Winter 2015

LeadingAge California engage™

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inspire...serve...advocate

Founded in 1961, LeadingAge California is the state's leading advocate for quality, not-for-profit senior living and care. The association's advocacy, educational programs and public relations help its members best serve the needs of more than 100,000 of the state's older adults. LeadingAge California represents more than 640 nonprofit providers of senior living and care – including affordable housing, continuing care retirement communities, assisted living, skilled-nursing, and home and community- based care.

Mission

It is the mission of LeadingAge California to advance housing and services for older adults and to support and inspire its members through advocacy, education, research and services enabling them to meet changing needs of their clients and communities.

Vision

LeadingAge California is a catalyst for members to advocate, enrich and advance aging services.

Shared Values

The values shared by LeadingAge California members include:

- Long term commitment to the security of older adults
- Mission driven
- Mutual support and assistance among members
- Respect of all peoples
- Commitment to socioeconomic and multicultural diversity
- Advocate for not-for-profit status
- Consumer focused
- Dignity and quality of life for older adults
- Community-based

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A Note From The Editor

Fostering Community and Connection at Home and Abroad

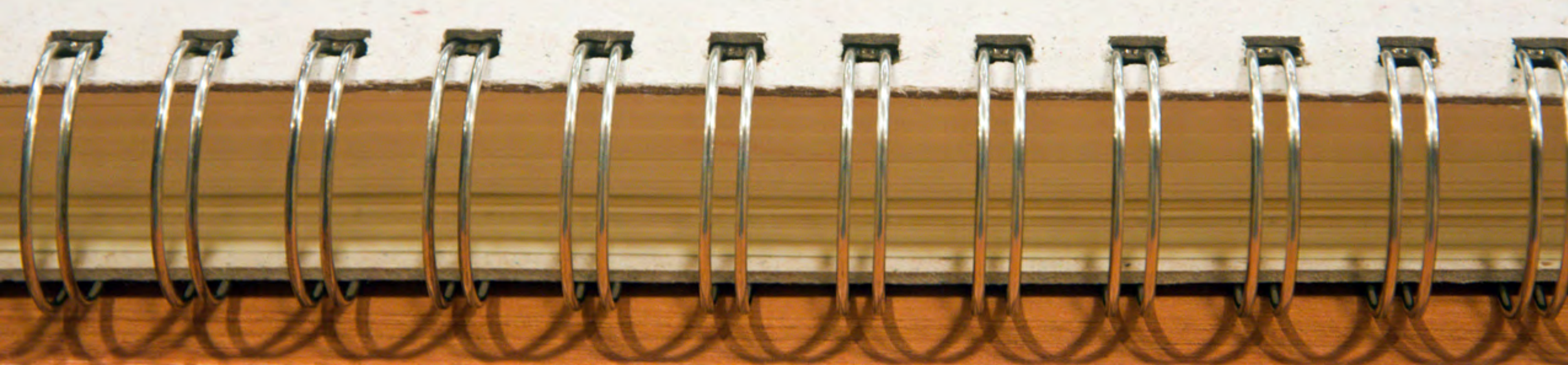
Welcome to our Winter 2015 issue of *Engage Magazine*! In this issue we examine the notion of culture across communities. Nonprofit providers serve a diverse range of seniors, all with vastly different life experiences and world views. As these divergent views come together in our communities or programs, our challenge is to learn from these differences and build communities that celebrate diversity. Our fundamental task as experts in creating community is to work to foster new common ties that cut across ethnic, religious, age, disability or sexual orientation lines. We have seen great progress in this area, but much more can be done.

Our feature article comes to us from the International Association of Homes and Services for the Ageing (IAHSA). Katie Sloan, IAHSA's executive director provides a global snapshot of the promise the future holds in collaborative efforts to ensuring the health and well-being of older adults in all member countries and beyond. This year the IAHSA/ ACSA Joint International Global Ageing Conference will be held in Perth, Australia, August 31 through September 4, 2015. The title of this year's conference is "Global Communities Coming Together."

On a local level, we profile Bonnie Apple, a service coordinator for Eskaton Jefferson Manor whose role provides her with a unique perspective on serving diverse populations. This issue's Legal Corner includes Kimberli Poppe-Smart, of Wroten & Associates, Inc., who will discuss the challenges of managing diverse behaviors in the congregate setting.

Be sure to check out previous issues of *Engage Magazine* on our website. Stay tuned for our Spring issue due out in May. The upcoming issue will focus on innovation and ways we can meet the needs of those we serve with new technologies or approaches. As always, we welcome your feedback and editorial suggestions. Please send them directly to me at edowdy@aging.org.

Eric Dowdy
Editor-in-Chief
edowdy@aging.org



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The Gift of Global Ageing

As populations around the world are rapidly aging, we are also living longer, bringing an unprecedented set of challenges for our society. Guest author Katie Sloan, executive director of the International Association for Homes and Services for the Ageing (IAHSA), offers an inspiring look at the collaborative efforts happening around the globe to turn these challenges into opportunities to create a better future for the world's older adults.

Sections

From the CEO Quarterly topic from Joanne Handy: Cultural Competence in Eldercare

Have you Heard? Members in their Community; Members in the News; Anniversaries & Milestones

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People in Focus
Bonnie Apple: Video interview discussing her joys and challenges of 13 years as a Service Coordinator at Eskaton Jefferson Manor, and what it's like to work with such a diverse population of residents

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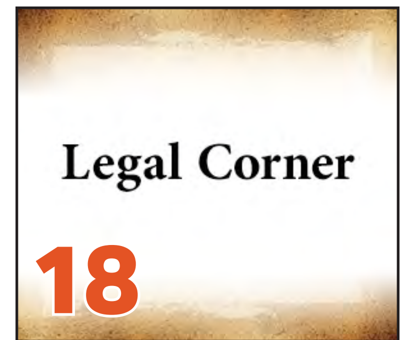
Seven movies that explore contemporary issues in aging



Legal Corner with Wroten and Associates: Resident Behavior Risk Containment Through Pre-admission Screening and Staff Education

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Policy & Leadership Summit
Navigating New Landscapes

Sheraton Grand Hotel
Sacramento, CA
February 9-11, 2015

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of leadership

of impact

of fellowship

of the AGING GENERATION

LeadingAge™ CA Foundation

2015 Annual Conference & Exposition
MAY 4-6, 2015 Portola Hotel & Spa, Monterey, CA

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From The CEO

Cultural Competence in Eldercare

Just yesterday, I received an "orange paper" on cultural competency in the workforce prepared by Mather Lifeways, a LeadingAge member based in Chicago. I was struck by survey results indicating that only 22 percent of senior living organizations were providing their workforce with cultural competency training. I bet that figure would be higher if the survey had been California-specific. After all, nearly 40 percent of Californians over 60 are of minority race, well above the 20 percent minority race population in the rest of the U.S. The eldercare workforce here is even more diverse. It is not unusual for California providers to have staff representing multiple ethnic backgrounds working together to serve residents.

"It is not unusual for California providers to have staff representing multiple ethnic backgrounds working together to serve residents."

Is cultural competency training a two-hour class during orientation? No. "Competency" is the key word here, implying something beyond awareness of cultural differences. According to Mather, "Health care professionals who demonstrate culturally competent care engage in assistive, supportive, facilitative, or enabling acts that are tailor-made to fit with individual, group, or the community's culture values, beliefs, and lifestyles in order to provide quality health care and services. In other words, professionals demonstrate attitudes and behaviors that enable them to effectively work with individuals with diverse backgrounds."

The Mather paper includes a number of useful references and tools for providers to evaluate and address cultural competence. There is also a link to the national standards for culturally and linguistically appropriate standards (National CLAS Standards). Who knew?

So, kudos to Mather Lifeways for this orange paper, and the practical contribution it makes to advancing cultural competency in our field. There remains significant work ahead to reduce healthcare and eldercare disparities.

Joanne Handy, President & CEO

Have you Heard?

Atherton Baptist Homes in Alhambra celebrated 100 years of service last fall.

Rowntree Gardens in Stanton (Orange County), unveiled its new name, rebranding and more after being named Quaker Gardens Senior Living since 1965.

ABHOW's Travis Hanna was elected President of the Affordable Housing Management Association of Northern California and Hawaii.

Eskaton was featured in the *Sacramento Business Journal* in a December 23 article, "Eskaton gets back into non-medical home care for residents, broader community."

The Terraces at San Joaquin Gardens was featured in the *Fresno Bee* in a December 29 article, "Fresno retirement community recognized for senior housing design award." After a $120 million renovation, the community was a runner-up for the Senior Housing News Design and Architecture Award.

Royal Oaks, a be.group community in Bradbury, was recognized as one of the best senior living communities for assisted living by SeniorAdvisor.com as part of their Best of 2015 Awards.

Christian Church Homes (CCH) is partnering with El Bethel Arms, Inc., a community-based nonprofit organization, to preserve a 255-unit senior housing property located in the Western Addition of San Francisco.

Molly Forrest will receive the 2015 Herbert B. Shore Award of Honor from the National Association of Jewish Aging Services. She will share this award with Eli Feldman, CEO of Metropolitan Health System in New York.

ABHOW's affordable housing division reorganized as Beacon Communities on January 1.

Los Gatos Meadows welcomed Christopher Ichien as the new Executive Director in January. Tina Heany retired from the position at the end of 2014.

Casa de Modesto is celebrating their 50th year of serving seniors in its multi-level retirement community.

Mt. San Antonio Gardens in Pomona recently welcomed their new Chief Financial Officer, Patricia Williams. She previously served as their interim CFO and financial consultant for several months.

Geoffrey Morgan, vice president of Real Estate Development for Christian Church Homes (CCH), will transition into a new role as President and CEO of First Community Housing in March.

SCENE

1 On November 17, PEP Housing celebrated the grand opening of the Orange Tree Senior Apartments in Oroville. Center: City of Oroville Mayor Linda Dahlmeier during the ribbon cutting ceremony

2 At PEP Housing's grand opening of the Orange Tree Senior Apartments in November, Jack Christy, former Senior Policy Advisor for LeadingAge California, was honored with the dedication of a Community Room in his name. His family was there to help celebrate.

3 Winners of the Pitch-for-Pilots competition at the November 2014 AgeTech West Technology Conference and Exposition in Seattle. Far left: LeadingAge California President and CEO Joanne Handy and AgeTech West Executive Director Scott Peifer. Far right: Stephen Johnston, co-founder of Aging2.0

4 Residents of Albert Einstein Residence Center in Sacramento at the December 8 holiday lunch, hosted by LeadingAge California

5 LeadingAge California staff serving a holiday lunch to residents at Albert Einstein Residence Center in Sacramento

6 Joanne Handy, LeadingAge California President and CEO presented Barbara Hood with a plaque in recognition of her leadership. Barbara retired from Northern California Presbyterian Homes and Services in December.

7 January Service Coordinator lunch, held at Albert Einstein Residence Center. Pictured: Julie Calderwood, Mercy Housing and Christel McLean, Eskaton

8 Participants smile for the camera at the January Service Coordinator lunch. The next lunch is planned for April 7 at Eskaton Roseville Manor.

9 Sarah Steenhausen from the SCAN Foundation speaking at the Housing with Services Summit on January 20, held at the California Endowment Center in Oakland

10 Keynote speaker Dr. Joshua Bamberger presented "Supportive Housing as an Alternative to Long-Term Care" at the Housing with Services Summit in January

11 Ilona Corpus, Director of Dining Services and Eric Sholty, Associate Executive Director, at last fall's Delta Region Meeting, held at O'Connor Woods in Stockton

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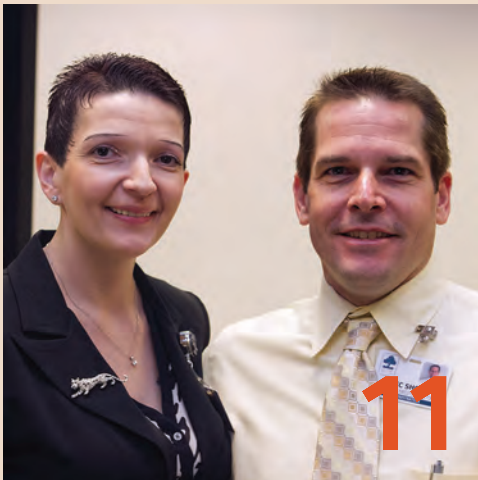

11

The Gift of Global Ageing

We are part of a world that is ageing. The magnitude of this demographic change is unprecedented and societies are largely unprepared. Consider the magnitude of change we are facing. In developed regions of the world, the population aged 60 and over is increasing at the fastest pace ever – 1.9 percent a year and will almost double in size by 2050. In the less developed world, the pace is even greater, projected to increase at more than 3 percent a year, resulting in an increase from 475 million in 2009 to 1.6 billion in 2050. At the same time that more people are aging, they are also living longer, creating a perplexing set of challenges, including what the World Health Organization (WHO) has called the greatest public health burden ever, chronic disease.

As members of the International Association of Homes and Services for the Ageing (IAHSA) connect with one another around the world, there is not a sense of burden or impossibility but rather of possibilities. We are trying to stir up a revolution of innovation in models of care, services and supports. We are identifying the exemplars, sharing successes and failures, connecting people and fostering collaboration.

Within our network are unsung heroes like Sister Lucia in rural KwaZulu Nata, South Africa who was sent to run St. Antonine Old Age Home six years ago with no background in aged care or nursing. From a place that felt like a prison upon her arrival, Sister Lucia has done the impossible with no money so that, in her words, the 60 residents can die happy in a home filled with love, respect and joy. Dr. Julienne Meyer of City University of London started a high profile social movement in the U.K. to promote quality of in-care homes. Emi Kiyota was inspired to found an Ibasho Café in Japan after the tsunami disaster as a socially integrated and sustainable place designed by and for the communities' elders. Outstanding scholars like doctors Barb Bowers and Robyn Stone provide an evidence-base for providers on issues such as culture change, workforce retention and new models of service integration. And, tireless advocates like Bill Smith, IAHSA's primary liaison to the United Nations, work to advance an international convention on the rights of older people. The global aged care sector is vibrant and diverse. It covers a vast spectrum – from investors and developers in a building frenzy in China, to care home directors in Africa dancing together to a marimba band to celebrate their fellowship, to faith-based organizations operating with small margins and big hearts. Each plays a unique role in creating a better world in which to grow old.

Innovation abounds. Japanese robots aimed at providing companionship are finding homes in New Zealand. Eden-inspired practices are prevalent in nursing homes in South Africa. Tele health technologies are reaching people in the most rural and remote areas of Australia. Successes with community nursing supporting older people in their homes in Amsterdam have been replicated in Minnesota. Palliative care practice models developed in Europe have been adopted in Uganda. Community networks to support rural elders in Cameroon are growing. Caregiving support networks are being developed in Nepal and India. These networks of community careers provide mutual emotional and practical support, the opportunity to learn caregiving skills and find employment so that no one with caregiving responsibilities – whether for an older parent or a child with disabilities, feels alone. Unique approaches to providing safe and familiar environments for people with advanced dementia are in place in the Netherlands and the U.K. Exploration and experimentation are rampant. And, we have only begun to scratch the surface in learning together as a global community.

Of even greater significance, we haven't yet imagined – much less invented – the policies, systems and models that will address the seismic demographic shift and the tremendous opportunity it brings. Countries in the earlier stages of developing policies and programs to support a growing aging population and those trying to improve what they have in place have the distinct advantage of learning from other countries' successes and mistakes. As countries like Thailand consider establishing a long-term care system, they are looking at what has worked in other countries. As the U.S. considers how to pay for long-term care, it is learning from Japan, Germany and other countries. As we consider how to support families, we need to learn from Beijing's new policy of providing families with a monthly payment to help care for their elders at home. What can we take away from Nepal's family caregiving outreach and training efforts? How have the design features such as those adopted in the De Hogeweyk dementia village in the Netherlands improved the quality of life of its residents? And, among these and many other initiatives, what can be scaled to support the vast number of elders that will be part of our communities?

As IAHSA gathers in Perth, Australia later this year for its 11th bi-annual conference to share this extraordinary work, we have not lost sight of the vast unmet needs among so many of the world's elders today. There is deep poverty, grandmothers raising their

grandchildren because the generation in between has died from HIV/AIDS, a dearth of qualified workers, deficiencies in quality of health and long-term care, and basic human rights that are not respected – the right to lives of dignity, safety and security. The latter, which should be automatic, is often either an afterthought or not considered at all. In some places, there are deeply rooted beliefs that dementia is a form of witchcraft and in others that older people have nothing to contribute to society.

Our societies are and will continue to benefit from the experiences of those who have lived a long life. With age, we get better at doing what we do and at handling life's ups and downs. How do we capitalize on the positive in the face of these challenges and widespread ageism? How do we create the expectation that older people should and will lead comfortable and meaningful lives and will be fully integrated into society? Most importantly, how do we make this a reality?

It will take more than the global network of IAHSA that includes LeadingAge. It will require us to listen carefully to the voices of older people as we shape the world in which they and we want to grow old. It demands that our mind's eye remain focused on what is true about aging. It is part of the human condition. It is a stage in the lifespan which, like all stages, has value and meaning. Creating a better future for the world's elders is an imperative; the opportunity to be part of the creation is a gift.

Postscript: *LeadingAge is the U.S. chapter of IAHSA and all provider members of LeadingAge are, therefore, members of IAHSA. Register for the bi-annual conference and get involved! Visit IAHSA*

February 25, 2015
Marriott Airport Hotel, Burbank, California

Join senior level HR professionals to learn from, engage with and exchange ideas with notable leaders, and each other. Discover HR strategies and practices that can impact performance within your community. Expert presenters will explore the organizational issues that continue to shape how HR supports business.

Come prepared to take away innovative ideas on employee engagement and a greater understanding of the potential impact of Healthcare Reform and the Affordable Care Act with respect to wellness programs and legal updates. Hear from noted experts on creative compensation strategies; how HR can partner with technology and using HR metrics to build credibility with business.

Contact Jan Guiliano for more details at *jguilian@aging.org*

Dear BRENDA

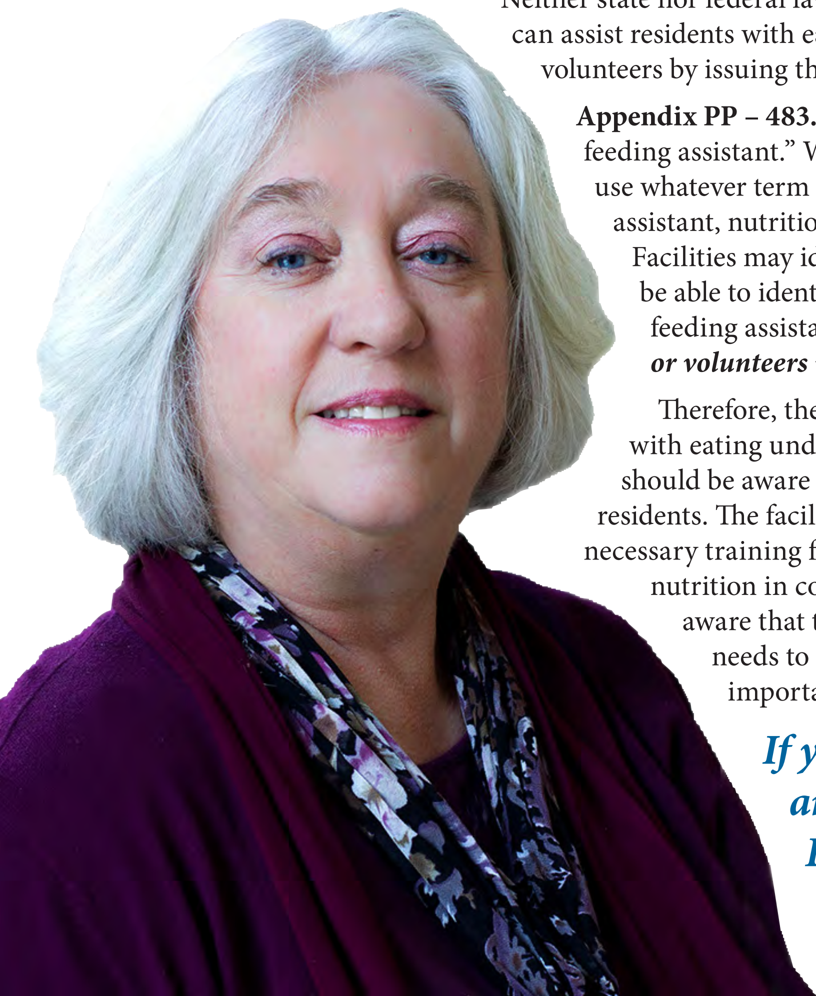
Dear Brenda: ***Our skilled nursing community is fortunate to have devoted family members, friends or other dedicated individuals who volunteer to assist with activities and other services provided to residents. We permit volunteers to assist residents with dining and eating, but have concerns about whether or not this practice is compliant with state and federal requirements. Is this practice advisable?***

Answer: ***You've asked a very important question!***

Perhaps I should start by providing clarification of the use of paid versus unpaid assistants to help residents with eating and dining. Under state law, trained workers such as Registered Nurses, Licensed Vocational Nurses, Certified Nurse Assistants or other healthcare professionals can provide assistance with eating if it is within their scope of practice.

Federal law permits states to have paid feeding assistants who receive specialized training in assisting residents with eating. However, thus far, California has declined to permit paid feeding assistants who are not trained workers operating within their scope of practice.

Neither state nor federal law specifically addresses the issue or whether or not volunteers can assist residents with eating. Federal law does acknowledge the important role of volunteers by issuing the following guidance:



> **Appendix PP – 483.35(h)** – Intent: NOTE: The regulation uses the term, "paid feeding assistant." While we are not using any other term, facilities and States may use whatever term they prefer, such as dining assistant, meal assistant, resident assistant, nutritional aide, etc. in order to convey more respect for the resident. Facilities may identify this position with other titles; however, the facility must be able to identify those employees who meet the requirements under the paid feeding assistant regulation. ***These requirements do not apply to family and/or volunteers who may be providing the resident with assistance.***

Therefore, there is no prohibition for using volunteers to assist residents with eating under state or federal law. However, skilled nursing communities should be aware that they are still held responsible for the health and safety of residents. The facility should provide adequate supervision of volunteers, provide necessary training for volunteers and otherwise ensure that residents are receiving nutrition in compliance with their plan of care. Communities also need to be aware that the use of volunteers can carry some risk of liability, which also needs to be evaluated. However, this in no way diminishes the value, or important role that volunteers play in our communities!

If you have any questions about this, or any other regulatory issue, please contact ***Brenda Klütz at: bklutz@aging.org or (916) 469-3377.***

Characteristics of Immigrant Home Health Workers

45+ More than half (57.4%) were 45 years and older.

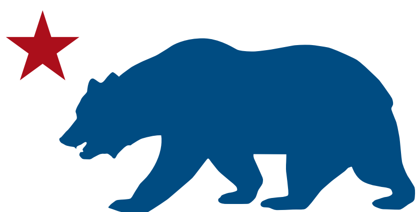
16.8% Less than a fifth (16.8%) of immigrant home health workers identified themselves as "White."

51.1% More than half (51.1%) of immigrant home health workers had some college education, while 38.9% were high school graduates.

56.3% Reported their primary language as English

National Home Health Aide Survey, 2007

For more information, read the LeadingAge Center for Applied Research's new issue brief on immigrant home health workers, "With Help from Afar: The Role of Immigrant Home Health Aides in Meeting the Growing Demand for Long-Term Services and Supports."



LeadingAge California

Political Action Committee

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David Ferguson, ABHOW
Joanne Handy, LeadingAge California
Jesse Jantzen, Elder Care Alliance
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Mel Matsumoto, Channing House
Michael Manley
Todd Murch, Eskaton
David Reimer, Palm Village Retirement Community
Scot Sinclair, O'Connor Woods

Silver Level ($500 - $999)
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Molly Forrest, Los Angeles Jewish Home for the Aging
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Deborah Herbert, Monte Vista Grove Homes
Penny Mallette, O'Connor Woods
Jim Mertz, Paradise Valley Estates
Keith Kasin, Plymouth Village
Frank Rockwood, Rockwood Pacific
Justin Weber, St. Paul's Senior Services

**Organization names shown for identification purposes only.*

People In Focus

Bonnie Apple

Service Coordinator, Eskaton Jefferson Manor

We sat down with Bonnie Apple as she reflected on the joys and challenges of 13 years as a Service Coordinator at Eskaton Jefferson Manor, and what it's like to work with such a diverse population of residents. *Click above to watch the full interview.*

Bonnie, what attracted you to working in the aging services field?

It was a very practical decision. I was volunteering as a Senior Peer Counselor with Mental Health America and enjoyed that very much. At the same time I was completing my college degree. I started back to school as an older adult, and after a couple of sessions with a life coach it became very clear that Gerontology should be my next career goal.

What are some of the rewards of working at Jefferson Manor?

When the residents trust me enough to share incredibly confidential things. It's also a joy for me to help with personal issues. Sometimes they are simple clerical errors that have happened within the agencies, however, they seem to frighten and overwhelm the residents. Much like the children's story of Chicken Little and Henny Penny – to the residents, the sky is falling, but to me it's an acorn!

What are some of the essential qualities a Service Coordinator needs to be successful?

From my perspective, a sense of humor, compassion, patience, and confidentiality, confidentiality, confidentiality! I really can't say that enough.

With such a diverse population, does that impact socialization and how activities are planned?

From my observation when there's food, entertainment and music, language is never a barrier. All people smile in the same language.

I would imagine we have 11 different countries represented in the community itself. I grew up in the Midwest and wasn't exposed to a lot of different cultures. To me, it's a real joy to work with people from China, Vietnam, Mexico…they all have wonderful stories they share abundantly – and special recipes, special fruits, coconuts – a wonderful assortment of special treats. But they're not just giving us treats, they're giving of themselves. So that makes it quite fun.

Because of the confidential nature of social services coordination, I often don't have any opportunity to share what I've done during the day. But it's easy for me to see and the appreciation is very real, so I frequently go home at the end of the day with a sense of satisfaction that I've made a difference in somebody's life.

Click Here to Preview These Movies on Our YouTube Playlist:

Still Alice (2015)
Alice Howland, happily married with three grown children, is a renowned linguistics professor who starts to forget words. When she receives a devastating diagnosis, Alice and her family find their bonds tested.

Glen Campbell…I'll Be Me (2014)
As he struggles with Alzheimer's disease, country-music legend Glen Campbell embarks on his farewell tour in the U.S., Australia and Europe. This epic human drama chronicles a story of love, resilience and the power of song.

Alive Inside (2014)
Dan Cohen, founder of the nonprofit organization Music & Memory, fights against a broken healthcare system to demonstrate music's ability to combat memory loss and restore a deep sense of self to those suffering from it.

Love is Strange (2014)
After Ben and George get married, George is fired from his teaching post, forcing them to stay with friends separately while they sell their place and look for cheaper housing – a situation that weighs heavily on all involved.

Still Mine (2012)
An elderly couple fight against local authorities in rural New Brunswick to build their final home.

Get Low (2010)
A movie spun out of equal parts folk tale, fable and real-life legend about the mysterious, 1930s Tennessee hermit who famously threw his own rollicking funeral party…while he was still alive.

Away from Her (2006)
A man coping with the institutionalization of his wife because of Alzheimer's disease faces an epiphany when she transfers her affections to another man, Aubrey, a wheelchair-bound mute who also is a patient at the nursing home.

Film summaries courtesy of IMDB

Legal Corner *with* Wroten & Associates Inc. Attorneys at Law

Resident Behavior Risk Containment Through Pre-admission Screening and Staff Education

By Kimberli Poppe-Smart

Within any long-term care setting there exists a colorful microcosm of behavioral diversity. Some of these behaviors, whether due to illness, cultural, or other factors, are so maladaptive as to create potential harm or unmanageable disruption. While many such behaviors are treated in the general population by multi-modal, exquisitely tailored approaches, such an expansive group of resources is generally not available to the long-term care provider.

From the extreme circumstance of resident-on-resident abuse leading to death to the more mundane situation where a resident threatens to report the color of the toothbrushes to the Ombudsman, resident behaviors dictate the distribution of facility staff efforts on a daily basis. Failure to appropriately respond in a timely manner to evolving resident actions or harmful behaviors creates risks on multiple levels. Dealing with hostile, rude, demanding, physically, sexually, or verbally abusive residents is inevitable and triggers many legal implications.

When resident behaviors become disruptive, or even worse, dangerous, the threats to the facility and its staff rapidly multiply. Risks include physical injury, property damage, worker's compensation claims, hostile work environment and other employment claims, civil litigation for neglect and abuse, and Administrative action under a myriad of theories.

Verbal or physical abuse directed toward staff requires the facility to respond on multiple levels including the immediate need to stop the abuse and seek appropriate treatment for the resident and the staff. Additionally, potential liability for any injury suffered by the staff member emerges as well as the long-term impact on staff morale and retention that may develop. For reasons of public policy, residents are often not held responsible for their actions against staff members, even when they are cognitively capable of knowing the impropriety of their behavior. Meanwhile, the long-term care facility undergoes scrutiny by licensing and oversight agencies.

While the logical solution may be to transfer the behaviorally challenging resident to another, more appropriate setting, strict laws and regulations hamper that common-sense approach. Despite state and federal efforts to promote non-institutional placements through special programs such as "Money Follows the Person" and "Community Care Transitions," stringent requirements remain for facilities to retain residents under less than optimal circumstances. Furthermore, if the resident is a Medicaid recipient, their rights to return to the facility if they require acute non-psychiatric hospitalization are nearly absolute pursuant to 42 C.F.R. § 483.12.

Preemptive measures can be used in an effort to control the types and numbers of residents with known behavioral challenges who are admitted. This includes conducting a comprehensive pre-admission assessment of the potential resident's needs and condition and the family's expectations. Assessing clinical data reflecting the extent of their care needs, descriptions of their behaviors, and any available history of effective interventions will assist the facility to carefully and thoroughly vet the facility's ability to meet the resident's needs.

Behavioral diversity is a complex area where multiple factors intersect, creating the potential for maladaptive behaviors to flourish in settings where highly specialized expertise to manage the various facets of this complexity do not exist. Staff awareness of factors that influence behaviors can be facilitated through ongoing education. Partnerships with family members who can share the resident's unique experiences and effective interventions can be pivotal.

Staff education regarding residents' psychological issues should include variables such as age, gender, race, ethnicity, cultural background, sexual orientation, disability status, education and socioeconomic status, religion, health status and life experiences. Additionally, effective awareness training includes cultural variations in the expression of psychological distress. Somatization of psychiatric illness, such as gastrointestinal complaints, palpitations and chest pain are seen in some American and Latin American cultures experiencing psychological distress. Asians may complain of cardiopulmonary symptoms or dizziness, vertigo and blurred vision. Failure to recognize cultural differences in the expression of psychological distress may lead to delayed identification of mental health concerns, increased frustration for the resident, and labeling of the resident as an attention-seeker or troublemaker.

A multidisciplinary approach to behavioral assessment is encouraged to address social, spiritual, psychological, physical, situational and experiential

factors that influence behaviors and to develop a comprehensive care plan. The contribution of sensory deficits, disability, language differences, and cultural sensitivities should also be considered in evaluating behavioral needs. The behaviors of concern may be transitional, related to changes in the living situation or environment, health concerns like an acute infection or changes in the chronic health condition indicating a need for an altered approach, dietary, activity or pharmaceutical adjustment.

When the facility's efforts to manage difficult behaviors are unsuccessful, it may become necessary to transfer or discharge a resident from a skilled nursing facility. To do so, one of the following must be met pursuant to 42 C.F.R. § 483.12(a)(2):

1) the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
2) the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
3) the safety of individuals in the facility is endangered;
4) the health of individuals in the facility would otherwise be endangered;
5) the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or
6) the facility ceases to operate. To withstand a challenge brought by or on behalf of the resident who disputes the transfer or discharge, the following should be thoroughly documented in the resident's record and verified by a designated staff member who reviews the chart for these elements:

1) clear statement of the reason for the discharge that meets one of the six criteria above;
2) comprehensive documentation of the events leading to the discharge or transfer including the resident's condition, interventions employed and the resident's response, resident's needs and care planned interventions, efforts to accommodate the individual's needs and engagement of the residents and their family members as allowed by the resident; and
3) documentation from the physician that the transfer or discharge was necessary for the resident's welfare and the resident's needs could not be met in the facility, or the transfer or discharge was appropriate because the resident's condition had improved and they no longer required the services of the facility.

Form CMS-20060 is a helpful tool to evaluate your facility's compliance with these requirements.

Assisted living facility eviction procedures are found in 22 California Code of Regulations § 87224. With a 30-day written notice a resident may be evicted for the following:

- Nonpayment of the rate for basic services within 10 days of the due date.
- Failure of the resident to comply with state or local law after receiving written notice of the alleged violation.
- Failure of the resident to comply with general written policies of the facility which must be for the purpose of making it possible for residents to live together and must be made part of the admission agreement.
- If, after admission, it is determined that the resident has a need not previously identified and a reappraisal has been conducted pursuant to Section 87463, and the licensee and the person who performs the reappraisal believe that the facility is not appropriate for the resident.
- Change of use of the facility. With prior written approval of the licensing agency, a three-day notice to quit may be issued in cases where the resident's behavior poses a threat to the mental and/or physical health or safety of himself or others at the facility. The eviction notice (notice to quit) must contain the date(s) of concerning behavior, place(s) of concerning behavior, witnesses to concerning behavior, and circumstances surrounding the reason for eviction.

All eviction notices shall include:

- the effective date of the eviction;
- resources available to assist in identifying alternative house and care options including:

1) referral services that will assist in finding alternative house, and
2) case management organization to assist in addressing individual care and services needs;

- statement of resident's rights to file a complaint with the licensing agency including the name, address and telephone number of the licensing office and the State Long-Term Care Ombudsman's office;
- The following exact statement as specified in Health and Safety Code § 1569.683(a)(4): "In order to evict a resident who remains in the facility after the effective date of the eviction, the residential care facility for the elderly must file an unlawful detainer action in superior court and receive a written judgment signed by a judge. If the facility pursues the unlawful detainer action, you must be served with a summons and complaint. You have the right to contest the eviction in writing and through a hearing."

The facility must serve a copy on the responsible party and submit a written report of any eviction to the licensing agency within five days unless the resident is receiving hospice services and requires urgent relocation to a licensed health facility due to a change in condition.

The resident's record should show evidence that they received a copy of the resident's rights and the house rules. An accounting of the rent due, owed and any correspondence regarding outstanding rent should be available when drafting the eviction notice.

Behavioral diversity resulting from cultural backgrounds, real-world experiences such as war and poverty, and illness continues to expand and challenge providers. Employing pre-admission screening, partnering with family members and staff education are valuable tools in the management of these growing challenges.

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