



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

The ORANJ TREE

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Spring 2015 ORANJ Plenary Meeting at Crestwood Manor



Pausing for a photo at the April 15, 2015 Spring Plenary Meeting were (L to R) Michele Kent (President of LeadingAge NJ), Terry Hughes (President of the Crestwood Manor Residents' Association), Ron Whalin (President of ORANJ), Ann Hayes (Executive Director of Crestwood Manor) and Gary Baldwin (Past president of ORANJ and Chair of Bylaws Committee).

Twenty-three New Jersey CCRCs participated in the plenary meeting. Crestwood Manor, under the excellent leadership of Terry Hughes and Ann Hayes, hosted the event in splendid fashion. Attendees were delighted by the welcoming refreshments, conference room ("The Forum") and delicious lunch. After a brief business meeting, Senator Bob Singer presented the keynote talk. In the afternoon Stacey Judge spoke on the Springpoint LivWell Wellness Program. (See article on page four.)

Ron Whalin

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President's Report (continued)

THANKS FOR THE FEEDBACK

At the April 15, 2015 Plenary Meeting a Feedback form was provided in all the plenary packets. Everyone attending was asked to fill out the form and leave it in a box on the meeting room stage. We received at least one response from 22 of the 23 CCRS attending. Of the 130 attendees, 49 filled out forms. All but 2 included their names and many included email addresses. Maggie Heineman added those email addresses to the ORANJ mailing list.

The feedback form asked three questions. Seventy-seven percent of the respondents said they are aware of the recent *ORANJ Leaf #3* electronic publication, titled "The Distribution Requirement of the Bill of Rights for CCRC Residents in Independent Living." Sixty-seven percent of the respondents said that their CCRC management encouraged residents to read the Independent Living Bill of Rights and to sign a document signifying that they had been informed. Eighty-three percent of the respondents said that they knew that according to New Jersey law "The Board Of Directors or other governing body of a facility [a CCRC] shall consult and discuss with the representatives of the residents any proposed action that might significantly affect the wellbeing of the residents or the financial stability of the facility, before taking the proposed action."

The form also permitted respondents to prioritize future ORANJ survey topics. The top three topics were:

1. Health and medical services, including wellness centers.
2. Welcoming programs for new residents.
3. Residents' activities using intellectual resources, speakers, events and connections with college campuses.



DEPARTMENT OF COMMUNITY AFFAIRS (DCA) AND ORANJ MEET

On June 10, five members of the ORANJ Executive Committee met with Steve Denenholtz, Esq., Chief, Bureau of Homeowner Protection, and Ron Cavanaugh, Supervisor, Continuing Care Retirement Communities, at the DCA headquarters in Trenton. During the meeting, DCA confirmed that the NJ Office of the Ombudsman's brochure "CCRC Independent Living Bill of Rights" is "in a form approved by the Department" for distributing notice of the P.L. 2013, C. 167 Bill of Rights to residents.

DCA presented the April 6, 2015 official regulations (N.J.A.C. 5:19) covering the Bill of Rights. The regulations on the LexisNexis New Jersey website are now available through ORANJ.

The 2013 Bill of Rights for Independent Living is at oranjccrc.org/Bill-of-Rights/IL-Bill-of-Rights.htm, the 2014 Ombudsman's brochure is at state.nj.us/ooie/pdf/CCRCresidentsrights.pdf and the regulations adopted April 6, 2015 are at oranjccrc.org/Bill-of-Rights/IL%20bill-of-rights%20Regulations.pdf.

The Bill of Rights regulations require that DCA approval be obtained for notices of rights. Administrators of CCRCs who do not wish to use the brochure from the Ombudsman may generate customized notices which must be approved by the DCA. Please read the regulations to learn specific details. If your CCRC administration has not given you notice as required, please ask them for it. Send me an email if they refuse.

Budgets have been reduced at DCA so resources are not available to visit and monitor CCRCs on a regular basis. However, CCRCs must submit Disclosure Statements to DCA on a regular basis, which include Residents and Care Contracts.

Residents' complaints to DCA should be in writing.

Nettie Lowenstein, Chair Health Care Advisory Committee



Throughout its existence ORANJ has been blessed with hardworking, loyal, and able members who served on its Executive Committee. Nettie Lowenstein, who passed away recently, was one of these and we owe her a large debt of gratitude.

For many years she guided the work of the Health Care Advisory Committee as its

chair. Her committee was large because she inspired people to join her important efforts and she rewarded them by providing interesting speakers at every meeting. She completed studies on resident security and safety and another on assistive mobility devices such as walkers and wheelchairs, and was deeply involved in exploring medical services on site at NJ CCRCs when she was taken ill.

“Nettie inspired people to join her important efforts and she rewarded them by providing interesting speakers at every meeting.”

Nettie was active and outspoken in many of the Stonebridge committees, which she joined after her arrival in 2004. In addition to her work for ORANJ and for her CCRC, she was a treasured Red Cross volunteer, especially when disasters occurred. She was also very dedicated in helping to reconnect families who had been Holocaust victims.

Nettie came to the US at 14 and studied home economics at the Pratt Institute in NY. As a social worker, she worked at Johns Hopkins, the NJ Neuropsychiatric Institute, and the Middlesex Home Healthcare Agency where she served as director. She enjoyed spending time with her children and grandchildren and was a fervent supporter of the arts.

Ellen Handler

Health Care Committee

The committee met on May 27 at Fellowship Village after a hiatus of six months, following the resignation and death of Netty Lowenstein, the former chair. The current committee is eager to resume work on two studies. The first, begun last fall, asks what medical services are available at the various CCRCs. Communities vary widely in this area, ranging from places staffed by physicians, nurse practitioners and/or physician assistants on site, to places which have no Medicare-certified facilities at all.

In addition, the group has decided to study the significant changes that are now occurring in Independent Living in most if not all of the CCRCs. One factor is the trend toward “Aging in Place,” the practice of keeping people “at home” in their Independent Living units rather than moving them to a special facility such as Assisted Living or Skilled Nursing. Recent laws covering people with disabilities, such as the ADA, have resulted in admission of more persons with disabilities into Independent Living units. Consequently, there has been a visible increase in mobility devices; walkers, wheelchairs, and electric scooters crowd the hallways and dining rooms. People who, for example, cannot walk unaided or feed themselves and often have home health aides, some of whom work 24/7, eat in the dining room next to people who manage well on their own. The truly independent residents are often uncomfortable in this situation, which they say is more like a nursing home than a residential facility for independent living. Management, fearing legal liability, urges tolerance. The Health Care Committee will explore how the various CCRCs are handling this evolving situation.

Although the committee is interested in the whole range of health and medical issues that affect the senior population, we will proceed by prioritizing our concerns and conducting one or a few studies at a time. At all times, we welcome new members who are interested in our work, especially members of CCRC health care committees who can act as liaison between the ORANJ committee and the CCRCs.

Alice Crozier, Chair

Presentations at the ORANJ Spring Plenary



New Jersey State Senator Robert Singer, our morning speaker, gave an impassioned speech on how New Jersey can become more prosperous and keep up with our successful neighbors by using our resources more wisely. At present, New Jersey, with the second oldest population

in the US, second only to Florida, is losing population.

Basically, we don't run the state's economy very well, as demonstrated in the numerous snafus that attended rebuilding after Sandy. One casualty of our lack of planning is our tourism industry. Utah lures NJ tourists to visit their parks and ski slopes but we don't advertise in Utah even though we may have more to offer.

“Basically, we don't run the state's economy very well.”

“Old folks have wealth and we need to keep them happy in NJ.”

We have lost our excellent incubator program despite the wealth of pharmaceutical companies in NJ who need drug research. We also lost our Science and Technology Commission with its potential for bringing wealth to our state.

He reminded us that old folks have wealth and we need to keep them happy in NJ. That means, for instance, reclaiming our cities, which offer public transport and neighborhood shopping to meet the needs of the elderly. We should also look for ways to conserve resources such as sharing academic programs between groups of colleges and we should look for ways to make medical care cheaper by restricting a few of the multitude of choices we currently enjoy.

As Senator Singer emphasized, the problem is not in the lack of possible solutions but our lack of imagination and commitment to taking steps that will solve NJ's problems.



Stacey Judge, our afternoon speaker, spoke about the Springpoint wellness program called LivWell, where she is the director. She emphasized the importance of improving all seven aspects of wellness: social, emotional,

spiritual, environmental, occupational, intellectual, and physical. The program is not just for residents, but for staff as well, and even the surrounding community.

One of the rapidly developing sectors of the wellness program is the dietary. Initially, dietary services were popular among the ill who depended on dietary services as much as on medications, eg. the diabetics and those with celiac disease. Today, they are teaching dining staff to include “heart healthy” and “sugar free” items among the choices available to everyone. They are also standardizing the food symbols so that a heart symbol next to an offering at one dining room will mean the same in a different location.

“It is crucially important to be able to demonstrate that a program is effective...especially if the CCRC is applying for outside grants.”

Granting agencies require verification of results. Therefore, she strongly suggested that CCRCs develop baseline statistics on their populations to measure effectiveness. She suggested that new residents might be given a battery of wellness tests along with physical and financial fitness tests. Stacey urged CCRC staff to explore granting sources and obtain outside funding to explore exciting new directions in wellness programming for the “silver tsunami” that is rapidly approaching.