

# McKnight's

## LONG-TERM CARE NEWS



**A true supporter**

Toby Edelman, a consumers' voice for decades

Page 54



Chair Win Marshall pushed for change.

### 'AAHSA' will be 'LeadingAge'

By James M. Berklan

The American Association of Homes and Services for the Aging's executive board has approved a new name for the organization: LeadingAge.

The group's 5,400 members still had to vote by the end of July, but that was being viewed as a mere formality by many insiders.

The nation's largest organization dedicated solely to serving nonprofit seniors housing and care providers, AAHSA originally planned to announce the new title at its annual meeting in Los Angeles in November, but members pressed for an earlier release.

The organization's new mission statement also is being changed, to "Expanding the world of possibilities for aging." A short video explaining the shift can be seen at [www.youtube.com/aahsa](http://www.youtube.com/aahsa). ■

### Therapy rate change amounts to pay cut



Peter Clendenin, head of NASL, believes the newly proposed rule compounds problems for therapy providers. Surgeons also have been subject to such a rule.

By Liza Berger

Long-term care operators last month criticized a federal proposal intended to reduce Medicare Part B therapy rates.

The rule, which the Centers for Medicare & Medicaid Services introduced at the end of June, came as a bit of a surprise. It would trim reimbursement when residents receive multiple procedures the same day.

Specifically, it would cut the practice expense (a cost component in the Physician Fee Sched-

ule) by 50% for any secondary or subsequent procedure.

The proposed rule is problematic, noted Peter Clendenin, executive vice president for the National Association for the Support of Long Term Care.

"You add this to concurrent therapy in Part A and the therapy cap in Part B, [and] it's starting to get to be a number of therapy issues and can create some real instability," he said. ■

For more on payment issues, see pages 4, 14.

### Medicare SNF pay will grow

By James M. Berklan

Nursing homes will realize a 1.7% increase in their Medicare market basket pay rate in fiscal 2011 under a proposed update posted by the Centers for Medicare & Medicaid Services on July 16. Inpatient rehabilitation facilities are in line for a 2.5% Medicare pay increase.

The uptick in the nursing home prospective payment system originally was set to be 2.3%, but federal regulators scaled it back by 0.6%, citing overpayments made in fiscal year 2009.

The net nationwide gain in Medicare payments to skilled nursing facilities will be \$542 million in fiscal 2011, regulators said.

Also in proposals released July 16, hospice Medicare payments are slated for a 1.8% increase. But home health, one of the most aggressively pushed areas for enrollment growth by the federal government, is in line for a 4.75% decrease in pay.

The SNF, IRF and hospice payment updates for fiscal 2011 were officially published in the July 22 edition of the *Federal Register*, with home health's a day later. Comments can be submitted until Sept. 14. ■

#### Need money?

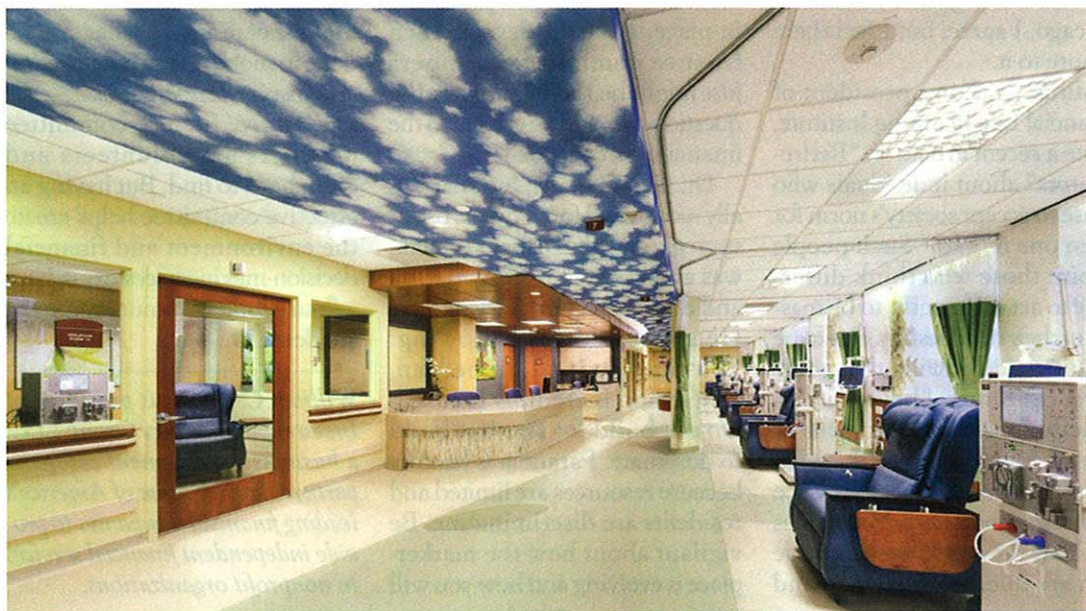
Our guide can help  
Pages 42-46



Resident care	6
Wound care	8
Nursing news	10
Payment & Policy	12
Companies	14
Technology	16
Legal Matters	22
Design Decisions	29
O'Connor	32
Berklan	34

# Where the sky is the limit

A new long-term care dialysis unit offers a calm, restorative atmosphere with a nature-oriented theme and enhanced lighting



## LESSONS LEARNED

- 1 It's possible to overcome ceiling, floor and lighting restrictions to create a soothing environment
- 2 Using the right materials, you can mask the look of an old concrete building
- 3 Ceiling, floor and wall imagery can evoke open, natural spaces

full-height trees “make the walls disappear,” Tobin says.

There is a sense of the space expanding “which hits you right in the face” when you walk into the unit, she adds.

The project, which took about seven months to complete and cost approximately \$3.1 million, was not without its design challenges. As a former office space, it posed ceiling and height restrictions. Lighting also was a problem in the building, a concrete structure built during the late 1960s and 70s. Tobin and her team were able to design the space to let in natural light, and use enhanced lighting. The right materials helped mask the concrete.

“The aesthetics of this unit are unique,” notes Dr. Simon Prince, medical director at the dialysis center. “[Other] dialysis units around do not compare at all.”

Besides the soothing atmosphere, the unit comes equipped with all the latest amenities, such as personal TVs and DVDs at each station, and free wireless access. Also, patients can control their own lighting at their stations.

Special care also was taken in finding the right chairs—a very important step since patients have to sit in them for as long as five hours.

Ultimately, the center is about helping older adults to live more comfortably and with dignity, Rosenblut notes. That means not making them go out at odd hours and in inclement weather for dialysis treatments.

“From our standpoint, it’s about making sure the 80-year-old who has worked their whole life is given dignity and respect,” he says. ■

### By Liza Berger

A snowy night in 2008 became the impetus for a dialysis center at The Parker Jewish Institute for Health Care and Rehabilitation.

It was about 8 p.m. and a board of trustees meeting had just broken up. Leaving the building, some members noticed a woman going out for a dialysis treatment. The scene bothered them, recalls Michael Rosenblut, Parker’s president and CEO, one of those present.

“I don’t believe an 80-year-old woman should be sent out in a snowstorm for dialysis,” Rosenblut says.

Following the conversation that night among the trustees, the Queens-Long Island Renal Institute was born. The dialysis center, which was built last spring, is on the lobby level of Parker, a 527-bed not-for-profit long-term care facility.

**Soft, organic imagery helps set a relaxing tone at the Queens-Long Island Renal Institute at The Parker Jewish Institute for Health Care and Rehabilitation. A nature-inspired path and dropped ceiling picturing clouds are two popular design elements.**

One of the goals of the center, which is open to both Parker residents and those in New York City, was to provide a calm, restorative atmosphere.

“Dialysis is not a wonderful way of life, but it’s a necessary way of life,” notes Tara Buonocore-Rut, assistant vice president of Business Development at Parker. “We try to make the environment as aesthetically pleasing as possible.”

### A natural environment

To accomplish this, the design team went for a nature-inspired theme, explains Carol Tobin, principal of Tobin + Parnes Design Enterprises, which designed the wing. The floor looks like a path in the park. Cloud artwork adorns a dropped ceiling, which mirrors the curves of the path. Wall graphics that display

Photos: Tobin + Parnes Design Enterprises