor*  
Medford Leas, *Medford*  
Monroe Village, *Monroe Township*  
The Pines at Whiting, *Whiting*  
Seabrook, *Tinton Falls*  
Stonebridge at Montgomery,  
*Skillman*  
Wiley Christian Retirement  
Community, *Marlton*  
Winchester Gardens, *Maplewood*

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**PLENARY MEETING OCTOBER 19 AT MEDFORD LEAS**

## FELLOWSHIP SENIOR LIVING

Last May, during the ORANJ Executive Committee meeting at Fellowship Village CCRC, we learned that the residential village is now one of several components of [Fellowship Senior Living](#) (FSL) and that FSL offers a number of services to nonresidents.

“Fellowship Senior Living at Home,” which is licensed by the Department of Community Affairs as a CCRC “without walls,” is available for those who wish to stay in their homes as long as possible with a contract providing the security of a Continuing Care Retirement Community. Another home service, the FSL “Helping Hands Personal Care” program, provides licensed Certified Home Health Aides to village residents and also to nonresidents.

Fellowship Village CCRC also offers direct admission to the Assisted Living, Skilled Nursing, and Memory Care units.

At FSL subacute post-hospital care and rehab is provided in-house to both residents and nonresidents. Clinical services include rehab for orthopedic and neurological conditions, rehab following hospitalizations for medical conditions, and skilled nursing services for post-surgical wound care, IV therapy, education and training for newly diagnosed diabetic management, and colostomy care. Health & Wellness programs are offered with therapists or personal trainer. Both resident and nonresident patients may continue as outpatients after a subacute stay.

*Maggie Heineman*

## NOMENCLATURE

The site [lifeplancommunity.org](http://lifeplancommunity.org) explains why LeadingAge has recommended replacing the term “Continuing Care Retirement Community” with the name “Life Plan Community.” The website provides a Launch Kit to help CCRCs make this change; however, it is silent regarding the terminology used by state laws and regulations. Therefore, although Brian Lawrence, President and CEO of Fellowship Senior Living, uses the new term and expects it to be widely adopted, both Fellowship Village and Fellowship Senior Living at Home are licensed by the Department of Community Affairs as Continuing Care Retirement Communities.

[Electronic versions of *The ORANJ Tree* with live links are archived at [oranjccrc.org/publications/](http://oranjccrc.org/publications/) ]

## WHY AND HOW LIFE PLAN COMMUNITIES ARE EVOLVING

By Brian Lawrence, President and CEO of Fellowship Senior Living



The demographic growth and consumer preferences happening today and predicted over the next two decades are both exciting and unsettling, yielding new opportunities and challenges for the senior living industry. One thing is indisputable: the needs, values and choices of seniors will

continue to evolve.

To address the growing number of seniors who wish to remain in their own home or simply cannot afford independent or assisted living, Life Plan Communities have expanded their services by providing specialty medical services, home

healthcare, hospice, lifecare “without walls” programs, and providing access to on-campus amenities including dining, fitness center, swimming pool, rehab, and clinic services. These additional services enhance the offerings to residents, financially strengthen the organization, and provide diversification from only one source of revenue. Fellowship Senior Living has embraced many of these services to enhance Fellowship Village’s resident experience, expand its mission, and remain financially viable.

Life Plan Communities will also need to adapt their facilities to market conditions and consumer preferences in the following ways:

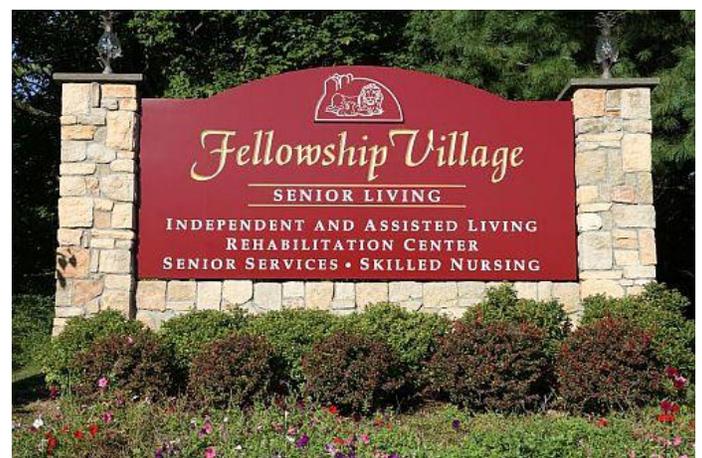
- Changing the physical environment and culture to the “Household Model” to create a person-directed approach in which seniors

maintain control of their lives in a homelike setting. The current healthcare system is based on staffing convenience and strict adherence to an institutional process. The new model ensures home routines with residents waking up when they want, eating what they want when they want it, and deciding how they wish to spend the day. These changes have been proven to lower rates of depression and bedrest and increase activity and functional abilities. These are the physical characteristics of each household:

- Each household will have a distinct external style with a front entrance that will include windows, a front door, a porch and a doorbell. This will allow visitors to take on the social customs and courtesies of entering someone's home.
- Through the front door there will be a foyer and a closet to hang up coats.
- Once inside, as in most homes, you will enter the living room with easy open access to the kitchen and main dining room, all with a lot of natural light. Other areas in the common household space will be a private dining room, den/library, game area, and an enclosed four-season porch open to the outdoors.
- Beyond the semi-public space where residents, team members, and guests socialize are the individual private accommodations of the residents.
- Providing private subacute (post-hospital) rooms with individual bathrooms/showers. Private patient rooms not only meet the desires of those who need the rooms but also reduce the possibilities for infection, facilitate the ability of nurses and caregivers to do their jobs efficiently, provide adequate spaces for family members to participate in the healing process, and afford a greater measure of privacy and dignity for the delivery of bedside treatments and for sensitive discussions with healthcare personnel. Additionally, this type of room design reduces noise levels and traffic in

and out of patients rooms. This privacy contributes to a reduction in stress levels, which in turn results in faster healing. Fellowship Village will be adding 13 additional beds to address the demographic trends and the growing population's need for short-term rehabilitation in private rooms before they return to their homes.

- Fellowship Village is expanding its skilled long-term care rooms by approximately 100 square feet over the typical studio-sized room. This will allow for a sitting area with room for several chairs and a loveseat for families to comfortably visit their loved ones. There will also be a small kitchenette with an apartment-sized refrigerator. These elements will help create a homelike environment that provides for comfort and greater dignity.
- We will be providing one-bedroom Assisted Living Suites for an easier transition from a senior's home and to reduce anxiety. These suites, with their own bedroom, eat-in kitchen, living room, bathroom, washer/dryer, and walk-in closet, are more aligned to people's current living standards.
- Establishing Secured Memory Care areas with access to the outdoors, a homelike environment, and tailored activities is imperative to properly address the increase in cases of dementia, from 5.4 million today to as many as 16 million. We will be adding 11 additional private suites and converting 12 existing ones to a total of 37 memory care beds to help meet this critical need.



## QUALITY IMPROVEMENT PROGRAMS - JEREMY VICKERS



The ORANJ Plenary Meeting on October 19 will be held at Medford Leas. The keynote speaker is Jeremy Vickers, who became CEO of Medford Leas in October 2010. The topic is "Satisfaction Surveys and Quality Improvement Programs."

Prior to coming to Medford Leas, he had worked for 25 years in various administrative capacities. After several years as a senior administrator in acute care and long-term care facilities in New York State, he joined Waveny Care Center Network in New Canaan, CT, where he served as CEO for 13 years.

In 2006, Jeremy joined New Life Management & Development in Mount Laurel, NJ, a for-profit

senior living development company that has established, managed, or marketed more than 70 CCRCs in 25 states. There he served first as Vice President and then as Senior VP of Management and Development in charge of management of two CCRCs, the development of new CCRCs, and repositioning of existing ones.

Jeremy has served on the boards of a number of organizations including LeadingAge Connecticut, the New Canaan YMCA, and LeadingAge's national House of Delegates. Jeremy currently serves on the boards of Friends Services for the Aging and Caring Communities. He is President of the Peace Church Risk Retention Group. A former adjunct professor of health services administration at Sacred Heart University in Fairfield, CT, Jeremy has been a speaker at numerous state and national conferences.

## LATEST RESEARCH INTO DEMENTIA - DR. MARY SWIGAR



At the afternoon session of the plenary meeting, Mary Swigar, MD, a resident of Fellowship Village, will speak on "Latest Research into Dementia." She went to Temple Medical School and interned at Bryn Mawr Hospital, followed by a

residency at Yale and a position in academic clinical research and teaching at Yale Medical School.

She was Director of the Neuropsychiatric Unit at Yale-New Haven Hospital and a consultant at Gaylord Rehab Hospital.

Dr. Swigar then became a teaching consultant at Robert Wood Johnson Medical School and RWJ University Hospital. As a consultant she worked at the Sleep Medicine Clinic, Rutgers University Student Health, and with various corporations. She also chaired the Ethics in Research Committee at RWJ Medical School/RWJ University Hospital for 20 years.

## STORYTELLER TO EXTOL THE VALUE OF ORANJ

No, this not a third Plenary Meeting speaker; this storyteller makes house calls. You can hear him at your own CCRC.

If you need a person to entertain a small group for 30-45 minutes with wisdom and humor about life in the slow lane, **Paul Basham** is your man. His stories will amuse you and give you reason to think well of yourself. He will massage your ego and tickle your funny bone, all the while

extolling the value of ORANJ and the importance of keeping communications open with all those around you.

You can determine the honorarium to cover his travel expenses. Paul is a resident in the Wiley Christian Retirement Community of Marlton, NJ.

You can contact him at 856-983-0618 or by email at [pjbasham@gmail.com](mailto:pjbasham@gmail.com).