

SUMMER 2018

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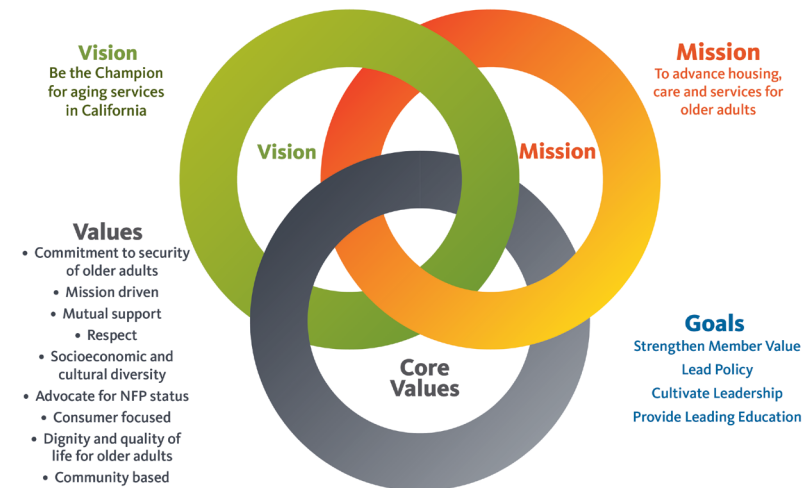
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Founded in 1961, LeadingAge California is the state’s leading advocate for quality, not-for-profit senior living and care. The association’s advocacy, educational programs and public relations help its members best serve the needs of more than 100,000 of the state’s older adults. LeadingAge California represents more than 600 nonprofit providers of senior living and care – including affordable housing, continuing care retirement communities, assisted living, skilled-nursing, and home and community- based care.



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The Road Ahead

Welcome to our Summer 2018 issue! We landed on the theme of Emergency and Disaster Preparedness earlier this year after discussing how members in Napa and Southern California were recovering in the wake of the fires and mudslides of 2017. Unfortunately, this remains a timely topic as the Carr Fire continues in Redding.

Lessons learned and new insights gained after last year’s events is a common thread throughout this issue, and we hope the resources and stories shared within these pages will be of value to you. For our feature article, we asked officials from DSS Community Care Licensing Division, the Office of Emergency Services and California Department of Public Health, to discuss what they feel are the most important things senior care providers need to keep in mind before, during and after an extreme weather event. Connect Consulting, a LeadingAge California Business Partner Member located here in Sacramento, talks about the importance of having a communication plan in place and key points of information to remember to convey to family members, local agencies and others. Bill Campbell, EMSA Emergency Coordinator and Director Dr. Howard Backer explain the role of the Emergency Medical Services Authority and give some pragmatic advice for when you find yourself in an emergency situation. Chelsea Irvine with the US SBA Office of Disaster Assistance reviews tips for staying prepared and options for businesses and nonprofits to receive disaster assistance loans.

We also visited Plymouth Village Retirement Community in Redlands, to talk with Executive Director Keith Kasin about their unique resident-focused emergency preparedness program and the impact they have made on the broader community. Our Director of Membership Melanie Ripley interviewed staff from Spring Lake Village in Santa Rosa to share their experiences during and recovering from the wildfires of 2017.

We hope you enjoy this informative issue of *Engage Magazine*. As usual, we welcome your feedback. Please email your ideas/suggestions to me at edowdy@leadingageca.org.

Enjoy the rest of your summer!

– **Eric Dowdy**
Editor-in-Chief

A NOTE FROM THE editor



Eric Dowdy
Editor-in-Chief
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From The CEO

When the Next Disaster Strikes

The onslaught of fires and other natural disasters around the world have raised heightened awareness about disaster preparedness. The Mendocino Complex Fire, the Carr Fire, the River Fire, the Cranston Fire, the Horse Creek Fire, to name just a few of the fires burning out of control at this writing, have deemed California the state to look for disaster planning and how-to tips. What is normal for California wildfire season is now becoming a new-normal in other states and countries. Colorado, Oregon and Washington also have fires blazing in their states, and Greece, Portugal and Spain are feeling the heat, too. Sweden, with an average of three fires in July, this year had 50 and many blazing out of control. This all points to the changing weather patterns caused, by most scientific estimations, by global warming. These trends will continue and likely will cause increased fires, floods and other storms of new, greater proportions. We can do our best to prepare our staff, our residents and visitors, in partnership with local and state organizations. We are co-sponsoring legislation (AB 3098, Friedman) to help providers adequately prepare for the various disaster scenarios confronting the state. The important articles in this issue of *Engage* will help guide you to be prepared when (not if) the next disaster strikes your community.

Thank you for your contributions to the LeadingAge Public Awareness and Activation Campaign! We have raised over \$700,000, and will be sending out a request for your community's participation in the coming weeks. Feel free to pass on the word to your residents and friends. Our campaign will focus the growing demand for care, services and housing, and the related workforce issues. [Find more information here](#). And thank you to our focus group participants who saw teasers of our messaging in San Francisco and Napa on August 1st and 2nd. Our campaign will go-live in about a month so watch our website and other social media feeds.

Wishing you a safe and happy summer!

– **Jeanne P. Martin**
President & CEO



PEP Housing has a new podcast series available on iTunes! The first podcast was published July 31st.

Eskaton Lodge Granite Bay was recently awarded Best Assisted Living by the *Roseville & Granite Bay Press Tribune*.

Royal Oaks welcomed Sam Oden as their new executive director. Oden is formerly Executive Director of the Terraces at Los Altos.

Artesia Christian Homes welcomed new Executive Director Michelle Robison.

Hollenbeck Palms opened a new Health Center named after long time President & CEO William Heidman.



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When Nature Attacks:

A 360 View of Emergency & Disaster Preparedness

Pam Dickfoss, DSS Community Care Licensing Division; Vance Taylor, Office of Emergency Services, Andrea Barandas, California Department of Public Health

With many in Northern California still recovering from the fires and mudslides of 2017, and the recent Carr Fire in the Redding area, there's no denying extreme weather events are on the rise. We talked with DSS Community Care Licensing Division, the Office of Emergency Services, and California Department of Public Health to hear their take on what senior care providers need to keep in mind and prepare for in the age of climate change - before, during and after an event.

Preparing for Emergencies in Community Care Facilities

By Pam Dickfoss, Deputy Director, California Department of Social Services, Community Care Licensing Division

Over the last two years, California has experienced many severe natural disasters that have devastated rural and urban communities alike. One such event occurred on the night of October 8, 2017 when high winds pushed through Sonoma County, igniting multiple fires simultaneously, damaging or destroying thousands of homes in Northern California. These fires led to the evacuations of hundreds of Community Care Licensing Division (CCLD) facilities and destroyed nine adult and senior care facilities. On December 4, 2017, wildfires in Southern California led to the evacuations of many other CCLD facilities and destroyed at least two adult and senior care facilities. Unfortunately, a month later the rains came, leading to extensive mudslides in an area still reeling from the effects of the wildfires. These examples illustrate the need for facilities to be prepared for and respond to all types of disasters.

From these experiences and the lessons learned, the CCLD Adult and Senior Care Program (ASCP) strongly encourages all Licensees and Administrators to review and update the facility's Emergency Disaster Plan. This could include contacting the local County Emergency Disaster Agency to find out what your county's plan is for evacuation and include this information in your plan. CCLD requires Licensees and Administrators to ensure all staff are fully trained on the Emergency Plan, and are clear on the actions they are responsible for given the type of disaster.

With the wildfires, mudslides, and potential failure of the Oroville Dam, CCLD identified the need for facilities to include a plan for relocating residents outside of the county in the event of a county-wide emergency or evacuation. If the facility accepts non-ambulatory residents, there should be adequate staffing to assist in the evacuation of residents from their rooms, down hallways and/or stairs to a safe location.

There are many best practices that can be followed to be prepared, such as having contractual or other arrangements for evacuation of residents, including transportation companies and receiving facilities. Larger facilities may choose to contract with transportation services. Knowing the location of emergency shut-off

valves for power, water, propane, and other utilities used by the facility is also important.

Communication is an important part of any plan. Plans should consider the process for informing residents and/or their representatives when the facility emergency plan has been activated. Plans should also include identification of communication methods specific to staff, such as cell phones, text messages and voice mail messages. The licensee should contact the Department immediately upon safe relocation of residents or indicate the facility will shelter residents in place. Additionally, it is important to keep up the maintenance of a battery-operated radio to obtain current information and direction when no cell phone service is available.

CCLD's public website, cclld.ca.gov, contains useful information during emergencies. It provides information on relocations of specific facilities, and identifies available beds and other resources. Once the emergency has subsided CCLD will do a health and safety visit to the repopulated facilities.

Each year California is confronted with new disasters or events that will test our ability to respond. Working together we can identify areas to improve that will further protect and ensure the continued health and safety of the residents for which we are responsible.

Integrating Access & Functional Needs in Emergency Management

By Vance Taylor, Office of Access and Functional Needs, California Governor's Office of Emergency Services

No two disasters are ever the same. Even incidents of the same type vary by landscape, geography, climate, and countless other factors. Yet, virtually all incidents parallel one another in at least one sobering way: they disproportionately affect individuals with disabilities and access or functional needs.

It was true in the Loma Prieta earthquake. It was true in Hurricane Katrina. It was true in Superstorm Sandy. And we knew it would be true during the record-breaking disasters faced in California throughout 2017. Unfortunately, we were right.

Of the fatalities suffered in last year's disasters, many were either individuals who had a disability, or who had an access or functional need. And of the hundreds of thousands of people who were forced to evacuate

for one emergency or another, an overwhelmingly high percentage of those who remained in affected areas were people who were older or who had a disability.

And so it is, that, once again, this underrepresented population was impacted greater than people who do not have a disability. If this were any other state, that would be the end of the story. However, this is not any other state; it is California.

Understanding the harsh reality of how unfairly disasters affect our communities, California did something unprecedented in 2008; it leaned forward and established the [Office of Access and Functional Needs](#) (OAFN) within the [Governor's Office of Emergency Services](#) (Cal OES).

The purpose of OAFN is to identify the needs of people with disabilities and others with access or functional needs before, during, and after a disaster and to integrate disability needs and resources into the state's emergency management systems.

In short, that means we plan for the realities associated with disasters by integrating access and functional needs within everything we do.

For the massive 2017 fires in Northern and Southern California, this translated into working with the [American Red Cross](#) and local operational areas to ensure the accessibility of emergency shelters; Securing accessible showers, porta-potties, and hand washing stations; Utilizing interpreters at town halls, press events, and forums; and Coordinating with local agencies to provide accessible transportation to shelters, Local Assistance Centers, and Disaster Recovery Centers.

It also meant growing, maintaining, and leveraging California's vibrant, dynamic partnership of resource providers made up of Independent Living Centers, disability advocacy groups, and numerous other stakeholders to deliver power chairs, manual wheelchairs, walkers, canes, rollators and other assistive technologies to disaster survivors.

The OAFN is not a magic wand that mitigates the impacts of disasters; but for individuals with access and functional needs, it is a formalized mechanism to yield a safer, more resilient whole community. Without the whole community, we cannot fulfill our mission. Inclusion of all members of the community in preparedness, response, recovery, and mitigation strengthens California's overall emergency management program.

OAFN's partnership-based approach to whole community planning has heralded a new era of inclusion and integration throughout California's emergency management landscape. The results have been an increased capacity to save lives and to reduce suffering for all Californians.

Indeed it can be said that by working with emergency managers, disability stakeholders, and all our state partners, OAFN has helped change the culture of California by making it known and understood that for the communities we serve, the integration of access and functional needs is often the difference between life and death.

The EP Rule: What Providers Need to Know

By Andrea Barandas, Emergency Preparedness and Disaster Response Section, CDPH, Licensing and Certification Division

In the past 18 months, California has experienced significant emergency events including mass evacuations due to the Oroville Dam Spillway; devastating wildfires in Santa Rosa; the Thomas Fire, the largest wildfire in California history; and the disastrous mudslides that followed the fire's burn scar. Each disaster posed its own unique response challenges, and an analysis of the gaps experienced can assist all of us to respond more effectively in the future.

In addition to real world events requiring emergency preparedness, the Federal Centers for Medicare and Medicaid Services (CMS) established the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (Emergency Preparedness Rule), effective November 16, 2016. These new regulations establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The Centers for Medicare and Medicaid Services (CMS) website (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>) is a wonderful resource and includes Health Care Provider Guidance including tools such as an Emergency Planning Checklist, Frequently Asked Questions, and Appendix Z – Emergency Preparedness

for All Provider and Certified Supplier Types Interpretive Guidance.

The new Emergency Preparedness Rule requires that facilities must develop and maintain an Emergency Preparedness Program (EP Program) that is comprised of four elements. Note that the elements of the EP Program must be reviewed and updated at least annually, and include documentation as applicable. The information below provides a general overview of the necessary components; please refer to the regulations for specific facility type requirements.

- 1. Emergency Plan:** based on a facility-based and community-based risk assessment, utilizing an all-hazards approach.
- 2. Policies and Procedures:** based on the Emergency Plan with risk assessment and Communication Plan.
- 3. Communication Plan:** a written emergency preparedness Communication Plan that includes a system to contact staff, including patients' physicians, other necessary persons, as well as Federal, State and local entities.
- 4. Training and Testing:** based on the Emergency Plan with risk assessment, Policies and Procedures, and Communication Plan. The Training and Testing program should include documentation of training provided to staff, and staff must be able to demonstrate their knowledge of the emergency procedures.

Before an emergency, when creating and maintaining the EP Program, it is important to consider that every event is different and responses may vary based on the type of emergency. What information should you include in your EP Program based on your individual facility needs, as well as your community-based risk assessment? For example, a fire that affects one portion of a Skilled Nursing Facility will require a different response than a wildfire that affects all Skilled Nursing Facilities within a county. One of the most comprehensive websites for online tools and templates is hosted by Health and Human Services, [ASPR TRACIE](#).

During an emergency, if your facility is evacuated you may need to work with your local Public Health Office, or the Medical and Health Operational Area Coordinator (MHOAC), California Emergency Medical Services Authority (EMSA) for medical transportation assistance or resource requests. Find out more about your [local MHOAC](#). During an emergency, if your facility is not

affected, your facility may provide temporary assistance with patients from an affected facility. The California Department of Public Health, District Office (CDPH, DO) staff may visit your facility to ensure that patients were transferred safely and have all necessary items for care such as medication and medical records.

After an emergency and during the recovery phase, your facility may need to work with CDPH DO staff and/or Office of Statewide Health Planning and Development (OSHPD) staff to complete a repopulation visit to ensure that the facility is safe and approved to repopulate patients. CDPH DO information is available [here](#). One of the most important steps following an exercise or real emergency event is an evaluation of your facility's response, called an After Action Report. It is a critical step to identifying improvements needed to your EP Program and lessons learned. Both the CMS and ASPR TRACIE websites have templates for After Action Reports.

Preparing a comprehensive EP Program will assist your facility to not only meet requirements of the Emergency Preparedness Rule, but also improve the emergency preparedness and disaster response capabilities of your facility and staff, and the health and safety of your patients.





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The Longevity of Empathy After a Natural Disaster:

Stories from Spring Lake Village

by Melanie Ripley, Director of Membership, LeadingAge California

The most significant fires to impact our member communities in recent years was in October of 2017 when 250 wildfires tore through Northern California burning more than 245,000 acres and destroying 8,900 buildings. The Santa Rosa area was especially hard hit with over 20,000 acres burned as communities evacuated residents; shared resources and communications; and staff lost not only their homes but also their friends and family members.

During that time generous contributions poured in as donations were made to the recovery funds created by both of LeadingAge California and LeadingAge National, and there was an ongoing stream of support from vendors, partners and the residents. Many communities displayed strong resilience as 50 percent of the residents of Jennings Court self-evacuated and were temporarily relocated to another community; 11 staff of Spring Lake Village lost their homes; PEP Housing volunteered countless hours for community outreach and support; Friends House managed a two-week evacuation of their residents and staff; The Meadows of Napa Valley supported Friends House and their own residents;

and Vista Del Monte and Casa Dorinda were additionally highly impacted by the fires.

Through the adversity (residents, communities, leadership, and staff) supported one another. Some of the staff at Spring Lake Village shared their journeys from complete loss to slow recovery.



Connie Nelson,
Director of Administrative Services, Spring Lake Village

Connie Nelson would like to acknowledge the strong leadership of Sharon York, who was at the helm of Spring Lake

Village for over 11 years and recently retired. During the course of the fires, she supported not only hundreds of residents but also provided emotional support for the staff who lost family members and homes. "Sharon is a person of her word, she speaks from the heart. Her strong leadership instills trust and confidence. While here, she was always about doing what is right and fair for everyone," stated

Nelson. When asked about the overall emotional state especially of those 11 who lost their homes she said, "Everyone is eager to talk about their experience, I do think talking and sharing is a significant part of healing."



Patricia Burke,
*Skilled Nursing
Housekeeping*

The morning of the fires was chaotic. Our neighbor came and knocked on doors and said we had to get out because the fire was coming. We grabbed the dog and put him in the neighbor's car and drove off. We didn't grab anything else because we didn't ever think we'd lose everything.

We drove away and tried to notify other neighbors by banging on their doors and trying to help with evacuations. Everything was burned the next day when we went back home. I called my supervisor and let her know my house was gone and I wouldn't be reporting to work. She assured me my job was secure and told me to take my time coming back into work. I was paid for the time I was off, that helped immensely.

After only a few days off, I returned to work, mostly because I needed something to keep my mind off the loss. The entire staff and residents were very compassionate and gave continued hugs (they still do when they see me). There were donations from all areas - LeadingAge California, LeadingAge National, Covia, credit unions, residents, architects, local communities and even co-workers all donated to us. The compassion from executive staff was strong and the ongoing continued support has been paramount to my emotional healing. You don't ever really get over such devastation, and having co-workers and residents still ask how I'm doing feels really good.

Covia has done a great job of supporting continued communications with co-workers, who were also greatly affected by the fires and we've created an internal support group to help each other through the rough times.

We were offered outside counseling and it was important to know, even though I relied on friends and family for support, that the option was available to me.



Rene Heywood,
Social Service Director

I remember waking up in the night and running from the fire. The first thing I grabbed was my work clothes because I knew I had to go to work on Monday.

We left and later learned our home and entire neighborhood burned to the ground. When I went back to work on Tuesday, I didn't know the extent of the fire and didn't realize until I showed up to Spring Lake that we were going to have to evacuate due to smoke damage. As a social worker, I had experience working in these sensitive situations and knew I had to find permanent places, call families, and mostly ensure the sound emotional and medical states of our residents. I was operating in survival mode at that point and just keeping my mind off my own devastation and loss the day prior.

Two days after the fires, we all went to Casa Grande gym to support our memory and skilled nursing residents. Our residents did really well and one said to me "I used to work at Red Cross and set up for war... this is nothing compared to that." I called families and helped get residents placed and transferred to other communities as soon as possible. There were 11 of us who lost our homes here and just talking with other staff was very valuable.

Once I knew all the residents were evacuated and settled, I finally took some time off to provide the emotional support to my family. Just driving was tough after the fires as my husband and I were in a fog. During the whole event, I really learned that everyone rallies the few months of the emergency and it was very valuable to have that ongoing support. The hardest part of the whole ordeal is that people who haven't gone through that kind of total loss don't understand the timeline... first, you battle with insurance and then you are just in basic survival mode. Anything out of the normal, even a simple flat tire, is devastating. You look for things you "had" and people don't understand that feeling. Your body is in transition and you feel like you're on vacation. In addition, you forget your things are gone. The entire situation was tough but it helped me to better understand what residents are going through, I now have a greater level of personal empathy for their situations.

I would offer communities that should your staff go through a crisis, don't be afraid to ask, 'how's it going?' It's okay to say 'I'm sorry' and it's important to have a staff and a resident meeting that provides updates on all individuals involved. Covia was great at respecting our right to privacy and letting us "tell our story" as we were comfortable.



Lisa Coats,
Accounting Assistant

We were woken by the smell of smoke and the wind howling. We closed the windows and tried to go back to sleep, but it was still loud outside so we finally got dressed and when we went outside, we saw a large orange glow in the sky. The fire was really, really close. We hurried and grabbed as much as we could- the whole street was on fire. We had animals, paperwork and were very scared. It was a tough night and we had so many things to handle, including helping my mom get through everything. I had a

strong sense of responsibility to come back to work as we had a new system coming online but my supervisor sensed my degree of devastation and encouraged me to handle things at home.

When I finally returned to work there were so many emotional moments connecting with the residents and my co-workers. One resident even gave me an angel and a cross to put into the concrete of our newly built home. She said to place it in the foundation so our home will always be blessed. I'm so fortunate to be surrounded by such compassion and kindness.

Through it all I learned to be kind to yourself, allow yourself to cry, and always seek help if you need it.



For an up-to-date listing of major incidents including evacuation information visit:

http://www.fire.ca.gov/current_incidents

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Dear Brenda

Brenda Klütz has 30 years of experience in California state service; with over eight years of working in the Legislature as a consultant on Aging and Long-Term Care issues and 15 years with the Department of Health Services serving as the Assistant Deputy Director and Deputy Director. Currently, she provides LeadingAge California members technical support on issues related to reimbursement, licensing, and regulation interpretation.

In keeping with the Emergency Preparedness/Disaster Response focus of this edition, this column will provide an overview of California's response network and regulatory requirements for skilled nursing facilities, assisted living facilities and PACE organizations.

Californians are no strangers to natural or man-made disasters. Our collective consciousness about the need to be prepared for emergencies and disasters, and the response to those disasters, has increased significantly over the past several years. As communities of service, LeadingAge California members must meet regulatory requirements for preparedness and response in multiple settings. It is also essential that we understand the local response system, how it is supported at the regional, state and federal levels, and how communities can become an integral part of that system.

CMS released an advanced copy of the "Advanced Copy - Appendix Z, Emergency Preparedness Final Rule Interpretive Guidelines and Survey Procedures" on June 2, 2017. These requirements affect all 17 categories of provider receiving Medicare reimbursements for care and services. These requirements cover four components:

- Comprehensive Emergency Preparedness Plan
- Policies and Procedures
- Communication Plan
- Training and Testing

State requirements for skilled nursing facilities and assisted living facilities contain many of the same components as federal Medicare, but they are included in an overall Emergency/Disaster Plan.

What regulatory [and payment] flexibilities are provided in the event of an emergency or disaster?

- Regulatory flexibilities usually depend on the Governor or the President [or other authorized official] declaring a State of Emergency. With that declaration, may come flexibility, if deemed necessary and if specifically granted by the Governor, or other official with authority. The flexibility granted will depend on the nature of the emergency/disaster and the need for additional resources through the mutual aid network.

A few examples of flexibility are:

- Extraordinary costs due to emergency response may be a claim for state or federal reimbursement [and some costs may be reimbursable by Medi-Cal such as emergency transportation in the event of a disaster].
- Immunities under the Emergency Services Act will take effect for medical personnel.
- Some laws may be waived, such as pharmacists dispensing medication without a prescription; out-of-state health care practitioners can practice without a California license; and owners of buildings used for mass care centers not liable for injuries to persons seeking shelter.

- Specific California statutes and regulations may be suspended, but the Governor must suspend the requirements.
- The Governor can issue new regulations without going through the rule-making process.
- The Secretary of the federal Health and Human Services Agency may waive certain Medicare, Medicaid, EMTALA, and HIPAA requirements.

ADDITIONAL RESOURCES

Visit leadingageca.org/engage-magazine to find:

- **How to partner** with local, operational or regional response entities to better prepare for an emergency or disaster
- **Comparison Chart on federal and state regulatory requirements** for skilled nursing facilities, residential care facilities for the elderly and other settings/levels of care.
- Chart to show the **State Emergency Management System** [SEMS] framework.
- All-Facilities Letter 17-06 - Reporting Emergency or Disaster-Related Occurrences
- Information on the **Statewide Exercise Medical and Health** to be held during the third week of November
- Information on the "theme" of the year's exercise and the Mutual Aid Region with the primary focus
- Advanced Copy of the CMS **Interpretive Guidelines for Emergency Preparedness**

Please contact Brenda Klütz if you have any questions or seek additional information:

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For more than 50 years our attorneys have worked side-by-side with the nonprofit communities that form LeadingAge California. We continue to be inspired by our clients' commitment to the people they serve. We are proud to share that commitment and look forward to helping build a better future for seniors in California.

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Plymouth Village:

Where Emergency Preparedness is a Team Effort

Keith Kasin, executive director of Plymouth Village Retirement Community in Redlands, Calif., tells us about their unique resident-focused emergency and disaster response preparedness team and how they've become a hub for providing emergency response training to the broader community of Redlands.

Watch the video at youtube.com/leadingagecalifornia



What is the Emergency and Disaster Preparedness Program at Plymouth Village?

To me it's an extension of our community. It's an opportunity for Plymouth Village, a community within the community of Redlands, to help serve the greater good. It's engagement of our residents and our team members coming together as family, to look out for one another, to recognize that preparedness is everybody's job.

What are some of the most important lessons you've learned?

To really make it work, you have to have passion. It has to come from the top. It's not one of those things that can successfully be delegated. If the person at the top isn't invested in it and living the significance of it, the program will fail. It's constant effort, it's constant training, and even when you think you've got the perfect team built and in place, all that means is that it's time to start recruiting and training again.

There's not a town hall, a resident council meeting somewhere throughout the course of my week – that preparedness for the campus, the importance of resident engagement, of team member engagement, and even trying to draw family members into it, doesn't happen overnight.

What makes this program so unique?

Here's a group of older adults with an average age of 84 to 86 who are learning new things – getting their amateur radio licenses to help support communications, getting involved in their own

churches and becoming advocates for emergency preparedness. Impressing their kids and their grandkids with what they're learning and investing weekends to go to CERT (Community Emergency Response Team) training. We've become an integral partner with the city of Redlands, and we are now THE community where all of the CERT training in Redlands happens.

What's your advice to other providers who would like to start a similar program?

It's not easy! Don't give up. Get to know your residents – hopefully you already know them, but you're going to need to get to know them on a different level. If you've got a veteran who was a communications person, any former medics or an MP – find them! Find ways to engage the residents with your team members and your staff in your training. Focus on the educational impact. Find a place you can make a dedicated emergency operations center, and get your residents involved with setting it up!

What are your plans for the program in 2019?

Honestly, I'd like to see our numbers double in participation. The more people you have engaged the more educated they are. Continued engagement with the larger community – I want to see that presence and that awareness grow. Because to me, that's social accountability, that's an ethical thing to be doing as a good neighbor in a community that's supported us for so many years.



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EMSA 101: THE EMERGENCY MEDICAL SERVICES AUTHORITY

Everyone knows that if we are injured or become ill we can call 911 and an ambulance will come and transport us to the emergency room. This is done through our local emergency services dispatch, and the ambulances may be coming from our local fire department or private ambulance providers. What is not well known is that the ambulances and crews may be advanced life support staffed by paramedics or basic life support staffed by Emergency Medical Technicians (EMTs) and/or the paramedics scope of work allows them to provide a higher level of care. Depending on the nature of the patient's injuries or illness, dispatch may determine which type of ambulance crew is sent. Following an evaluation and emergency treatment, the emergency medical services (EMS) crew will make a decision to take the patient to an emergency department. If the patient meets certain criteria, they may bypass the nearest or usual place of care to go to a hospital with a specialty designation as a trauma, cardiac, stroke, or pediatric center.

The agency responsible for the prehospital system of care is called the Emergency Medical Services

Authority (EMS). There is also a local EMS agency in most counties. Together, these agencies organize not only day-to-day 911 medical responses, but medical response to larger emergencies or disasters. The mission of the Emergency Medical Services Authority is "to prevent injuries, reduce suffering, and save lives by developing standards for and administering an effective statewide coordinated system of quality emergency medical care and disaster medical response that integrates public health, public safety, and healthcare." Accomplishing this Mission requires the EMS Authority to set standards of care and develop plans with local, state and federal emergency man-



Resupply vehicle (DMSU) for Ambulance Strike Team

agement partners for the provision of emergency and disaster medical care. This includes making sure we have adequate resources and the capability to coordinate responses during large emergencies and major disasters.

The EMS Authority also maintains special equipment and programs to support medical care during large scale events. To support evacuations, an Ambulance Strike Team is used, composed of five like ambulances and leader vehicle with common communications. There are 41 Ambulance Strike Teams that are local resources located throughout the state and are accompanied by a Disaster Medical Services Unit (DMSU). The DMSU is a box truck with additional medical supplies for extended care in major emergencies or disasters. Ambulance Strike Teams have been important during recent emergencies and disasters that required evacuations including the Oroville Dam incident, the 2017 wildfires and the Montecito mudslides. The EMS Authority is also the lead for California Medical Assistance Teams also known as CAL-MATs. California Medical Assistance Teams (CAL-MATs) are teams (five to 50 members) of medical professionals such as physicians, nurses, pharmacists,

complete specialized trainings that will allow them to manage and provide support to the overall response that is required during major emergencies and disasters.

The recent Northern California Wildfires are a good example of how this planning is put into action during a disaster. The fires required the evacuation of two major hospitals, seven skilled nursing facilities and numerous congregate care sites. Additionally, many individuals with access and functional needs and others that depend on medical devices also required evacuation.

The Oroville Dam evacuations in 2017 involved 188,000 residents. Evacuations included one hospital, five skilled nursing facilities, four intermediate care facilities, and four assisted living facilities from three different counties, totaling 510 patients. The goal is to move everyone to appropriate care and safety as possible. The destination may be a family home or shelter, or to a similar level of healthcare facility. Only those who need it are moved by ambulance. Others are moved by private car, van, or bus. When there is a fast moving threat, like the fires last fall, facility staff may move patients by any means or to any location to get them out of harm's way.



Field facility for Disaster Medical Team

medical specialists and support staff who can respond to disasters and emergencies anywhere in the state within 12 hours of activation. CAL-MATs can operate in a variety of settings and they come equipped with specialized tents and medical supply caches sufficient for 72 hours of operations. The EMS Authority also leads a program called Disaster Health Care Volunteers (DHV) composed of more than 20,000 medical volunteers including Medical Reserve Corp Members. This program checks volunteer medical credentials, deploys and tracks its licensed volunteer healthcare professionals before and during their response to emergencies and disasters in California. Disaster Healthcare Volunteers and Medical Reserve Corp members provided for basic medical needs in shelters during recent disasters. EMS Authority staff

Other important state agencies, including the Department of Public Health and the Department of Social Services, track evacuations of medical or care facilities, help find appropriate destinations for their patients and clients, and determine when evacuated persons can return to the original facility.

Many people have special needs to consider when they are moved from their normal environment. Those needs might include pharmaceuticals, minor medical care or power for medical devices. Here are some points to help you through the disruption of a disaster.

If possible call family to help rather than 911, which may be overwhelmed by emergencies. Family may be able to take you to their home until the situation is under con-

trol. Otherwise, you will go to a community shelter. The current practice is to provide basic medical care in shelters. Specialized medical shelters may be used for higher level medical care if evacuation is not possible to nearby medical facilities like skilled nursing facilities. If there is no immediate danger and you do not have a car and the mobility to self-evacuate, put a sign in your front window with large print saying: NEED HELP.

If possible, during an evacuation, take your medications and any assistive devices like a walker or cane with you. Most medical records and prescriptions are now digital and available on-line, but only through your medical provider or healthcare system. We are working to connect medical systems so that your records will be available during a disaster, but that work is not complete. It is best to have an up-to-date list of your active medical problems and current medications, including dosages.

If you are dependent on powered equipment like an oxygen concentrator, keep an extra battery for your device fully charged. If you evacuate, take your equipment with you if possible. If your power goes out but there is no other need to evacuate, and you cannot drive yourself, call family or friends first, since 911 is likely to be backed

up. If leaving home, it is best to go to a shelter that has power stations rather than to an emergency department or hospital that is also likely to be extremely busy. Make sure to let family know where you have gone so that they do not worry about you.

Local Emergency Medical Services, the California EMS Authority, and every state agency is planning and improving their capabilities to provide for the residents of California when the need arises. In the meantime, our state has regular disasters, and you need to have a personal family plan for communication and evacuation. Even if you are in a senior living or a care facility, you may need to rely on family or friends for evacuation. Along with your neighbors, these are the true first responders.

By Bill Campbell, EMSA Emergency Coordinator and
Howard Backer, MD, MPH, FACEP, Director, California
Emergency Medical Services Authority (EMSA).

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Communication Strategies For Residential Care Settings in an Emergency

by Karen Garrison, Director of Aging Services & David Plance, Ph.D., Director of Emergency Management, Connect Consulting Services, Inc.

When a disaster strikes a community, as in the case with wildfires, floods or earthquakes, these events can greatly affect communal settings that support seniors and disabled adults such as assisted living, retirement Communities or supportive senior housing. When reviewing the fatalities of the recent Sonoma wildfires, the vast majority of those that died were seniors or disabled adults who either would not or could not leave their homes. In terms of senior living communities, it is important to have clearly developed communication systems and supporting policies and procedures in place to be able to convey important information to three main groups. Information flow, messaging and communications tools for these distinct groups will need to be measured, planned and inherently offer each group different types of information specific to their function and need.



Disasters often bring their own forms of chaos. Having the simple communication of what is happening with a loved one who is a resident will provide a reassuring element. Though this communication may be challenging given any particular incident, having a plan, training to that plan and having a knowledgeable staff can lead to success. It is important that as you plan your facility's communication plan, that you take into consideration many variables including: what specific information needs to be relayed to each group, who will be tasked in your organization to convey those messages and what tools you need to be able to keep everyone informed in a timely manner.

Family members/ next of kin of residents, staff and volunteers

Information to be conveyed in an emergency: Resident's status reports, if residents must evacuate or shelter in place, to communicate any resident or facility needs. Provide information on location for evacuations and information on contacting the residents and staff.

Tools and Techniques: Notification systems to alert family and next of kin such as: A telephone tree, online apps such as Remind which allows the user to send an alert through a quick text. Have alternate family points of contact in case the primary members are not available.

Other Service Providers in your Local Area

Information to be conveyed in an emergency: Mutual aid requests, resource sharing or allocation, emergency suppliers for subsistence needs such as generators, food, water and medicine. Additionally, having a thought-out evacuation plan with types of vehicles (ambulance, para-transit, etc.) needed and a source for those vehicles and dedicated drivers.

Tools and Techniques: Creating and maintaining an inventory of on-hand resources as well as those resources available via mutual aid. Ensuring all staff are knowledgeable in policies and procedures of the emergency plan and what their actions are during an incident.

Local, State & Federal Emergency Management Officials

Information to be conveyed in an emergency: Sharing the facility Emergency Operations Plan (EOP) and Communications Plan (including local Emergency Medical Services (EMS) and Emergency Operations Command (EOC) connections in that plan); establish alternate forms of communications such as HAM radio to include trained staff or volunteers.

Tools and Techniques: Development of an EOP that is exercised with local responders to meet the community standard of Center for Medicare and Medicaid Services (CMS); walking through evacuation procedures with staff, practice the communications plan to ensure numbers are accurate and family members and staff can be contacted when needed.

Having an Emergency Operations Plan and Communications Plan is the first step, but they must be shared, coordinated with other resources, and exercised regularly to keep them accurate and viable when the need arises. The care of our aging population and providing them the peace of mind as well as their families and next of kin is essential to build and maintain those relationships and trust in their care.

Need help updating your Emergency Operations or Communications Plans? Reach out to LeadingAge California Member Connect Consulting Services at connectconsulting.biz to see how we can help. Connect Consulting Services, Inc. is a Sacramento-based national woman-owned emergency management planning firm.

More Resources



Online: **LeadingAge: Emergency Preparedness Dashboard**
From LeadingAge National, this website offers a comprehensive list of resources by Provider Type or State, series of helpful templates and guides, and members can also sign in to view and download "toolkit" resources.

<http://www.leadingage.org/emergency-prep-dashboard>



Toolkit: **Ready.gov: Social Media Preparedness Toolkit**
Launched in February 2003, Ready is a National public service campaign designed to educate and empower the American people to prepare for, respond to and mitigate emergencies, including natural and man-made disasters. The goal of the campaign is to promote preparedness through public involvement.

<https://www.ready.gov/toolkits>



Podcast: **FEMA Podcast**
The FEMA Podcast is a new audio program series available to anyone interested in learning more about the Agency, hearing about innovation in the field of emergency managed, and listening to stories about communities and individuals recovering after disasters.

<https://www.fema.gov/podcast>



Video: **National Geographic: Causes and Effects of Climate Change**
Learn more about the causes and effects of climate change. Learn the human impact and consequences for the environment and human life.

https://www.youtube.com/watch?v=G4H1N_yXBIA



2018 Webinars:
Emergency Preparedness Webinar Series: June 12, 2018-January 8, 2019
LeadingAge California has partnered with Connect Consulting Services to offer a series of webinars to help you develop an emergency preparedness program in your community. Connect Consulting Services has provided emergency management and business continuity planning technical assistance, training, resources, and tools to hundreds of healthcare organization around the country, from PACE programs to hospitals.
Cost: \$99 LeadingAge Member, \$495 LeadingAge Member Series, \$199 Non-member, \$695 Non-member Series

2018 Executive Leadership Webinar Series: Governance and Best Practices
This complimentary webinar series takes place on the 2nd Tuesday of each month from 11:30 a.m.-12:30 p.m. throughout the year. Exciting thought leaders will discuss current events and topics of interest to executive leaders throughout California. These webinars can be used as a starting point for further discussion with your leadership team on how these issues will impact your respective communities. **Cost: Free**

RCFEs Inspection Process - Learn the 3Rs: Review, Reset!
Brenda Klütz, LeadingAge California Policy Consultant & CEO, B&R Klütz Consulting, LLC, has developed a six-part webinar series to help YOU understand the significant changes to the RCFE inspection process on the horizon, gain a broad understanding of RCFE standards, learn about the use of specialty tools to better focus on internal compliance monitoring and most important, participate in open discussion about how your own facility(s) operation may need to be changed! **Cost: Full series free to first 20 member registrants.**

Conversations: with Brenda Klütz
This complimentary webinar series gives you the opportunity to hear the latest news on specific topics and ask questions in an open exchange of information, ideas and best practices with Brenda Klütz, LeadingAge California Policy Consultant and CEO of B&R Consulting. Follow-up on questions and discussions will be provided prior of the next Conversations. **Cost: Free**

Visit leadingageca.org/events for more information!

2018 ANNUAL CONFERENCE HIGHLIGHTS



1



2



3



4



5



6



7

- Members from TELACU enjoying the Welcome Reception.
- Gallagher Lewis posing for a photo at the Exhibit Hall.
- Trying out the back massagers at the Exhibit Hall.
- Lola Rain with Eskaton received the Best Practices and Innovations Award for Eskaton's fall prevention video.
- There are always good photo opps at our social events!
- Value First representative Lisa Gerold with Christina Mendez from Casa Dorinda. Christina was ONE of the five winners of the Value First cash giveaway business card drawings.
- EMERGE fellow Bradley Burgoyne from The Terraces of Los Gatos Retirement Community, receiving his graduation certificate from coach Jerry Brown, Executive Director at Bethany Center Senior Housing



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 \$135,920,000 Fixed Rate Bonds SOLE MANAGER November 2016	 \$36,055,000 Fixed Rate Bonds SOLE MANAGER November 2016	 Mountain Shadows Support Group \$13,240,000 Fixed Rate Bonds SOLE MANAGER October 2016	 \$71,429,000 Bank Financing INVESTMENT BANKING ADVISOR July 2016	 Has acquired BUYSIDE M&A ADVISORY October 2015
 ESKATON Lodge at Granite Bay \$13,677,500 FHA-Insured Mortgage Loan MORTGAGE BANKING June 2015	 \$72,000,000 Bank Financing INVESTMENT BANKING ADVISOR March 2015	 \$84,745,000 Fixed Rate Bonds SOLE MANAGER November 2014	 \$144,105,000 Fixed Rate Bonds SOLE MANAGER August 2014	 \$119,700,000 million FHA-Insured Mortgage Loans Caso de Mariana Charmant Manor Frederick Manor Bingling Manor INVESTMENT BANKING ADVISOR 2013 - 2014

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PAVING THE ROAD TO DISASTER RECOVERY

by Chelsea Irvine, Public Information Officer,
US Small Business Administration Office of Disaster Assistance

These scenes were straight out of blockbuster movies: rivers of water running through downtown streets; walls of mud barreling through neighborhoods; wildfires jumping highways and igniting entire communities.

But these images weren't orchestrated by producers and directors for actors to entertain the public. They were real disasters happening on the streets in communities throughout Houston, Sonoma and Ventura.

More than a dozen disasters broke the \$1 billion mark for damage costs in 2017, making last year the costliest on record for natural disasters in the United States, with estimates upwards of \$300 billion for total disaster costs throughout the country.*

The unfortunate reality is that many of us are unprepared when it comes to natural disasters. We plan for retirement, live healthy lives to prevent potential health problems and work to pay off debt, but rarely do we plan for an unexpected event like a wildfire or flood. However, there is no better time than the present to make sure your family has a plan, should such an event occur.

Being prepared is as easy as taking a few steps:

- Have important documents stored in a waterproof container, where they are easily accessible and have password-protected electronic back-ups
- Business owners should be sure to have tax returns and business income information stored where it can be recovered after a disaster (including an electronic back-up)
- Organize important contact and account numbers, including bank account and credit card numbers, emergency contacts, and insurance and other policy information
- Set up alternate ways to communicate with loved ones, such as via social networks or through a network of friends or relatives not living in the affected area
- Sign up for your community's emergency warning system
- Practice evacuation routes
- Create an emergency kit (include medications), in case you are ordered to evacuate on short notice
- Periodically evaluate your insurance policy to ensure you have adequate coverage.

A few minutes of planning can help your family or business recover quickly following a disaster.

For large-scale disasters like those mentioned above, rebuilding and recovery can be confusing. Not to worry, we are here to shine some light on what assistance is available, should you find yourself navigating those unexpected waters.

Following a presidentially declared disaster, such as the wildfires in Northern California and the mudslides in Southern California, there are two main federal recovery agencies, FEMA and the U.S. Small Business Administration's Office of Disaster Assistance.

FEMA

The Federal Emergency Management Agency, or FEMA, provides immediate needs assistance to help make survivors safe, sanitary and secure following a disaster. FEMA provides grants for a variety of other things, including rental assistance and temporary housing.

SBA Disaster Assistance

The US SBA's Office of Disaster Assistance provides direct federal loans to those who have uninsured or underinsured losses following a disaster. Because these funds are allocated to assist disaster survivors, we are able to offer low interest and long-term loans that are an affordable option for businesses of all sizes, homeowners, renters and most private nonprofit organizations recovering from a disaster.

Loans are disbursed in increments, like construction loans, where borrowers supply receipts or estimates to receive funds. We suggest anyone who experiences these disasters apply for an SBA disaster assistance loan, even if they are unsure if they will need or want a loan. There is no fee to apply or obligation to take the loan and no fee if you withdraw your application.

Homeowners and Renters

The SBA’s Office of Disaster Assistance provides low-interest loans to homeowners of up to \$200,000 to repair or replace their primary residence. For homeowners and renters, we offer up to \$40,000 to repair or replace personal property, including disaster damaged vehicles.

The SBA can also offer loans to relocate, and in some cases refinancing of current mortgages is an option. Funds can even be added to take steps to prevent future disaster damage, such as building retaining walls or installing sump pumps.

Businesses and Private Nonprofits

For businesses of all sizes and most private nonprofits, the SBA can lend up to \$2 million to repair or replace damaged real property, machinery, equipment, inventory and other business assets.

We can also offer up to \$2 million to small businesses and most private nonprofits to provide working capital to keep businesses and nonprofits operational through the recovery period. These loans, called Economic Injury Disaster Loans, can be made to businesses even if they didn’t suffer property damage. For example, if your business is located in a tourist area and the disaster happened nearby, decreasing visitor travel to the area, the SBA provide funds to pay employee salaries and other ongoing expenses as the area recovers.

For more information on how the SBA Office of Disaster Assistance can help you recover from a disaster, go to our website at www.SBA.gov/Disaster. Our SBA Disaster Assistance Team is available to help survivors get on the road to recovery.

* New York Times, *The Places in the U.S. Where Disaster Strikes Again and Again*: <https://www.nytimes.com/interactive/2018/05/24/us/disasters-hurricanes-wildfires-storms.html>



LeadingAge California serves as a hub for aging services in California, providing a place where members can network together, share best practices, collaborate for group savings, and serve to educate one another while elevating the career development and knowledge of the combined staff who serve our over 125,000 senior residents throughout California.



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RESIDENTS

- Advocacy Opportunities
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EVENTS

- LeadingAge California Annual Conference and Exposition
- Annual Policy and Leadership Summit
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- Affordable Senior Housing
- Resident Advocacy Day

LEADERSHIP

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