

McKnight's

LONG-TERM CARE NEWS



A good study
 Researcher Josh Wiener knows long-term care
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Publication of the Year



Sen. Edward Kennedy

Kennedy's plan helps with LTC

By John O'Connor

Sen. Edward Kennedy (D-MA) has unveiled a 651-page healthcare overhaul. The measure lets people buy long-term care insurance from the government for up to \$65 a month. Participants vested for five years would be eligible for a \$50 daily payout if they become disabled. Funds could supplement nursing home costs or go toward other long-term care services.

The bill "bridges the acute-care Medicaid world [and] the long-term care disability world," said bill advocate Larry Minnix, president and CEO of the American Association of Homes and Services for the Aging.

Congress began considering the measure at press time. Democratic leaders hope to push the legislation through both chambers prior to their August recess. ■

Obama offers harsh cuts to fund reform



President Obama explained his plan for reforming healthcare to the American Medical Association. Response is mixed on a public insurance plan option.

By Liza Berger

The president delivered unsettling news to nursing homes last month. He recommended trimming Medicare and Medicaid by \$313 billion over 10 years to help pay for healthcare reform.

"Any honest accounting must prepare for the fact that healthcare reform will require additional costs in the short-term in order to reduce spending in the long-term," President Obama said prior to his radio address June 13.

The reductions would include

\$14.4 billion in cuts to nursing homes, long-term care hospitals, and inpatient rehabilitation hospitals. They also would include saving \$110 billion from productivity adjustments to the payments of Medicare providers.

In his fiscal 2010 budget proposal, the president called for \$635 billion in Medicare and Medicaid reductions. If Congress acts on his suggestions, cuts would total nearly \$950 billion during the next decade. ■

For more, see page 4.

End of an era for protocols

By James M. Berklan

Resident Assessment Protocols (RAPs) will be eliminated under the new MDS 3.0, federal health officials announced.

RAPs are a series of 18 indicators used by long-term care providers to help monitor patient conditions such as visual function, cognitive loss and others. Typically, RAPs become part of a resident's care plan. Coding of certain items on the MDS 2.0 would trigger the RAPs, but according to CMS, the system will be eliminated under MDS 3.0 when it is put into use in October 2010.

"Everybody has access to the Internet and you can find at least 12,000 clinical practice guidelines for issues triggered out of the MDS," said Karen Schoeneman, deputy director of CMS's Division of Nursing Homes on an Open Door Forum conference call May 28. "We decided to let providers be free and choose whatever clinical practice guidelines they choose to finish the process."

We realize this is a large change. That's why we announced it early—so you have time to figure out what you want to use, or you can use what CMS has, too." ■

For more, see page 6.

Software Source

McKnight's annual look at software and IT

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Room with a view

TV lounges have become focal points in long-term care facilities. Furniture, color schemes and amenities all are important to give them a homelike feel

By John Andrews

The most popular room in a typical house is most likely where the television set is located. Whether it's a den, family room or finished basement, the TV lounge is where family members usually congregate to relax, be comfortable and socialize.

It should be no different in long-term care facilities—in fact, professional designers say a home-like TV room atmosphere is essential to resident satisfaction. Though the type of facility—skilled nursing, assisted living or independent living—figures into the degree of modern aesthetics, designers agree that all residents in the long-term care environment deserve an inviting, contemporary TV lounge and relaxation center.

“Be aware that it matters,” says Paul Young, director of health-care markets for Cartersville, GA-based Shaw Contract Group. “Uninteresting spaces make for uninterested potential residents. For instance, the best hotels have the best amenities. A great room should have a great high-definition TV. After the front entrance lobby, the entertainment lounge areas are the most public areas in the community. Place a premium on these areas of the community. Make them sing, let them become places of celebration and enjoyment, where the grandkids look forward to visiting.”

Point of focus

Terri Prokop, interior design manager for Joerns Healthcare OneSource, is impressed by the progress facilities have made in recent years with creating a more



homelike atmosphere.

“The facilities we have worked with in the past few years have come a long way in accommodating the needs of residents in the most-used commons areas,” she says. “TV rooms and entertainment lounges are now becoming a focal point in the home and are being designed to provide their residents the comforting homelike feel that they and their families are looking for.”

The Stevens Point, WI-based company is focusing on “homey” furniture designs, such as an optional residential wood trim kit for its UltraCare XT bed line.

This attractive and stylized movie theatre is just one example of the investment long-term care facilities are making in their entertainment areas.

The wood trim bed frame, for example, provides the warmth of wood while still allowing long-term care facilities to meet healthcare requirements, Prokop says.

“Facilities are continuing to strive for a homelike atmosphere and are doing this well by incorporating current paint colors throughout and updating the flooring and lighting choices,” she says. “We are also finding that new Crypton Woven fabrics complement this newer residen-

tial look by supplying not only the properties needed to hold up in these homes, but also the look, feel and variety of more residential-like fabrics.”

The whole picture

Modern TV rooms and entertainment lounges shouldn't be limited to new construction; renovations can easily be applied to existing facilities, says Kathy Taylor, national director of healthcare development for Dalton, GA-

based Tandus. Moreover, creating a new space involves a holistic vision and not just piecemeal additions, she adds.

"Renovations need to take more things into consideration than just 'plopping' a widescreen TV into the space and calling it an entertainment lounge," she says. "All aspects—lighting, acoustics and versatility of the space—should be considered and addressed to make that space as efficient and satisfying as possible."

Among the considerations facilities should make, she says, are what the lighting is like during both night and day to assess natural and artificial illumination; how the sounds resonate and how they can be improved; whether the seating arrangements allow for wheelchair inclusions; and how the space will be used—for TV or movie viewing or other uses as well.

"Utilize the services of an audio-visual professional for the proper placement of speakers to give the clearest sound for seniors," Taylor says. "Avoid rooms that have too many hard surfaces—walls, floors, ceilings, furnishings—that cause the sound to 'bounce.' Soft flooring is best because it has the added acoustic value of a cushion and its backing protects the subsurface if there are any spills. It also assists with glare."

A good TV room should have cozy, comfortable seating groups so that even though the residents are engaged in watching TV and not interacting, they will feel like they are in a family setting, Jacksonville, FL-based interior designer Judith Sisler Johnston says.

"What makes a family setting is carpeting, furniture, lamps, accessories, art, plants and window treatments that are commercial in durability and residential in appeal," she says.

An entertainment lounge usually offers a variety of features, such as game tables and a snack bar, that distinguish it from a TV room, Johnston notes.

"I believe that having a 'movie' room with reclining chairs with

Design requires more "than just 'plopping' a widescreen TV into the space and calling it an entertainment lounge."

Kathy Taylor, Tandus



Careful attention needs to be paid with renovations to make sure elements work together to create a comfortable atmosphere, one designer says.

Inside the TV room

Interior designers' ideas vary, but here some general guidelines for creating the 'ideal' TV room:

TV SET

The screen should be 42" to 52," depending on the dimensions and occupancy of the room. The screen should be large enough for visually impaired residents to see the program as clearly as possible.

The set should be wall-mounted with a comfortable pan and tilt to accommodate ease of viewing from anywhere. Wall mounting also eliminates the potential for accidental injury to the resident or damage to the product.

FURNISHINGS

The room should have cozy, comfortable seating groups so that even though the residents are engaged in watching TV and not interacting, they will feel like they are in a family setting. Be sure to include carpeting, furniture, lamps, artwork, plants and window treatments that are commercial in durability and residential in appeal.

Keep arrangements flexible so that wheelchairs can be easily included, and position seats so that most have a central view of the screen.

ATMOSPHERE

Hard surfaces, such as walls, floors, ceilings and furnishings that cause sound to "bounce" should be avoided.

Facilities should create a more personal setting by arranging the furniture into smaller pods where residents can visit with each other in a more intimate setting instead of setting it up for one large group.

drink holders and a popcorn machine is another strong marketing feature that appeals to residents and families," she says. "There should be a mix of larger upholstered pieces, such as sofas or loveseats, with upholstered lounge chairs or recliners and some decorative chairs with exposed wood. Tables should look like those we have in our own homes."

Television eye

Most facilities have adequate TV rooms and sets that offer cable or satellite connection, says Tim Wright, director of commercial healthcare for Englewood Cliffs, NJ-based LG Electronics. Where they need some guidance is on purchasing the best type of television and how to use it properly.

The first consideration is screen size, which ideally should be between 42 and 52 inches, depending on the size and occupancy of the room, he says. The next considerations, according to Wright, are mounting and audio distribution.

"Wall mounting with a comfortable pan and tilt capability make for easy viewing from anywhere in the room," he says. "It also eliminates the potential for accidental injury to the resident or damage to the product."

"Audio distribution is a relatively easy improvement to the resident entertainment lounge, especially in a larger room," he continues. "There are many products that can enhance this experience, such as ceiling speakers with individual audio level control. This allows volume control for different areas of the room. There are even parabolic housings for these speakers that focus the audio to a very distinct area, which result in a more comfortable audio level throughout the room without having to turn the volume up all the way for those farther away."

Other considerations

Culture should be considered when designing TV and entertainment

Not one-size-fits-all

When approaching the design of TV and entertainment rooms, designer LuAnn Thoma-Holec recommends a different approach for each type of long-term care facility.

Memory care and skilled nursing communities will typically create a smaller living room atmosphere. These will include a large plasma TV located in a cabinet that can be closed when not in use. Sofas, lounge chairs, cocktail/ottomans and recliners offer a living room atmosphere and comfortable seating.

Assisted living communities can create a theater-type experience. However, the seating may not be fixed, but rather an upholstered "lounge"-type seating with a cup holder within one arm. Most of the AL communities consist of 80 residential units or more, with multiple common areas to accommodate additional activities.

Independent living communities should create a full theater experience, complete with surround sound, large automated screens, fixed theater seating and refreshment center. Special features should be shown throughout the day or evening. Recent installations have incorporated a large plasma TV that remains in place when a movie is not in process.

Source: Thoma-Holec Design, 2009

spaces, Jacki Zumsteg, manager of design operations for Elyria, OH-based Invacare, says.

"It is important to create a living space that matches the culture," she says. "If a facility is in a farming community, we would create a design that is different than in a large city. A facility with a religious affiliation could have areas for reflection with that spiritual influence.

"Tapping into the cultures of the residents and family members can help create spaces for specific activities or rituals which all could enjoy or experience. It helps for residents to feel more connected to each other."

Smaller congregate units such as Green Houses have made it easier to design homelike spaces, Johnston says. But the interior designer adds that "even in larger settings

it is possible to create open living spaces that are the same as in modern homes where the great room, kitchen and dining areas are adjacent."

Though many facilities have implemented computer banks for residents, Wright suggests operators nurture this skill in long-term care residents.

"Along with offering access to computers there should be some basic instruction for residents," he says.

"The ability for a senior to learn basic e-mail skills to communicate with family and friends is becoming more commonplace and can have a positive effect in this environment. Going forward, we'll see a more 'tech savvy' long-term care population and the forward-thinking facilities are already moving toward this trend." ■

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