



PULSE

A PUBLICATION FOR FLORIDA'S LONG TERM CARE COMMUNITY



Celebrating excellence through the National Quality Awards

Florida's 2016 National Quality Award recipients were recognized during the AHCA/NCAL Annual Convention in Nashville, TN in October. Florida took home 26 Bronze Awards and 11 Silver Awards this year. Pictured here is David Hunt (center), administrator with Crestview Nursing Center, whose center took home a Bronze Quality Award. David is pictured with Bob Hagan (right), president of Sterling Health, and Tyler McGee, Director of Marketing for Sterling Health.

Read more about how your center can pursue this journey to excellence by applying for a 2017 National Quality Award on page 16. ♦

Long term care professionals selected for distinguished leadership program

Florida Leaders Class of 2017 gather in Tallahassee for kickoff training



The Florida Health Care Association recently selected 16 professionals as the Florida Leaders Class of 2017, an exclusive program designed to develop leaders within the Association and Florida's long term care profession. Delegates were chosen for their demonstrated leadership skills and support of the Association, as well as their interest in pursuing leadership pathways to improve their personal and professional skills.

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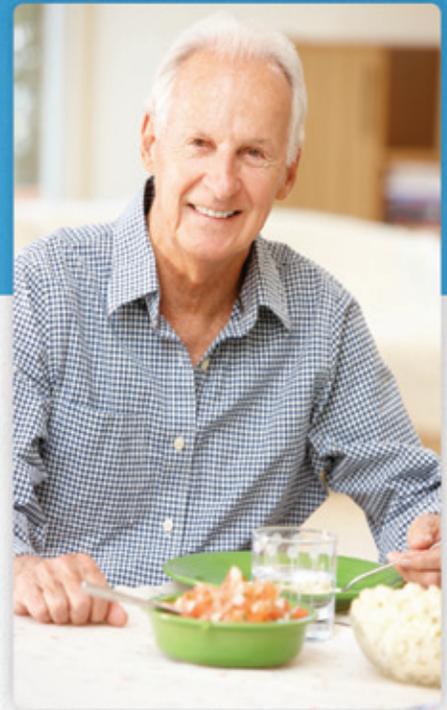
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jeffwelch@bouchardinsurance.com

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Vice President
(P) 727-373-2908
jeffbeck@bouchardinsurance.com

Todd McWhirter, CIC
Vice President
(P) 727-451-3114
toddwchirter@bouchardinsurance.com

'Tis the season

It's December, and another year comes to a close. For FHCA, it certainly has ended with a bang. Regulatory changes from the Centers for Medicare and Medicaid Services, rules and court rulings surrounding arbitration agreements, continued work on the way we'll be reimbursed through the Prospective Payment System, discussions over managed care, new leadership within our state regulatory agencies — the Agency for Health Care Administration, Department of Elder Affairs and Department of Health, hard-hitting hurricanes...the list goes on.

The big change for me was being elected to this position and getting used to the responsibilities while holding down a full time position as a nursing home administrator. I'm sure many of you have also faced a variety changes in your work and your life.

The end of the year is often an excellent time to reflect on that change and begin thinking about the year ahead. It also comes with all the joys of the holiday season — gift giving and receiving, turkeys and hams, cookies and pies, time with family and friends. All that adds to the festivities.

I'd like to also encourage you look at how this relates to our residents. For some of them, this is a difficult time of year. I know I'm looking forward to seeing my grandchildren, including one great grandchild. Many of our residents may not have family or have family who are near, and that often brings sadness and loneliness, in particular during the holidays.

What can we do to ease that pain and bring some happiness into the lives of those for whom we care and serve? Consider looking at new ways to boost your residents' spirits with activities and events. Can you arrange for Skype calls between your residents and their distant relatives? What about asking a local Rotary, Lions or Kiwanis Club to come into your center to be a "stand-in" for a relative who is too far away? Oftentimes these community volunteers are eager to serve, so consider asking them to attend your center's holiday party or other activity to share some cheer.

Many of you have Angel Trees for staff and visitors to provide gifts for your residents. Consider reaching out to your local schools to ask them to make cards or holiday crafts for your residents to help decorate their rooms.

For many this is a spiritual time of the year. There will be countless numbers of church and children's groups willing to come in and sing carols. It always is heartwarming to see the young children bring smiles to our elders' faces. Consider having some of your residents "adopt" children from a local school with whom they can exchange gifts. I'm sure many of you have a variety of ideas that your center does to make the season a little brighter.

Whatever you do, I encourage you to take pictures (make sure you get the resident's permission) and send them to FHCA* so they can be included in this *Pulse* newsletter and on FHCA's Facebook page. Sharing your photos and stories is a great way to generate positive public awareness about your center and the incredible things Florida's long term caregivers do each and every day for our residents.

Christmas and Hanukah are a wonderful time of giving for us all, and with a little thought on our part, can be even better for our residents.

With that may I say Merry Christmas or Happy Hanukah to you all, and may you all have a Happy New Year. ♦

**Send your photos and stories to Kristen Knapp of FHCA at kknapp@fhca.org.*



By John Simmons, MSW, NHA
FHCA President

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The mission of FHCA is to advance the quality of services, image, professional development and financial stability of its members.

PULSE December 2016

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EDITORIAL: To submit information, guest articles, press releases, etc., contact Kristen Knapp, APR, Director of Communications, at (850) 224-3907 or via e-mail kknapp@fhca.org. Fax information to (850) 681-2075 and include your name, telephone number and e-mail address.

ADVERTISING: For information on Pulse advertising rates and availabilities, contact Jenny Early at FHCA at (850) 701-3553 or via e-mail at jeary@fhca.org.

All articles and advertising are subject to editorial review.



by **J. Emmett Reed, CAE**

*FHCA/Our Florida Promise
Executive Director*

FHCA's membership renewal campaign is currently underway – be on the lookout for renewal packets to arrive in members' mailboxes soon. Nursing Home members which pay in full by January 31, 2017 will receive a \$3 per bed discount, while Associate Members who pay in full by the same date save \$25 off their membership dues. For more information about FHCA membership, visit the Membership section of FHCA's website at www.fhca.org or contact Dawn Segler at dsegler@fhca.org.

FHCA is the obvious choice

When I joined FHCA's team nearly eight years ago, I came in as an outsider with no experience in long term health care, not to mention ANY sort of health care professional experience. One thing I quickly learned about this profession is the only constant is change, and to be successful in meeting the demands our members have and need, we must listen and act.

I have seen our association grow tremendously over the past eight years and watched us lead the way in so many areas in long term care. When I first began, the number of members earning AHCA/NCAL National Quality Awards was minimal. Today, our state is a leader in the collective number of Bronze, Silver and Gold Awards, and our members remain committed to continuing the journey of excellence in care delivery.

Our legislative activity was splintered, with long term care often referred to as the "low hanging fruit." Today we speak with one unified voice, often queried by lawmakers to develop solutions that will help providers deliver high-quality care in an effective and efficient manner and help our state meet the needs of a growing baby boomer population.

Our political action is strong, with both the FHC PAC and Our Florida Promise working together to ensure the voices of long term care are heard. In fact, during the 2016 election cycle, FHCA's Government Affairs team helped members coordinate more than 225 facility tours and meetings with over 150 legislators and candidates for the Florida House and Senate. Ninety-four (94) percent of the Senate and 97 percent of the House candidates supported by FHCA won their races.

Let's face it, actions speak volumes. Time and time again, FHCA's actions, which are ultimately for the good of our members, speak boldly and loudly.

Whether it's through help decreasing duplicative regulations, protecting against funding cuts or passing meaningful legislation such as tort reform, FHCA has always had our members' backs.

And that unity, strength and support extends to the federal level through our affiliation with the American Health Care Association and National Center for Assisted Living (AHCA/NCAL). With so much change happening at an incredibly rapid pace, the support of AHCA/NCAL advocating on your behalf in Washington, D.C., is more important than ever.

One such example is the recent outcome over arbitration agreements, which the Centers for Medicare and Medicaid Services banned from use in its recent Requirements of Participation rule.

American Health Care Association, along with its Mississippi affiliate, went to court asking for an injunction to that section of the CMS Rule because we believed the federal agency exceeded its rulemaking authority. On November 7, a judge in the U.S. District Court for the Northern District of Mississippi agreed with American Health Care Association and granted the request to bar CMS from banning arbitration agreements in skilled nursing facilities.

LeadingAge, whom some might consider the alternative trade association for long term care, chose not to be involved in the legal challenge. But YOUR national affiliate and our partner in Washington — American Health Care Association — was willing to put words into action and challenge what we felt was an overstep in CMS' authority since Congress has repeatedly rejected legislation to invalidate arbitration agreements.

This is just one of many examples of how Florida Health Care Association and American Health Care Association are working for you.

FHCA represents over 83% of Florida's skilled nursing centers, while American Health Care Association serves over 11,000 skilled nursing centers across the country. Those numbers have significantly increased over the last eight years, and it's a tribute to the voluntary leadership, subject matter experts and proactive measures that both FHCA and AHCA/NCAL take on a daily basis to meet members' needs

I believe that when it comes to membership in a trade organization, FHCA is the obvious choice.◆

Dealing with life and death decisions

By Karen Goldsmith

We believe that the person-centered emphasis, which forms the core of the new federal regulations, is going to put the spotlight on many areas of resident care. One of those areas is how a resident can make life and death decisions relating to treatment. This continues to be a problem for many of our members. We'll address four scenarios in this article.

The first involves the resident who continues to have the capacity to make medical decisions. That person is free to make most decisions regarding care, including a decision not to be resuscitated in the event of respiratory or cardiovascular failure. The exceptions would be assisted suicide and comfort care. For the competent person, condition is not a decisive factor; that is, the person need not be terminal, end-stage condition or in a persistent vegetative state.

The standard that must be met with this resident is that he must be given adequate information to make an informed decision. This would include knowledge of the options available to him should he be in distress, the likelihood of situations which could arise based on his diagnosis, and the fact that comfort care is always available.

So long as that person has the capacity to make medical decisions, he can change his decision, stick to his decision or amend his wishes.

What happens when that person becomes incapacitated to make medical decisions?

That brings us to our other three scenarios. If the resident has made it clear that he would not want to receive life-prolonging treatment, or even that he would want everything done, that is evidence of his wishes when he becomes incapacitated. We urge (but cannot require) residents to put these wishes on paper, in a living will.

Our second scenario involves the resident who has a living will stating what his wishes are if he cannot make his own decisions. The wishes may be anywhere on the treatment spectrum, as long as the wish is not assisted suicide or refusal of comfort, and they should be honored. Before that occurs, however, a determination must be made that the person is terminal, in an end-stage condition or in a persistent vegetative state (herein collectively referred to as "terminal").

The third scenario involves a resident who has not made a living will and has a surrogate with the authority to make life-prolonging decisions. It is important that you assure yourself that the surrogate does have this power and it has not been

reserved in the surrogate designation form signed by the resident. The physician should be comfortable that the resident has no reasonable likelihood of recovering capacity to make his own decisions. This is rarely an issue in long term care centers because of the significant number of residents with progressive dementia. It is an issue in other health care settings where the person may be suffering from an acute illness that has temporarily diminished his capacity. In addition, two physicians must determine that the resident fits within the "terminal" category.

The fourth and final scenario relates to the resident who has not made a living will, has not designated a health care surrogate and is in a "terminal" condition. The same standards apply as in the third scenario except the proxy must show by clear and convincing evidence what the resident's wishes would have been if he was able to express them. But what if that is an unknown? The proxy can make the decision in conjunction with the physician based on what would be in the best interests of the resident.

The intent behind advance planning for life and death decisions is to keep the court system out of the personal lives of our residents. However, sometimes this is just not possible. Several examples when court intervention is critical are when a family is in serious disagreement, when it is clear that the surrogate or proxy is ignoring the wishes expressed by the resident, or when the resident is clearly "terminal" but the physician refuses to make a finding. There are simplified court procedures that you can use to have a judge make the decision and protect you and your center from a lawsuit or worse.

We do not advocate using the courts as a first solution. We do urge that you consider other options before you get to that point, such as counseling with the family, utilizing the care plan process and involving your medical director.

The new concept of resident representative set out in the regulations may also be a factor here. The key point to remember is that the Centers for Medicare and Medicaid Services (CMS) has stated that the resident representative cannot override state law. This is a complex issue which we will be discussing at FHCA's Regional Education Seminars in December and in future articles.◆



Karen Goldsmith of Goldsmith & Grout, PA serves as FHCA's Regulatory Counsel. Her office is located at PO Box 875, Cape Canaveral, FL 32920. She is available to members by phone at (321) 613-2979 or e-mail at kgoldsmith@ggflawfirm.com.

Regulatory changes now and on the horizon

Melding the new and old in Florida

By Robin Bleier

They say the only constant is change, and in the long term care profession, this has never been truer. If we use the last several months as our starting point, we have seen implementation of the federal Payroll Based Journal (PBJ), state Pre-Admission Screening and a Resident Review (PASRR) and a new 3008-5000 (Continuity of Care Form). We also have the new federal Emergency Preparedness requirements to analyze; our state is facing a change in our Medicaid reimbursement methodology with the planned move to a Prospective Payment System (PPS); and of course, we now have the new federal Requirements of Participation rule by the Centers for Medicaid and Medicaid Services (CMS).

In this article, we will look at the new CMS Requirements of Participation, specifically the Adverse Event (federal) as opposed to the Adverse Incident (state). Please be advised that until there is specific guidance from CMS, no one can speculate on how the regulators will survey for an Adverse Event or other areas in the new federal Requirements of Participation rule. To better understand the impetus of the Adverse Event (federal), it is encouraged that providers read or re-read the February 2014 Office of Inspector General report entitled "Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries" (OEI-06-11-00370), as this was the basis for including Adverse Events in the new rule.

FHCA is pleased to announce a strategic partnership with Robin Bleier and the team at RB Health Partners, Inc. Robin will serve in a consulting role with FHCA on quality affairs, offering support to the Association and its members on survey readiness, regulatory guidance, clinical outcomes and continuing education/professional development on emerging long term care topics and trends.

Similar to the consulting support FHCA offers on regulatory and financial/accounting issues as well as labor relations, members benefit from the ability to tap into the expertise of Robin and her team at RB Health Partners, Inc.

For more information about RB Health Partners, Inc. and other FHCA consultants, visit the Members Only section of FHCA's website at www.fhca.org.

An Adverse Event is an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof. There is currently no set report for an Adverse Event.

An Adverse Incident (state) can be reviewed to reflect in section 5.(a): An event over which facility personnel could exercise control and which is associated in whole or in part with the facility's intervention, rather than the condition for which such intervention occurred, and which results in one of the following:

- Death;
- Brain or spinal damage;
- Permanent disfigurement;
- Fracture or dislocation of bones or joints;
- A limitation of neurological, physical, or sensory function;
- Any condition that required medical attention to which the resident has not given his or her informed consent, including failure to honor advanced directives;
- Any condition that required the transfer of the resident, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the resident's condition prior to the adverse incident; or
- An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury.

While it was noted that an Adverse Event in it of itself is not federally reported, based on the federal guidelines, the circumstances could result in a resident being involved in a matter that has one or more required reports based on our existing reporting guidelines. Thus, it is key that providers have a clear understanding of each possible reportable circumstance based on state and federal laws.

As one can see, the melding of the new and the old is important, and so we are advised to review our current guidelines to be prepared to adapt to any new ones. As always in risk management, it is by far better to stay out of trouble than it is to get out of trouble. ♦



Robin A. Bleier is the President of RB Health Partners, Inc., a clinical risk Medicare and operations consultancy firm that has a strategic alliance with Moore Stephens Lovelace. Robin can be reached at (727) 786-3032 or robin@rbhealthpartners.com.

An update on the status of CMS' rule banning pre-dispute arbitration agreements in the long term care setting

By Amy Miles Dilday

On October 4, 2016, the Centers for Medicare and Medicaid Services (CMS) published its final rule revising participation requirements for long term care facilities, which includes a ban on long term care providers' use of pre-dispute arbitration agreements with residents. The rule, written to go into effect on November 28, 2016, would have eliminated Medicare and Medicaid funding to any long term care or assisted living facility that included arbitration agreements in its admission paperwork after that date.

On October 17, 2016, American Health Care Association (AHCA), along with others, filed a lawsuit in federal court in Mississippi asking the court to determine whether the new arbitration rule was enforceable and seeking an injunction to block the enforcement of the rule until the court determined its validity. On November 7, the federal court entered an order granting the injunction, prohibiting CMS from enforcing the arbitration ban until the lawsuit is resolved. This article summarizes the requirements of CMS' pre-dispute arbitration ban and the significance of the federal court's injunction.

What are CMS' new arbitration requirements?

CMS' new rule bans all participating long term care facilities from including binding pre-dispute arbitration agreements in their admission paperwork. Importantly, the rule does not retroactively prohibit any pre-dispute binding arbitration agreements that were executed before its effective date. These existing agreements, if valid, are enforceable.

If the courts find that the rule is valid, once it goes into effect, binding arbitration agreements will be permitted only if they are signed after the dispute arises. Permissible post-dispute agreements must be stand-alone. They may not be contained in an agreement regarding - or presented with paperwork for - other issues. The arbitration agreement will need to include language confirming that the resident or representative signing for the resident understands the arbitration agreement. It must provide that the parties will choose a neutral arbitrator and for a venue that is "convenient to both parties." The resident's right to remain in the facility must not be contingent upon signing an agreement to arbitrate a dispute. While arbitration agreements typically provide that the arbitration is confidential, the new rule requires that a post-dispute arbitration agreement must not prohibit or discourage anyone from communicating with federal, state or local officials about the incident at issue or the outcome of an arbitrated dispute. Finally, if the agreement is signed by a representative for the resident, that representative must verify that he or she has no legal or financial interest in the facility.

The injunction on enforcing the pre-arbitration agreement ban

Just over a week after the rule was published, AHCA - joined by the Mississippi Health Care Association and three long term care facilities - filed a lawsuit for declaratory relief in federal court in Mississippi. AHCA's suit alleges that the rule's ban violates the Federal Arbitration Act and that CMS acted outside of its authority, or in an arbitrary and capricious manner, when it published the rule. AHCA also asked the Northern District of Mississippi to block the initial enforcement of the rule until the court determines whether it should be enforced at all. In order for the court to grant the injunction, it had to find that AHCA will likely succeed in its lawsuit and it was required to compare the potential harm in granting the injunction with the harm that could occur if the rule were permitted to go into effect on November 28.

On November 7, 2016, the federal court entered an order granting AHCA's motion for a preliminary injunction enjoining CMS from enforcing its new rule. In his 40-page order, the district court judge, Michael P. Mills, made it clear that he did not favor arbitration agreements with nursing center residents. The judge cited mental competency issues and the often lengthy litigation over the arbitration agreement itself (resulting in delayed resolution of the underlying dispute) as reasons that arbitration agreements could be contrary to public policy. Nevertheless, he recognized that his personal view was irrelevant to the issue of whether the agency's ban is valid.

While CMS has claimed that its rule does not eliminate arbitration agreements entirely, the court recognized that the rule effectively bans arbitration agreements in the long term care setting. The court did not agree with all of AHCA's claims in support of the injunction. Nevertheless, based on the facts before it and the law governing arbitration agreements, the court found that there is a likelihood that AHCA will succeed in its claims that the new CMS rule violates the Federal Arbitration Act and that CMS acted outside of its authority in prohibiting arbitration in long term care facilities.

The court also made a preliminary determination that if the rule were enforced immediately and later found to be unlawful, long term care facilities would suffer significant and irreparable harm. In contrast, because CMS has historically permitted arbitration agreements, the court found there would be no significant harm to CMS or the public in enjoining the immediate enforcement of the rule even if it is later determined to be valid. For these reasons, the court entered the order granting a preliminary injunction enjoining CMS from enforcing the new arbitration rule.

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Peeling back the onion on Medicaid Managed Care

By Bob Asztalos

In 2011, the Florida Legislature embarked on a grand experiment by creating the Statewide Medicaid Managed Care (SMMC) and the Managed Medical Assistance (MMA) programs. The SMMC is an integrated long term care managed care program for Medicaid recipients to receive all the mandatory and optional Medicaid benefits. Primary and acute care services are delivered through the MMA. As of February 2016, over 3.91 million Medicaid recipients receive services through MMA plans.

Advocates of moving Medicaid recipients to managed care argued that the new system would control costs by making the health delivery system more efficient. They claimed that managed care organizations (MCOs) would provide additional services that would keep recipients healthier. Lastly, the Legislature mandated MCOs to shift recipients out of nursing centers into home and community-based settings. The goal was to “rebalance” the system so the ratio of nursing center residents to home and community-based recipients would dramatically fall.

The federal government granted five-year waivers, contracts were awarded, and the system went live in 2013. Five years after passage of the new law, the Agency for Health Care Administration (AHCA) is at the point where the waivers must be renewed for another five years. In addition, new contracts effective July 1, 2017, will be awarded.

Florida Senate President Joe Negrón (R-Palm City) wants the Senate to take a hard look at the renewal process, which is moving on autopilot. He has been skeptical of claims made by managed care advocates and wants the MCOs to demonstrate they are saving money and providing better services to Floridians.

In the 2016 session, Senator Negrón heard from constituents that MCO dental networks did not adequately provide care to their

customers, especially children and the elderly. He introduced a companion to House Bill 819, which removes dental services from the list of minimum benefits that MMA plans must provide, effective March 1, 2019. The Legislature agreed, and the new law shifts the role back to AHCA, which must implement a statewide dental program for children and adults and begin enrollment by March 1, 2019.

During the legislative committee week beginning December 12, the Senate Health and Human Services Appropriations Subcommittee will begin the Legislature’s review by focusing on the SMMC. The Subcommittee is expected to hold a public meeting to ask MCOs, providers and consumers whether Medicaid recipients are getting better services; if efficiency in the delivery of long term care has been established and lowered costs; and if MCOs have been able to divert recipients from nursing centers into home and community-based settings. Expect these meetings to be very contentious.

Now is the time for FHCA member nursing centers to contact their state Senator and Representative to share their managed care experiences. If you do not know the name or contact information of your legislators, visit the Advocacy page at www.fhca.org where you can obtain that information by entering your address and zip code. Legislators are poised to address issues within the SMMC, but they need to hear from you on what should be done. Please make your voice heard today. ♦



Bob Asztalos is FHCA's Chief Lobbyist. He can be reached at asztalos@fhca.org

NEWS YOU CAN USE *continued from page 7*

An update on the status of CMS' rule banning pre-dispute arbitration agreements in the long term care setting

Significant to these rulings, the court expressed concern over CMS' seeming failure to conduct independent research to support its administrative findings in favor of its new rule. The court noted that CMS' comments on the rule focused primarily on views presented by interested parties. The court also expressed concern that CMS' arbitration ban was a prohibited expansion of federal agency power that infringed on the separation of powers required by the Constitution of the United States.

It is important to remember that this is only a preliminary injunction. As AHCA's lawsuit develops, the court could remove the injunction if

facts come to light, or the law develops in such a way, to show that these preliminary determinations were incorrect. The injunction could also be reversed by an appellate court before the validity of the rule is determined.

As for now, although CMS has created the new rule banning pre-dispute arbitration agreements with long-term care residents, the agency is enjoined to enforce it. As AHCA President and CEO, Mark Parkinson, stated, “This injunction will halt implementation of the final rule until the court can consider the merits of the case.”



Amy Miles Dilday is a Board Certified attorney in Appellate Practice with McCumber, Daniels, Buntz, Hartig & Puig, P.A., an FHCA associate member. She can be reached at adilday@mccumberdaniels.com

Senior services agency settles GINA lawsuit

By Mike Miller

Miller Tack & Madson, FHCA Labor Relations Consultant

Recently, a New York company that provides companionship and home care services to seniors agreed to pay \$125,000 to settle a discrimination lawsuit filed by the Equal Employment Opportunity Commission (EEOC). According to the EEOC, the company violated the Genetic Information Non-Discrimination Act (GINA) by collecting genetic information from employees and applicants. Specifically at issue was a health assessment form used by the company, which included questions about the employees' and applicants' family medical histories. In addition to the payment of monetary damages to a class of current employees, the company also agreed to revise its health assessment form to eliminate questions relating to genetic information, and to conduct anti-discrimination training. The Regional Attorney for the EEOC's New York District Office cautioned all employers to "take heed of this settlement, because there are tangible consequences to unlawfully asking employees and applicants about their family medical history, which has been prohibited since the enactment of GINA in 2008."

This case serves as a reminder to employers to review health questionnaires and forms to make sure they do not call for impermissible genetic information.

Surgical center settles ADA lawsuit

The EEOC recently announced the settlement of a disability discrimination lawsuit filed against a surgical center in California. The lawsuit alleges that the center violated the Americans with Disabilities Act (ADA) by rescinding a conditional job offer to an applicant because of a perceived disability. According to the EEOC, the surgical center regarded the applicant as disabled due to a minor ankle "ailment" that would not have affected her job performance. During a post-offer physical exam, the applicant revealed that she had surgery on her ankle in the past and needed to grab something in order to raise herself up from a squatting position. Ultimately, the center rescinded its offer of employment to the applicant because it could not accommodate her mobility needs. Thereafter, the applicant was hired by another health care provider for the same position (i.e., surgical scrub technologist).

To settle the lawsuit, the surgical center agreed, among other things, to pay \$90,000 to the applicant; bring its accommodation policies and practices in compliance with the ADA; retain an external Equal Employment Monitor to review its policies and practices and assist with ADA compliance; and provide disability discrimination training to employees involved in the accommodation process.

This case is an example of an EEOC national priority to eliminate barriers in recruitment and hiring practices that discriminate against people with actual or perceived disabilities.

Employment status of student interns to be resolved at trial

Around this time last year, we reported on a U.S. Eleventh Circuit Court of Appeals decision vacating the opinion of a U.S. District Court (in Florida), which held that 25 former student registered nurse anesthetists (SRNAs) training to become nurse anesthetists were students — not employees — under the Fair Labor Standards Act. The Eleventh Circuit remanded the case back to the District Court for reconsideration with a "focus on the benefits to the student [of the clinical internship] while still considering whether the manner in which the employer implements the internship program takes unfair advantage of or is otherwise abusive towards the student." The Eleventh Circuit identified specific factors for the District Court to consider, such as, whether and the extent to which the student intern and employer clearly understand that no expectation of payment exists; the internship provides training that would be similar to the training given in an education environment; the internship program is tied to the formal education program; the internship program accommodates the student intern's academic commitments; the internship program is limited in duration to the period in which it provides beneficial learning to the student intern; the student intern's work complements rather than displaces the work of paid employees; and the student intern and employer understand that the student intern is not entitled to a paid job at the end of the internship.

Upon reconsideration of the case in light of these factors and others, such as, the common ownership between the private for-profit college that the SRNAs attended and the anesthesia practice where they interned, and numerous disputed issues of material fact, the District Court concluded that the SRNAs' employment status would have to be determined at trial. We will follow this case for you and provide any important updates. ♦



Mike Miller is with Miller Tack & Madson, FHCA's Labor Relations Consultant. Learn more about MTM at www.peolawyers.net.

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Veterans Day Celebration



On Veterans Day, FHCA honored over 30 veterans who are residents and caregivers in our local nursing centers with a breakfast and recognition ceremony at the Association's headquarters. The event was sponsored by Medical Equipment and Supplies of America (MESA - representatives pictured above).



(Left) Residents at Hawthorne Village in Brandon celebrated Veterans Day by making care packages that included heart-felt letters to send to active military.





Lt. Col. Glenn Sutphin, executive director of the Florida Department of Veterans' Affairs, presented veterans with a challenge coin and proclamation from Leon County recognizing them for their service and sacrifice. Members of the Lincoln High School NJROTC and Coast Guard Auxiliary also took part in the ceremony.

Several residents were given the opportunity to ride on a float during Tallahassee's Veterans Day parade. Member centers participating in the event included Centre Pointe Health & Rehab Center, Consulate Health Care of Tallahassee, Heritage Healthcare of Tallahassee, Brynwood Health and Rehabilitation Center and Miracle Hill Nursing and Rehabilitation Center.



Nursing Home Administrator inducted into Florida Veterans' Hall of Fame



Fred Taylor, Jr. was inducted into the Florida Veterans' Hall of Fame Class of 2016 in November by Governor Rick Scott and the Cabinet. The Florida Veterans' Hall of Fame recognizes and honors those military veterans who, through their works and lives during or after military service, have made a significant contribution to the state of Florida through civic, business, public service or other pursuits. It is not a traditional military hall of fame, as it focuses on post-military contributions to the State of Florida.

A U.S. Army Veteran, Fred is a Vietnam Veteran and three-time Purple Heart recipient. He is an award-winning entrepreneur, humanitarian, distinguished speaker and veterans' advocate. A former national commander of the Military Order of the Purple Heart, he has superbly advised elected leaders on the national state and local stage on issues involving veterans and their families. He joins 11 military veterans whose names are inscribed on the Florida Veterans Hall of Fame Wall in the Florida Capitol, Plaza level.



FHCA Chief Lobbyist Bob Asztalos (left) and Executive Director Emmett Reed (right) joined Fred at the Florida Capitol to celebrate his recognition.

New Life Safety Code Survey

By Max Hawth

It's been over a year and a half since the Florida State Fire Marshal adopted the 2012 Life Safety Code. The Agency for Health Care Administration (AHCA) developed its own Life Safety Survey document for the annual nursing home licensure survey (see pull box with the top ten citations).

During the 32nd Annual AHCA Design and Construction Seminar and the Florida Healthcare Engineering Association's Annual Conference (FHEA) and Trade Show, Eddie Alday noted that all the AHCA Fire Life Safety surveyors had taken the Centers for Medicare and Medicaid Services (CMS) 2012 Fire and Life Safety training course and had passed the CMS exam.

The new CMS 2012 Fire Life Safety 2786 R survey book is available on FHCA's website (Regulatory/Life Safety) and the CMS website. I would encourage you to download it and review it with your maintenance director and other department heads. There are many new items in this Life Safety Survey that will require more testing and documentation. Existing contracts with servicing companies need to be reviewed so they will provide the services required in the new 2012 Code.

Also posted on the FHCA's website is the new Fire Safety Evaluation System (FSES) score sheet for the 2012 Life Safety Code (CMS2786T). If you have been doing an FSES, you need to check how you score using the new score sheets. There will be cases you may no longer pass.

The 32nd Annual AHCA Design and Construction Seminar was well attended this year with over 1,000 attendees and nearly 300 exhibitors. A majority of the educational breakout sessions focused on changes with the adoption of the 2012 NFPA 101 Life Safety Code and 2012 NFPA 99 Health Care Facilities Code.

CMS Emergency Preparedness regulation

On October 28, 2016, the Centers for Medicare and Medicaid Services (CMS) published its intent to adopt the new Emergency Preparedness Rule. The rule became effective November 15, 2016. Health care providers and suppliers affected by this rule have until November 15, 2017 to implement the new requirements and be in full compliance. Providers and suppliers found out of compliance with the new regulations will be cited for non-compliance and must follow standard procedures for correcting deficiencies.

Interpretive guidelines and survey procedures are yet to be developed and are expected to be published in the spring of 2017. Until the guidelines are published, CMS will not be able to answer questions regarding the survey requirements and procedures. CMS is prepared to allow providers and suppliers several months to prepare for implementation after the guidelines are published.

NFPA publications

This is a really good time to purchase a copy of the 2012 edition of NFPA's 101 Life Safety Code and NFPA 99 HEALTH Care Facilities Code for your center. To order NFPA products, call (800) 344-3555.

THE TOP TEN STATE LICENSURE LIFE SAFETY DEFICIENCY CITATIONS

January 1, 2015 through December 31, 2015
2012 Life Safety Code

RANK	TAG	COUNT	DESCRIPTION
1	K0062	177	Automated Sprinkler and Standpipe System Inspection, Test, and Maintenance
2	k0147	170	Electrical Safety
3	k0076	118	Medical Gas
4	k0018	109	Corridor Doors
5	k0069	95	Cooking Equipment
6	k0052	67	Fire Alarm Testing
7	k0038	54	Exit Accessibility
8	k0067	53	HVAC Equipment
9	k0144	44	Generator Maintenance
10	k0064	43	Fire Extinguishers



Max Hawth is President of Hawth Health Care Consultants in Lakeland and a frequent contributor

to the FHCA Pulse on life safety issues. He can be reached at emhauth@aol.com or (863) 688-0863.

Long term care professionals selected for distinguished leadership program

"These individuals are among the best and the brightest, and through this program, will gain tremendous skills that they can not only use in their personal experiences, but also in their day-to-day activities as a means of improving their continuous quality improvement and operational effectiveness," said Emmett Reed, executive director of Florida Health Care Association.

FHCA's Florida Leaders Program was facilitated by Scott Edinger, a national business and leadership consultant and author of *The Hidden Leader: Discover And Develop Greatness Within Your Company*, a Washington Post Bestseller. Along with FHCA staff members, additional speakers included Robin Bleier, president of RB Health Partners, Inc. and 2016 Florida Leader graduate; Eric Mock of Avante at Orlando, 2014 Florida Leader graduate and FHCA Region II Vice President; and Kim Warnecke of Apricity Resources.

Class members also visited the state Capitol and met with Justin Senior, Interim Secretary for the Agency for Health Care Administration (AHCA), and Kim Smoak, Bureau Chief of Field Operations with AHCA. Along with intensive discussions on leadership, class members delved into a number of long term issues, including quality initiatives, regulatory review and guidance, reimbursement methodologies, long term care advocacy, effective communications and customer and staff satisfaction.

FHCA's Florida Leaders program is sponsored by Coastal Reconstruction Group. Lucas McCurdy, Senior Vice President, Business Relations with Coastal Reconstruction Group, is a 2013 Florida Leaders graduate, as well as his father Scott McCurdy, who graduated the program in 2012.

"Coastal Reconstruction Group is proud to partner with and support FHCA to help develop the future generation of leaders in long term care," said Lucas McCurdy. "I enjoy coming back each year to support this program, meet these incredible leaders and learn more about how they plan to stay engaged and connected. Florida Leaders has helped me grow as a leader, and it's an excellent program to help members get the most return out of their membership investment in FHCA."

Class members will stay connected throughout the year through quarterly conference calls and a Florida Leader Lobby Wednesday during session. A graduation ceremony and alumni reunion is set to occur during FHCA's Annual Conference next year. ♦

2017 FLORIDA LEADERS CLASS

Jemi Awini

Gulfport Rehabilitation Center

Michael Cecelia

McKesson

Norma Collins

RB Health Partners, Inc.

Carol Desmond

Avante at Ocala

Renita Enfinger

Crestview Rehabilitation Center

Shelby Esposito

Daytona Beach Health & Rehabilitation Center

Isis Fernandez

Hialeah Shores Nursing & Rehabilitation

Patricia Foster

The Gardens of Port St. Lucie

Justin Gibson

Bay Breeze Senior Living and Rehabilitation Center

Jennifer Iavarone

Lakeside Pavilion

Frederick J. Landy

Braden River Rehabilitation Center

Brian Kuell

Lakeland Hills Center

Rachael Mazer

Longwood Health and Rehabilitation Center

Skylar Melnick

Kenilworth Care & Rehab

Cristin Peterson

Sandy Ridge Health & Rehabilitation

Delbert Whiting

Grand Boulevard Health and Rehabilitation Center

Business News

By Lorne Simmons, Moore Stephens Lovelace

RACs are back

After a two-year delay as a result of a contract protest by CGI, the Centers for Medicare and Medicaid Services (CMS) has awarded the new Recovery Audit Contractor (RAC) contracts. Region 3, wherein Florida resides, was awarded to Cotiviti, LLC. Cotiviti previously held the contract under Conolly Consulting. Because there is still the possibility of another protest, the date on which the new contractors will begin requesting records is still unknown. RACs are paid on contingency based on improper payments recovered.

There are some improvements to the RAC process. For example, the new look-back period is six months, not three years. The window to complete the review and notify the provider has gone from 60 days to 30 days. The new program also includes a 30-day waiting period to allow time for a discussion prior to sending the denial to a Medicare Administrative Contractor (MAC). New guidance issued earlier this year limits the MAC or Qualified Independent Contractor (QIC) review to information related to the initial reasons for claim denial. Prior to the guidance, the reviewers could raise new issues at their discretion as long as the issues were relevant to the claim redetermination or reconsideration. A redetermination is the first level of appeal for a medically reviewed claim, while reconsideration is the second level of appeal. Speaking of appeals, the current backlog is estimated to be near 1 million claims and an average resolution time of 935 days.

We anticipate that hospital organizations will once again be at the top of the RAC target list, but long term care providers should continue to take steps to ensure compliance with Medicare regulations and documentation requirements. Sometimes the best defense is a strong offense.

CMS reduces interest on overpayments

CMS recently announced that the interest assessed against Medicare provider overpayments (and underpayments) for the first quarter of FY 2017 is 9.625% effective October 18. Although this is the same rate that was effective in the previous quarter, the rate has been historically higher in the past few years, topping out at 10.75% in early 2015. The rate is established on a quarterly basis by the Department of the Treasury.

Minimum wage increase (sort of)

If you think the cost of living has gone up significantly from last year, you're not alone. However, according to the Federal Consumer Price Index for Urban Wage Earners and Clerical Workers in the South Region, you're also wrong. The Florida Department of Economic Opportunity (DEO) recently announced an increase to the Florida minimum wage to \$8.10 per hour, effective January 1, 2017. That's a whopping 0.62% or 5 cent increase over 2016. The calculation applies the percentage change in the CPI-W (August 15 to August 16) Florida Minimum Wage Rate. Although this "increase" should not pose any problems financially, providers in low-wage areas should take note for compliance purposes. Employers are required to pay their employees the hourly state minimum wage for all hours worked in Florida. ♦



Lorne Simmons and Sandy Swindling are with Moore Stephens Lovelace, P.A., FHCA's CPA Consultant. Learn more about MSL at www.msllcpa.com.

WELCOME NEW MEMBERS

ASSOCIATE MEMBERS

Brooks AmeriCare, Ocala

Homelike Solutions, LLC, Tampa

Premier Patient Care, St. John

Sherwin Williams, Orlando

Vertical Communications, Inc., Tampa

Person-centered care is personal at Palm Garden

By Luke Neumann

Palm Garden's approach to delivering person-centered care is to celebrate the life story of every individual we serve. Whether it's a guest, resident or family member, we believe each individual's life story represents a rich tapestry that helps us identify and serve their individual wants and needs. Locus of control requires us to learn and then act on their life story details. This enables us to not only treat the individual as we would like to be treated, but more importantly treat them as they would like to be treated. Thus, we celebrate life stories, and we share our own.



Luke is pictured here with his five-year old son Cray, his brother Scott and his dad Larry.

I came to the post-acute space from a different perspective initially - the receiving end. My son Cray had just been born. Mom was happy and healthy as well. My 77-year old parents stayed with us for three months leading up to that joyous day to help with a complicated pregnancy. I have pictures of my dad holding Cray the day he was born. When things get a little rough, I pull them out because they remind me how I felt when everything was good. It was as if the hand of God had reached down, tapped me on the shoulder and whispered in my ear, "I'm real and I love you, and this is what it's all about."

Several weeks later and before flying my folks back to Chicago, I had Dad checked by a cardiologist. He was short of breath and had gained some weight, so I just wanted to get him checked out. We discovered a 98% blockage of his left anterior descending coronary artery. After a quadruple bypass, severe infection that traveled to his brain and 30 days in CICU, a case manager walked into my dad's room and said, "Well, we've done everything we can, I need your three skilled nursing facility choices." Those words chill me to my spine still today because I love my dad. He is my Superman, and I nearly lost him twice at the highest level of care. Now, I'm being told I have to choose between three places called SNFs? I was riddled with anxiety. I was scared. And like most, when I get anxious and scared, I get a little bit angry.

I think many of the people we serve feel the same way when they come to us. They don't wake up in the morning and say, "Hey Honey,

just for kicks I think I'm going to check us into Palm Garden this afternoon. We'll stay the weekend, get a little French toast, and maybe order a movie."

Rather, we are receiving them at their weakest moment. Like me, they are scared, anxious and sometimes angry. And because of the way our health care system works, they usually come to us on the same days and around the same times.

I still remember the day we transitioned my dad. I would have told the ambulance to turn around and take Dad back if the rehab center asked for his name. Think about it...we were leaving an environment full of physicians and state of the art telemetry. Asking transport for my dad's name when we arrive wouldn't inspire confidence.

So at Palm Garden, we learn life story details in the acute setting. In my dad's case, "Mr. Neumann is a long-suffering Cubs fan. Born in Chicago, he's a retired bricklayer and has four kids (one local), loves music and his wife Bonnie." Once we learn those details, we communicate them back to our receiving team members.

When we welcome guests to our center, we greet them by name, at eye level and accompany them to their suite. A typical greeting would go something like this: "Welcome Mr. Neumann, we've been expecting you. This must be your wife Bonnie."

We build on those life story details and empower team members to act on them. We've found this helps us elevate the human spirit and has allowed us to remove the word "no" almost entirely from our organization's vocabulary.

If you think this is all common sense, you are missing the point. What we do is very difficult, and it's easy to make the "person" in person-centered care an afterthought. Caring for the weakest among us is God's work. But amidst all the chaos of the Affordable Care Act and our changing reimbursement landscape, it's easy to lose the "person" in person-centered care.

Fortune 500 companies like Google and Amazon spend billions to learn our individual wants and desires so they know better how to sell us things. We have those details right in front of us every day in the life stories of our guests, residents and family members. They tell us how they want and need to be treated, and all we have to do is ask.

We celebrate the life stories of those entrusted to our care, and we invite you to do the same. After all, isn't that what you would want for your dad?◆



Luke Neumann is Senior Director of Service and Relationship Development for Palm Garden and a member of FHCA's Public Relations and Legislative Committees. He can be reached at luke.neumann@palmgarden.com.

2017 National Quality Award process underway

The AHCA/NCAL National Quality Award Program recognizes long term and post-acute care providers across the nation that strive for improved quality care. The program sets high standards for quality based on the Baldrige Performance Excellence criteria and encourages organizations to commit, achieve, and excel in quality performance. Applicants may apply for three progressive levels of awards: Bronze, Silver, or Gold, each of which requires a more detailed and comprehensive demonstration of systematic quality. Centers must receive an award at each level to progress to the next level.



FHCA members are committed to these awards, as proven by the significant number of each award level earned to date, with 280 Bronze - Commitment to Quality Award recipients; 60 Silver - Achievement in Quality Award recipients; and 2 Gold - Excellence in Quality Award recipients. The association offers a number of resources to help members interested in applying for an award or pursuing the next award level, including in-person workshops, webinars and online tools. FHCA is also hosting a Quality Award Bootcamp for those members pursuing the Silver and Gold Award.

New for 2017, there are a revised set of survey eligibility requirements at each application level that applicants will have to meet. Applicants are encouraged to review all the specific survey eligibility requirements in the respective

application packets in detail. AHCA/NCAL also have a number of resources available, including answers to the most common questions they receive on the survey eligibility requirements. In addition, AHCA/NCAL Quality Award staff have developed a resource for applicants to view their current survey eligibility based on the August 24, 2016 Nursing Home Compare release. This can be utilized by applicants to review their current survey eligibility; however, applicants are cautioned as this is preliminary and their survey eligibility will change based on what is available as of the application deadline and award notification.

The deadline for all National Quality Award levels is January 26, 2017. For more information, visit the Quality Improvement section of FHCA's website at www.fhca.org or contact Koko Okano with FHCA at kokano@fhca.org. ♦



LTC Trend Trackersm expands for assisted living

by Lee Ann Griffin

The decision to enhance the data collection abilities of assisted living communities within LTC Trend Trackersm is timely. As American Health Care Association/National Center for Assisted Living introduce new quality measures applicable to assisted living, their web-based tool enables assisted living providers to contribute to and access key information. The purpose of the data collection is to benchmark personal metrics to those of their peers and examine ongoing quality improvement efforts.

The new quality measures for assisted living are in four areas:

Customer Satisfaction

At least 90% of customers (residents and/or family members) are satisfied with their experience by March 2018.

Hospital Readmissions

Safely reduce hospital readmissions within 30 days of hospital discharges by 15%, or achieve (and maintain) a low readmission rate of 5% or less by March 2018.

Staff Stability

Keep nursing and direct care staff (RNS, LPNs, and aides) turnover below 40% through March 2018.

Antipsychotic Medications

Safely reduce the use of off-label antipsychotic medications by 15%, or achieve (and maintain) a low off-label usage rate of 5% or less by March 2018.

NCAL's online data collection tool already supported staffing (calculating turnover and retention) and customer satisfaction. Now, LTC Trend Trackersm allows assisted living communities to use templates to report hospital admissions and readmissions, the use of off-label antipsychotic medications and occupancy rates.

The AHCA/NCAL LTC Trend Trackersm Resource Center features guidance to help assisted living providers upload data and generate quality measure reports. The benefit of the reports is dependent upon the number of assisted living communities within states and across the country that consistently report their key measures. The more providers that participate, the stronger the reports will be for all. Florida has 19 assisted living communities currently entering data into LTC Trend Trackersm, and with the additional data opportunities, that number is expected to climb as we move into 2017.



To learn more about LTC Trend Trackersm and begin using the program today, visit www.ahcancal.org. ♦

Lee Ann Griffin is FHCA's Director of Regulatory & Education Development. She can be reached at lgriffin@fhca.org.

Want to stay up-to-date on FHCA news, events and activities?



Follow FHCA on Twitter at www.twitter.com/FHCA or become a

fan of Florida Health Care Association on Facebook at www.facebook.com.



UPCOMING EVENTS

Some meetings noted herein may also carry CE credits.
Additional information and registration
can be found at www.fhca.org.

MEETINGS/EVENTS

FEBRUARY

February 10, 2017

FHCA Board of Directors Meeting
Tallahassee, FL

MARCH

March 16, 22 and 29, 2017

FHCA Lobby Wednesdays
Tallahassee, FL

APRIL

April 5 and 19, 2017

FHCA Lobby Wednesdays
Tallahassee, FL

SAVE THE DATES FOR THESE SIGNATURE EVENTS!

MAY

May 31 – June 2, 2017

FHCA Nurse Leadership Program
(*Pre-Sessions on May 30)
Don Cesar Hotel
St. Pete Beach, FL

JULY

July 31 – August 4, 2017

FHCA 2017 Annual Conference & Trade Show
Rosen Shingle Creek
Orlando, FL



Scholarship opportunities available for long term care employees

FHCA member certified nursing assistants (CNAs), nurses and other long term care employees looking to advance their career will want to learn more about the scholarship opportunities available through the Florida Health Care Education & Development Foundation. Foundation scholarships award the best and brightest among FHCA's member centers who are interested in achieving a higher level of education. Two scholarship opportunities exist - the Bruce Taylor Scholarship, which is offered to CNAs and nursing staff interested in advancing to an LPN, RN or ARNP level, and the Career Climb Scholarship, offered to non-nursing staff interested in pursuing higher education to support their long term care career.

Applications for both scholarship programs are available on the FHCA website and include more information about eligibility and submission requirements. Applications are accepted for consideration three times a year — April 30, August 30 and November 30. Scholarships awards can range as high as \$1,000 and are exclusive to employees of FHCA member nursing centers and assisted living communities. To learn more, visit the website at www.fhca.org/education/scholarships. ♦

good news

florida health care association around the state



13.1 or Bust

Two ladies were empowered by a goal and never looked back. Sheryl Wolf (right), CFO of Gulf Coast Health Care, and Kim Warnecke, CPO of Apricity Resources, LLC, ran their first half marathon on November 13 and raised more than \$5,000 for the One Wish Program at Rosewood Healthcare and Rehabilitation Center.



Community Outreach

FHCA was proud to sponsor The Alzheimer's Project, Inc. Forget Me Not Walk, along with our friends at Seven Hills Health and Rehabilitation Center. It was a beautiful day to support a great cause!

Christmas in October

Last month, team members from Opis Senior Services Group(left), including Riverview Center (right) and Bridgeview Center (center), collected over 750 shoeboxes filled with items that were donated to Operation Christmas Child.



FHCA SERVICE CORPORATION

Save on your long term care products and services with our trusted group of FHCA Service Corp members.



BOUCHARD INSURANCE

Bouchard Insurance is one of the largest privately held insurance agencies in the country, serving over 14,000 clients throughout the U.S. and in many countries around the world. They specialize in the senior living industry and manage all lines of insurance, including general and professional liability, property, workers' comp and group health. Bouchard helps clients to identify and analyze risk within their organization. Once they have identified the issues, they develop and implement cost-effective solutions to reduce risk and improve efficiencies. Bouchard has created a systematic approach to managing every line of coverage for their clients, giving them the confidence to focus on their business, rather than the insurance business. Contact Jeff Welch at (727) 451-3195 or jeffwelch@bouchardinsurance.com for more information, or visit www.bouchardinsurance.com.



EDGE INFORMATION MANAGEMENT INC.

Since becoming an approved service corporation company for FHCA in 1993, Edge has helped over 250 FHCA members meet their background screening requirements and kept them informed of pertinent legislative issues. Edge offers a variety of background checks including: drug screening, fingerprints, criminal, sexual offender, license verifications and references. Contact Nate Archibald at (321) 676-8822 or by email at natea@edgeinfomation.com, or visit www.edgeinfomation.com for more information.



HEALTHCARE SERVICES GROUP

Since 1976, Healthcare Services Group has delivered exceptional housekeeping/laundry and dining/nutrition services to an ever-changing healthcare industry. Currently serving over 250 facilities in Florida, we provide professional management of ancillary services to a diverse mix of satisfied clients. Flexible and responsive, our people are trained to help you achieve success by delivering innovative solutions, exceptional performance and measurable results. For more information contact Yale Metz at (800) 433-2710 or ymetz@hcsgrcorp.com. Visit our website at www.hcsgrcorp.com.



HPSI PURCHASING SERVICES

HPSI Purchasing Services, one of the nation's fastest growing Group Purchasing Organizations, is privately owned and has served the senior health care community for over 50 years. HPSI leverages the purchasing power of over 15,000 members to provide substantial savings and discounts on a wide range of products and services including: Dietary, Medical, Maintenance, Housekeeping, Linens, Capital Equipment, Technology, Administration, Pharmacy and more. What sets HPSI apart from its competition is the personal service provided by 40 Purchasing Consultants located nationwide. Call your Purchasing Consultant for a free cost analysis to get you started on your pathway to greater savings. East Florida: Mike Donohoo (407) 928-5870; West Florida: Russ Holmes (407) 719-0229; Panhandle: Bill Bayhi (985) 718-7830; Corporate and National Accounts: MaryClare Soliman (540) 589-2772; or visit www.hpsionline.com for more details.



OFFICE DEPOT

Office Depot offers Florida Health Care Association members extra discounts and services due to the cooperative purchasing power of FHCA. We offer a wide variety of benefits, including 50 items which have been reduced based on volume ordering up to 80 percent off the list prices (the "High Use Item List"); next-day delivery on everyday office products; an award-winning Web site which links you to your pricing and into the warehouse and keeps 12 months of tracking information at your fingertips. For more information or to set up an account contact Terry Bush at terry.bush@officedepot.com or (850) 624-9979.



SENIOR CRIMESTOPPERS

The Senior Crimestoppers program is a proven, effective, proactive crime prevention system that combines proven components to help provide safe, crime-free facilities for residents, staff, visitors and vendors. Personal lock boxes for use by residents and/or family members, an around-the-clock, completely anonymous "tip line" call center, cash rewards of up to \$1,000 posted on any and all incidents that occur and educational materials for residents, families, management and staff members are a few of the components that make up the program. More details can be found at www.seniorcrimestoppers.org or contact Kay Joest at (800) 529-9096 for more details.