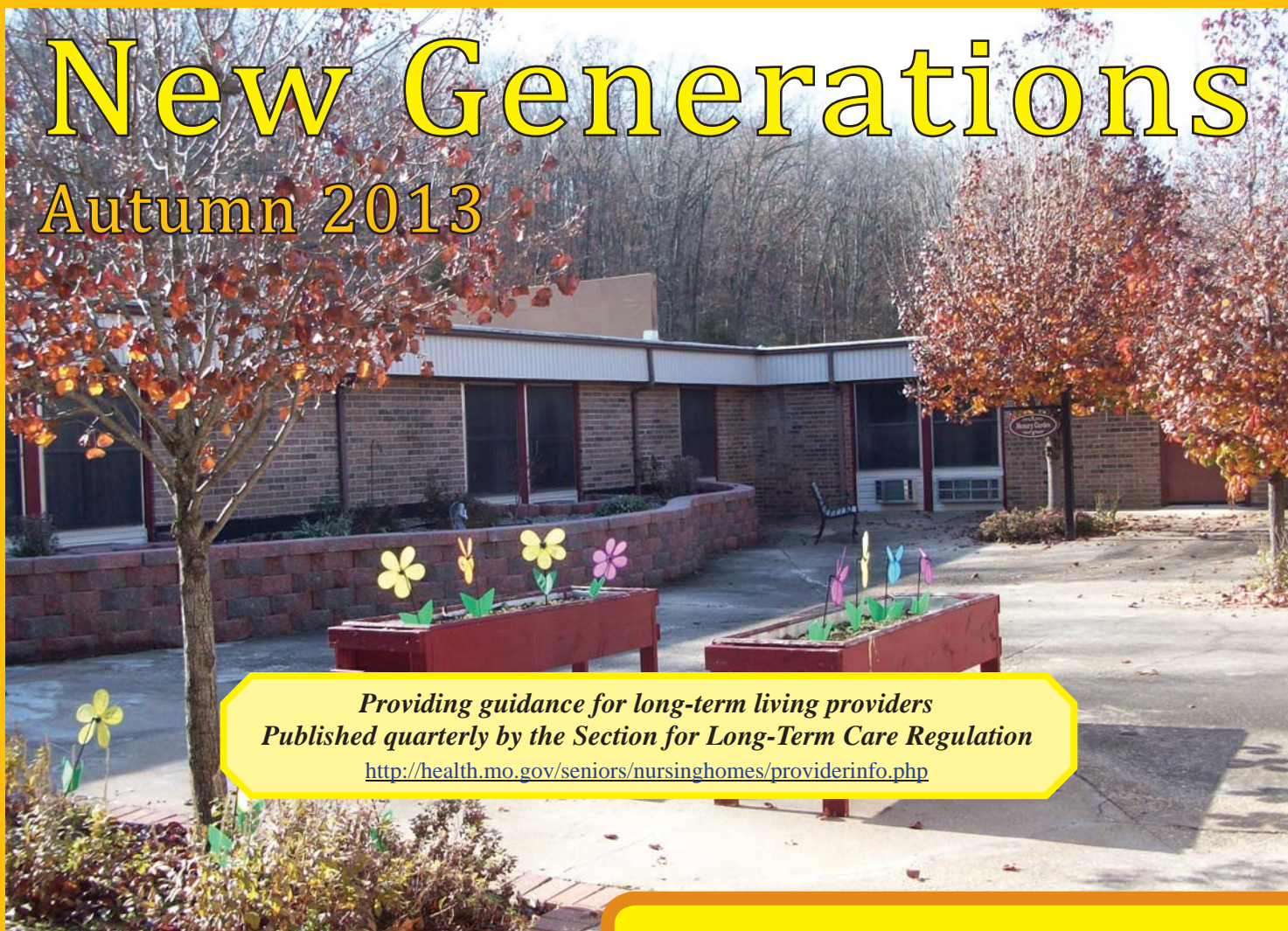


New Generations

Autumn 2013



*Providing guidance for long-term living providers
Published quarterly by the Section for Long-Term Care Regulation
<http://health.mo.gov/seniors/nursinghomes/providerinfo.php>*

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Cover photo courtesy of Life Care Center of Waynesville

October is National Residents' Rights Month

A national effort to celebrate and honor those living in long-term care homes occurs every October. Known as Residents' Rights Month, this year's theme is "Speak Out Against Elder Abuse!" The theme was selected to encourage residents and others to learn about and speak out against elder abuse. Information and materials for Residents' Rights Month, designated by the National Consumer Voice for Quality Long-Term Care, are available online at www.theconsumervoice.org.

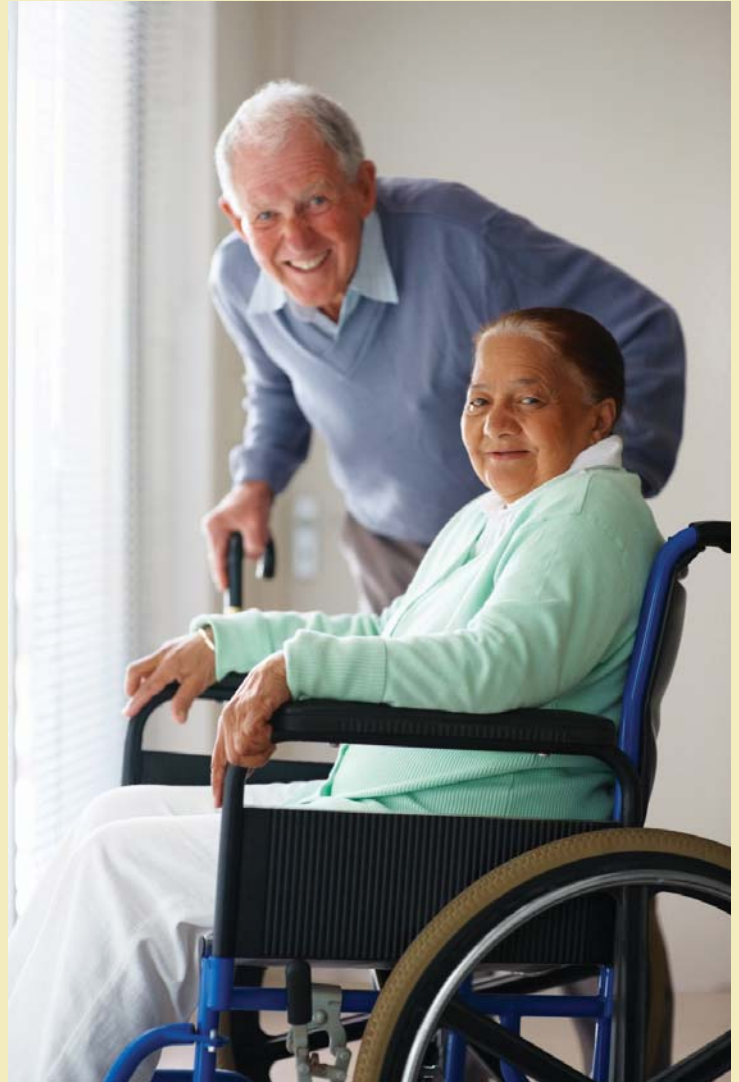
Updated Resident Rights Booklet Available

by Kay Dinolfo, Missouri State Ombudsman

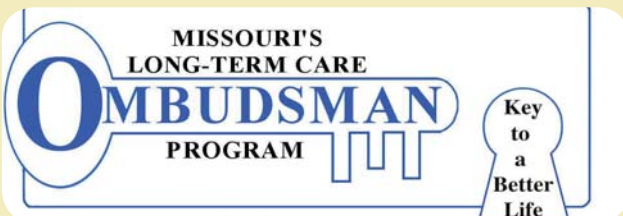
Individuals who move into a long-term care home cannot be required to have another person sign a guarantee of payment for their care. The Centers for Medicare & Medicaid Services stipulates that all residents be informed of this right. Therefore, this information now appears on page 2 of “Resident Rights for Long-Term Care in Missouri,” published by the Missouri Department of Health and Senior Services, Office of the State Long-Term Care Ombudsman.

To order copies of the updated resident rights booklet, please contact the Office of the State Long-Term Care Ombudsman at P.O. Box 570, Jefferson City, Missouri, 65102, or email LTCOmbudsman@health.mo.gov.

You can also find the booklet in a downloadable format at <http://health.mo.gov/seniors/ombudsman/publications.php>.



**RESIDENT RIGHTS
FOR LONG-TERM CARE IN MISSOURI**



On the Road... to Culture Change



Visit to The Baptist Home - Chillicothe

*by Sam Plaster, State Culture
Change Coordinator*

Last June, I visited [The Baptist Home in Chillicothe](#). Administrator Lynn Jackson showed me the 34-resident intermediate care, and 20-resident assisted living home. There are also several freestanding independent living homes on the scenic property.



View from the front of the home

The large estate has a country-living feeling and provides built-in activities. A pond is stocked with catfish, bass and hybrid sunfish, which many residents enjoy catching and eating. It is also home to 25 geese and, last spring, their seven nests. One goose had two successful hatches by a driveway tree. The geese have learned to knock seed from the home's bird feeders for an easy meal. Some deer have also learned the trick.

Everyone benefits from the fruit trees and shares the harvest from the large gardens. There are cherry, apple, and peach trees; grapevines; gooseberries; blackberries; tomatoes; onions; green beans; peppers; strawberries; squash; asparagus, rhubarb; and flowers. Two residents have their own gardens. Some residents choose to go out only at harvest time. Others prefer stemming the strawberries and gooseberries rather than working in the garden.

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The Baptist Home

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The home's annual homecoming bake sale and barbecue are very popular. A very active auxiliary group provides Mother's Day makeovers and homemade pies, and horse and buggy rides for Father's Day. The group also decorates and provides gifts for residents at Christmas. A local book club visits and reads to residents.

In many ways, The Baptist Home has provided person-centered care since it opened 25 years ago. However, it continues to improve and change. The home has utilized the [Artifacts of Culture Change](#) tool to help drive some of the changes. It has also been involved with Missouri's culture change coalition, [MC5](#), and participates in the newly formed North Central group that meets in Chillicothe.



Residents' garden (independent living homes in background)

Residents direct their own lives. They go to bed and get up when they choose. Dining choices and times have been expanded to accommodate their preferences. Residents choose from a list of menu items and the salad bar. The hearth room, with a community refrigerator and microwave, is always open and supplied with fruit, snacks, coffee, and tea. Residents often spend their afternoons baking cookies or cupcakes in the activity room kitchenette, which is also available to residents' families.

All residents have private rooms that are decorated with their own furniture and belongings. The home helps residents move in their things so that they feel at home. Caregivers are consistently assigned to the same residents to get to know them and better meet their needs. Future plans include expanding dining hours and enlarging the dining room, removing the nurses' station and converting that area into a living room, and naming the hallways.

Staff members are not required to wear uniforms. They are provided with Baptist Home T-shirts during National Nursing Home Week. The home also has a weekly drawing for prizes if employees have had no accidents or injuries that result in time off. The T-shirts are included as prizes.

Administrator Jackson and I stopped in to visit assisted living Resident Una Grubbs. Ms. Grubbs was giving decorating ideas to fellow Resident Virginia Grisamore, who recently moved from one of the independent living homes to intermediate care. The two were eager to visit and share their experiences. I would never have guessed that Ms. Grubbs is 92 and Ms. Grisamore, 94.

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The Baptist Home continued from page 4

Resident Una Grubbs

Ms. Grubbs, born and raised in Winston-Salem, N.C., had four sisters, a brother and attended R.J. Reynolds High School. After she married, she and her husband headed to Louisville, Ky., so they could attend a seminary. The two moved to Missouri when he became a pastor at a Bethany church, and later to St. Joseph, where they served the church for 40 years. The couple's 61-year marriage resulted in one daughter and two grandchildren.



Residents Virginia Grisamore (left) and Una Grubbs

The Baptist Home became their home three-and-a-half years ago, and they shared adjoining rooms until Alzheimer's disease prompted his move to intermediate care. Ms. Grubbs said the most difficult part of moving was giving up her home, selling a lot of her furniture and moving to a smaller area. "We have things to do all the time; we are never bored," Ms. Grubbs said.

Children from the Grand Oaks campground visit and play games. The residents go shopping whenever they want. Ms. Grubbs enjoys folding towels; helping with the garden; snapping beans; capping strawberries; taking joy rides to see the trees blooming, the Christmas lights, visiting the Grand Oaks campground; and participating in Bible studies. She especially enjoyed a facial, a new hairdo and having her nails done at a Mother's Day makeover.

Ms. Grubbs prefers going to breakfast at 7 a.m. and likes the long breakfast hours. "You can go anytime you want and stay and visit as long as you like," she said.

Resident Virginia Grisamore

Ms. Grubbs' friend and fellow resident, Ms. Grisamore, lived on a Princeton, Mo., farm with her parents and brother as a child. She grew up during the Great Depression, but her family always had food, and her mother made her dresses. She and her brother loved to ride the family pony. Her brother reined, and she rode behind and carried their lunch buckets on school days.

Ms. Grisamore's family moved to Princeton because she and her brother could receive a high school education there without paying tuition.

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The Baptist Home continued from page 5

Ms. Grisamore took shorthand, which helped her get a University Extension Office job after graduation. At that time, grasshoppers were eating all the farmers' crops. Her job was to distribute certificates to farmers that could be exchanged for poison bran. The farmers put the poison bran around their fences to keep the grasshoppers out. Ms. Grisamore did not think the poison bran was effective.

After she married, she and her husband moved to Wichita, Kansas. When the Army drafted Ms. Grisamore's husband during World War II, she and the couple's three-and-a-half-year-old daughter moved in with Ms. Grisamore's parents back in Princeton. Ms. Grisamore and her husband chose to stay in Princeton after he returned home from Okinawa, where he operated heavy artillery.

The death of Ms. Grisamore's husband prompted her to move again, this time to Chillicothe to be near her daughter. Later, she moved to an independent living apartment and was in the process of moving to intermediate care during my visit. She said downsizing again was hard but "there is more going on here." "There is plenty to do, if you want to do it," she said. Ms. Grisamore loves the horse and buggy rides on Father's Day. She also enjoys cutting strips of material that a volunteer uses to make rugs to sell.

Both Ms. Grisamore and Ms. Grubbs complimented the food and good desserts. Neither could think of anything that could be improved.

Bath Aide Michelle Reed

Administrator Jackson told me about extraordinary Bath Aide Michelle Reed. What an understatement! I have seen a lot of bathing rooms and met several bath aides, but I have not experienced anything quite like Ms. Reed, a five-year Baptist Home employee who obviously loves her job.



Ms. Reed's list of residents who want a bath has grown to 15 daily. The environment and individualized care she provides make a difference. She never rushes residents and begins by visiting each one to determine their schedules and choices. Several who were once resistant to bathing now look forward to it. Why? Ms. Reed reads to one during bath time because she discovered how much the resident loves it and specific books. She indulges another resident who wants to hear a local radio station and a specific type of music during bath time.

Bath Aide Michelle Reed

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The Baptist Home continued from page 6

And then there's the resident painter, who had also resisted bathing but now spends an hour in the tub. The reason: Ms. Reed decorates the bathing room with the resident's paintings — which the resident chooses and changes seasonally — and uses electronic tea lights instead of overhead lights, per the resident's request. The resident recently asked to be baptized in the whirlpool tub, and several staff members were present as the chaplain honored her request.

Administrator Jackson had already told me that Ms. Reed uses specialty soaps and lotions, sometimes at her own expense. I thought it was kind of funny when Ms. Reed hunted me down after our visit to make sure I knew that she did not use “institutional soap.”

LPN Cheryl Huffman

Born and raised in Jamesport, Mo., LPN Cheryl Huffman has worked at The Baptist Home since it opened 25 years ago. She is married and has a son, a daughter, and four grandchildren. Her husband is a farmer and they raise crops and cattle. She enjoys feeding hummingbirds and collecting bird figurines.

The 1980s farm crisis prompted her to seek work off the farm. She enrolled in an LPN program, thinking nursing would lead to a good paying job, and worked at another nursing home during her training. She used to drive by The Baptist Home as it was being built and envisioned working here. She believes she was “led here.”

“I guess it was what I was supposed to do,” Ms. Huffman said. She has worked in two other homes, “but this place is different. It is a totally different atmosphere. I will never go anywhere else.”

Ms. Huffman says Baptist Home residents have always had more choices than residents in other homes, and those choices keep expanding. She has seen a lot of changes over the years. The Baptist Home no longer uses resident restraints, wakes up residents early, or delivers meals to residents' rooms in Styrofoam containers. The home has also been repainted and decorated to look more like home, and overhead paging is used only in emergencies. The best change, according to Ms. Huffman, has been the buffet dining. Residents have the right to eat what they want. “We don't tell them what they can or can't do; we ask and offer choices,” Ms. Huffman said. “New employees say, “This isn't what I was expecting.””



LPN Cheryl Huffman

The Baptist Home maintains a waiting list of individuals who want to move in, a testament to the quality of life here.

Alzheimer's Association Training and Educational Programs

Do you have questions about Alzheimer's?

The Alzheimer's Association can help.

Published in collaboration with the Alzheimer's Association St. Louis Chapter

A diagnosis of Alzheimer's disease is life changing and leads to many questions. What does the diagnosis mean? What kinds of plans need to be made? What resources are available to help? As the disease progresses, new questions arise and there is a growing need for skills, programs and services.

Alzheimer's disease is not a normal part of aging. It is the sixth leading cause of death in the U.S., and the only one among the top 10 killers with no cure or way to prevent or slow its progression. In Missouri alone, more than 110,000 people live with Alzheimer's disease and more than 305,000 unpaid family, friends and neighbors care for them. As Americans continue to live longer and the prevalence of Alzheimer's continues to grow in Missouri, it is critical to ensure quality care for those living with this fatal and progressive brain disease.

An Alzheimer's diagnosis doesn't come with an instruction manual, but the Alzheimer's Association has resources available to help. As the world leader in Alzheimer's care, support and research, the Alzheimer's Association is now providing FREE e-learning programs for families and individuals facing Alzheimer's, as well as community members.

These free online education programs are available at www.alz.org and can be used in the convenience of your own home, at your own pace and in several different languages. Information provided through these e-learning programs can help families better understand and manage what Alzheimer's disease introduces into their lives. This knowledge and support can help a person with Alzheimer's and their caregiver feel more prepared, confident and empowered.



Find the list of e-learning programs below. For more information or support, visit www.alz.org, or call the Alzheimer's Association 24/7 Helpline at 800-272-3900.

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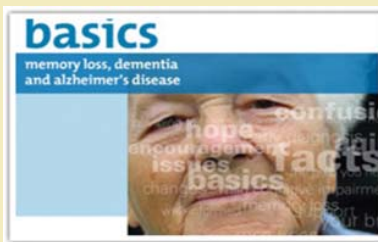
Alzheimer's Association Training continued from page 8

Alzheimer's Association Free E-learning Programs



Know the 10 Signs: Early Detection Matters

Learn the 10 warning signs of Alzheimer's disease, hear from people who have the disease, and find out how to recognize the signs in yourself and others.



The Basics: Memory Loss, Dementia and Alzheimer's

Learn about detection, causes, risk factors, stages and treatment of Alzheimer's disease.



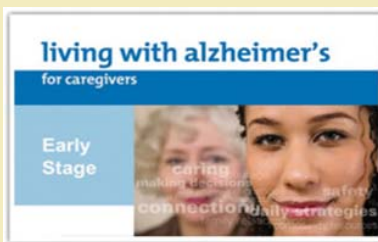
Legal and Financial Planning for Alzheimer's Disease

Through this interactive two-part program, you will learn about important legal and financial issues, how to put plans in place, and how to access resources near you.



Living with Alzheimer's for People with Alzheimer's

In this three-part program, you will hear from others who have been where you are, and you will learn what you need to know to navigate this chapter of your life.

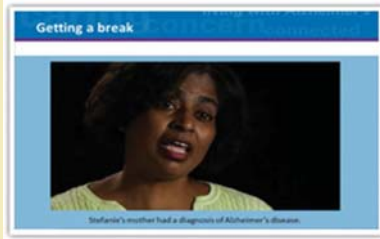


Living with Alzheimer's: For Caregivers: Early Stage

In the early stage of Alzheimer's disease, families face new questions as they adjust. This three-part program provides practical answers to the questions that arise in the early stage.

continued on page 10

Alzheimer's Association Training continued from page 9



Living with Alzheimer's: For Caregivers: Middle Stage

In the middle stage of Alzheimer's disease, care partners now become hands-on caregivers. During this three-part series, you will hear caregivers and professionals discuss helpful strategies to provide safe, effective and comfortable care.



Living with Alzheimer's: For Caregivers: Late Stage

In the late stage of Alzheimer's disease, caregiving typically involves new ways of connecting and interacting with the person with the disease. In this two-part series, you'll hear from caregivers and professionals about resources, monitoring care and ways to engage in meaningful connections.



Living with Alzheimer's for Younger-Onset Alzheimer's

This program offers answers to questions about younger-onset (also known as early-onset) Alzheimer's disease. Hear from those directly affected and learn how to ease the impact throughout the course of the disease.

Professional Training

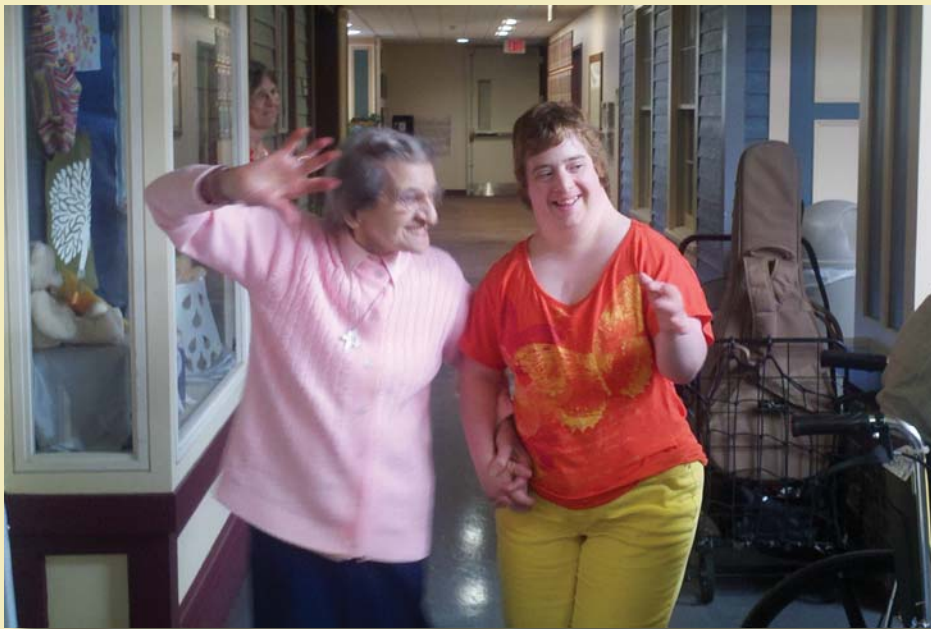
The Alzheimer's Association is also committed to helping professionals improve their knowledge and skills, build stronger teams and deliver better care to people with dementia and their families. The Alzheimer's Association offers many innovative ways to fulfill state-required dementia training while using person-centered caregiving practices to enhance staff knowledge. Visit www.alz.org for available training and education programs that are geared to professionals working in both community-based and residential care settings.

alzheimer's  association®

Dementia Care Mapping: A Tool and Process for Quality!

by De Minner, RN, BSN, Associate Faculty, Enhanced Leadership Development Academy for RNs & NHAs in LTC, University of Missouri-Sinclair School of Nursing

Many very meaningful strides have been made in the last 10 years with person-centered care in nursing homes and other eldercare venues.



Long-term care resident Sally & her niece Angie enjoy music and dancing

2008, Chapter 11, p187). Dementia Care Mapping (DCM) is one way to tackle these issues, according to several homes in Missouri and elsewhere.

What is DCM?

DCM is an observational tool and process for developing person-centered care. It has been used in formal care settings in the United Kingdom since 1991 and is now widely used in Europe and Asia. DCM is built on the premise that behaviors of people with dementia are not necessarily symptoms of a disease process, but rather attempts to communicate unmet needs (*Kitwood, 1997*) (*Kolanowski, 1999*). The DCM tool attempts to quantify quality of life and quality of care from an individual's perspective. The tool is also gaining popularity for its ability to help measure change for both the individual served and in the care environment. DCM was developed from the groundbreaking work of the late Dr. Thomas Kitwood at the University of Bradford, Bradford, England. In Kitwood's final book, *Dementia Reconsidered*, he describes DCM as "a serious attempt to take the standpoint of the person with dementia, using a combination of empathy and observational skill" (*Kitwood, 1997 p4*).

Missouri is considered a leader in the person-centered care field because of the Missouri Coalition Celebrating Care Continuum Change ([MCS](#)) movement. However, we as carers continue to struggle in areas such as understanding the behaviors of people with dementia and measurements of quality of life and quality of care. How we make sense of a person's behavior is one of the most controversial and important areas in caring for a person with dementia, because how we view and interpret a person's behavior will ultimately influence how we respond (*Cohen-Mansfield,*

continued on page 12

Dementia Care Mapping continued from page 11

The DCM tool components include coding time-frames, behavior category codes, and mood and engagement codes. The process of mapping includes observation time and coding, which can take anywhere from one or two hours, for example, during a mealtime, or up to six hours for a formal map. It is usual to observe from one to six individuals during a mapping period. DCM is only used in public areas in order to respect the privacy of the individual.

Also present in DCM are defined staff behaviors, classified as Personal Enhancers and Personal Detractors (PEs and PDs). PEs and PDs are identified as either upholding or undermining personhood for the individual with dementia, but are never used for staff discipline. They can be used instead as a valuable person-centered teaching guide for carer and service-user interactions. PEs and PDs also help create a universal language to enhance care communication and organizational values among staff members (*Brooker et al., 1998*) (*Brooker, 2005*).

DCM's framework, tools and concepts push users to examine their own thought processes in order to honor and see objectively the perspective of the person with dementia. Through these processes, DCM provides a lens through which we can clarify our vision and connect with individuals to see what they are actually telling us. It is a defined, tangible and measureable approach to person-centered care that gives voice to the most vulnerable!

A Historic Missouri Movement

In the last year, there has been a quiet but significant movement in Missouri. Fourteen long-term care organizations and agencies sent approximately 28 staff members to two basic DCM classes, held for the first time in Missouri. The 3 ½ day classes were held in Columbia and, later, in St. Louis. Because of the international appeal of DCM, we had attendees from Canada and states such as Alaska, Illinois, Maryland and Florida, for a total of 37 enrollees.

DCM users in Missouri have consistently said that something unexpected happened to them after taking the class. They feel DCM changed the way they think and has given them a totally new perspective on caring for people with dementia.

Carrie Craven, activity director at Bethesda Dilworth in St. Louis, said, "It has opened my eyes to observing daily life in my neighborhoods from the resident's perspective and created a passion in me to work on providing opportunities for engagement." Carrie said Bethesda Dilworth's plan is to use DCM to supplement care-planning information.

Jeanne Clark, registered nurse, MSN/MPH, and regional nursing supervisor for Delmar Gardens Enterprises, said, "DCM has been a breath of fresh air to my clinical practice. I use DCM as an indicator of quality of care in our communities. It has changed my approach to resident care and education."

Because DCM users range from CNAs to physicians, the tool is being used in a variety of ways. Two physicians attended the first class in Columbia.

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Dementia Care Mapping

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Jeffery Kerr, D.O., Missouri medical director, feels that DCM has given him a different perspective and helps him better analyze behaviors in order to decrease antipsychotic use for those who are at risk, or those who have been on antipsychotics inappropriately.

Critics have called DCM a complex, time-intensive tool and process. While this can be true, we know that the care of a person with dementia is a complex undertaking, and the more information we have to guide us, the more outcome-successful individualized care becomes. Recent data analyses by the University of Bradford-Bradford Dementia Group and other researchers have found that shorter maps are very useful in gathering information that allows one to make, measure, and evaluate change, both at a personal level and in the care environment.

Through research and input from practitioners, DCM has become more user-friendly and continues to be refined. The tool is intensive to learn, but part of the intensity is truly seeing the plight of the individual with dementia for the first time. It is also the process of resetting our brains to a level of thinking that views person-centered care as a measurable process, and realizing the potential that it holds.

For more information, or if you are interested in attending future DCM classes, you may contact De Minner, RN, BSN, Dementia Care Mapping Trainer, at minnerd@missouri.edu, or telephone 660-537-3204.

Reference list available upon request.



(Left to right) Dementia Care Mapping-approved trainers Marilyn Hartle of Jentle Harts Consulting, De Minner of the University of Missouri-Sinclair School of Nursing, and LaDonna Jensen of Jentle Harts Consulting.

Resident Spotlight

Ms. Roberta Schreckhise Hughes Neal

Pioneer Skilled Nursing Center
Marceline, Missouri

by Tammy Browning, Administrator

Roberta Neal, born July 20, 1911, in Bucklin, Mo., had four sisters and one brother. Her mother, who passed away when she was just 9 years old, always told her there is a new star in heaven when someone dies.

Roberta attended Bucklin Methodist Church. She has many fond memories including riding the Burlington Northern train to Brookfield with her Uncle Hiram to go to the circus. They also used to go fishing in a creek.

Her first paying job was picking chickens for Lindley and Buster Produce & Feed Company. The company bought the chickens, dressed them and shipped them to New York. This seemed like big business back then.

Roberta was paid 3 cents for each chicken she picked. She said if she worked really hard, she could earn \$3.00 a day. She thinks that a pair of shoes cost about \$3.00 a pair then.

Roberta and her first husband, Earl Hughes, built and ran a service station in Bucklin. They had two children, Mary Ann and Charles. The family later moved to Independence, Mo. However, in 1945 they decided to return to Bucklin and opened a dry goods store.



Roberta with her grandson-in-law, center, and his friends, who stopped by to visit on their annual trip out West.

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Resident Spotlight continued from page 14

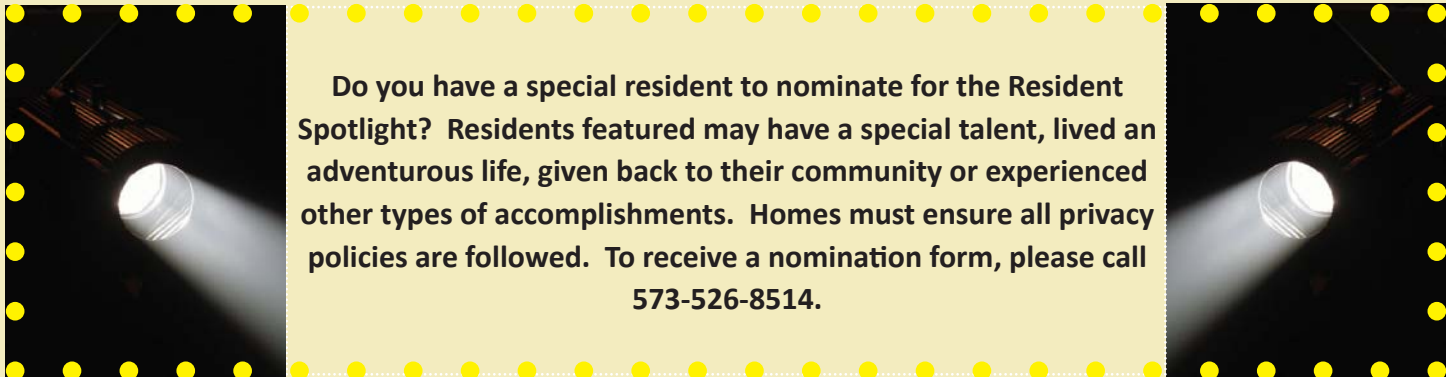
In 1958, they sold the store and moved back to the Kansas City area, where Earl attended Barber College.

Roberta worked at J.C. Penney in Independence and at the Blue Ridge Mall location for 10 years. Then Earl passed away from cancer. Later, Roberta met and married Gilbert Neal, and continued to live in the Kansas City area.

In January of 2011, she moved to Pioneer Skilled Nursing Center.

“My faith in God has taken me through life,” Roberta said. “Now that I am old and living in times of uncertainty, I am grateful to have a heavenly father leading me and holding my hand. The eyes of faith have given me strength to walk and keep stepping with God, and I know I can face the future with confidence that all is well.”

Roberta is a true inspiration to all of us. Staff and fellow residents at Pioneer love Roberta. She has lived an honest, long life full of faith and love. She is always smiling and has a kind word to say to everyone. She enjoys walking down to the beauty shop every week and visiting with staff and residents along the way.



Do you have a special resident to nominate for the Resident Spotlight? Residents featured may have a special talent, lived an adventurous life, given back to their community or experienced other types of accomplishments. Homes must ensure all privacy policies are followed. To receive a nomination form, please call 573-526-8514.

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If you have suggestions for future articles, please contact Lisa Veltrop at 573-526-8514 or send an email to Lisa.Veltrop@health.mo.gov.