

N.C. COALITION FOR LONG-TERM CARE ENHANCEMENT



Special points of interest:

Donna McNeil Memorial Award

Caring for elders in other countries - stories of new perspective

Person-centered dining? One facility's success story

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Embrace!

The Newsletter of the NCCLTCE

Donna McNeil Memorial Award taps first honoree

David Lingafelt was recently honored as the first recipient of the Donna McNeil Memorial Award, given by the North Carolina Coalition for Long-Term Care Enhancement. David was nominated by Todd Roper, administrator, and Nedra Deese, LPN, from Conover Nursing and Rehabilitation Center in Conover, North Carolina.

In the administrator's nomination letter, Dave was described as a, "Faithful visitor to all his friends at Conover Nursing & Rehab by arriving every day of the week at about the same time to stimulate, motivate, empower and communicate with every long-term resident and staff member in our facility". Dave fits the rest of his busy life, which involves "running two radio stations and being an engaged father, husband, son and businessman", around his permanent and ongoing commitment to visiting Conover Nursing everyday of the year without fail. His visits always show substantial effects upon others, such as Dave's special personal relationship with Bob who relies on a communication board to tell staff of his needs. Dave and Bob developed a close and continuous relationship that effectively changed Bob's outlook on his stay at Conover. His nominators write that Dave Lingafelt always acts as if "he is blessed for having the opportunity to spend time" with his new extended family members like Bob. But, they write, it is "the whole Conover Nursing & Rehab family that is truly blessed to have the benefit of Dave Lingafelt's humble and heartfelt talents continuously devoted to us and to the betterment of the care we can offer our residents."

Congratulations, Dave!



Todd Roper surprises Dave Lingafelt at the first awarding of the Donna McNeil Memorial Award.

Baby Doll: Miracle From Eden

By Ken Burgess, Poyner Spruill, LLP

She had the darkest, saddest eyes I'd ever seen. Her name is Maria and she lives at the hogar (or home) for elders in Juigulpa, Nicaragua. I first met Maria on my last trip to Juigulpa in January 2011 when we spent two days there repairing sidewalks, setting up a pharmacy, painting doors and generally improving the facility. Maria was hard to miss among the elders who lived at Juigulpa. First, she wasn't an elder. She is only 30-something and seemed a little out of place in a home for elders. More than that, she is the first living body I've ever seen in a catatonic state. Maria lost a baby in child birth and went into a deep depression, a true catatonic state. Her family, unable to understand this or care for her, eventually brought her to the Juigulpa center where they took her in.

During the entire two days we spent at Juigulpa in 2011, I saw Maria often, but I never saw her smile, or laugh, make eye contact or show any other sign of conscious reality. You could stand directly in front of her and speak or waive your hands and there'd be no response or even acknowledgement that she saw you. She was truly like the walking dead.

So, when we arrived on January 13, 2012 for my second visit to Juigulpa to start an activities program for the residents there, I spotted her at once. There she sat, in a brightly colored dress, with those same blank eyes staring straight ahead into nothing. The colors of her dress were such a contrast to the darkness she seemed to live in. My first thought was "my God, this woman is truly alive in body only." Then I moved on. We had 50 residents to see and touch and hug. We had an activities program to teach. And, frankly, that was much easier for me than looking at Maria.

I learned so much on this trip. For one, I learned that activities for elders is, well, it's organized chaos and it's beautiful disarray. To see poor, abandoned elders who've never tossed a ball, or danced a dance,

or glued little glass jewels on painted wooden boxes, do it for the first time and laugh and cackle and point in pride at what they've done is amazing.

It's just a beautiful thing. I also learned that I was *WAY* outside my comfort zone. As my team members were very fond of pointing out, I'm apparently a control freak. But, in my defense, I'm used to managing people, not being managed. And, I wanted this bold (and crazy) experiment - this first ever activities program in the Nicaraguan hogares - to work and I wanted my team members to have a great experience. My team just laughed at me lovingly and kept saying "Ken, let go. This isn't law and it's not linear. It's activities and this is how we live! Just look, the elders are having a ball!" And, oh my, were they ever having fun.

Somewhere in the midst of the pandemonium my team members call "activities for elders," I saw Jamie Phillips from Avante of Wilkesboro carrying a baby doll, a big one, from one of our supply bags. And she was headed straight for Maria. Jamie didn't know that Maria had lost a baby and gone into some dark, unknown place ever since. But, I did. Every ounce of my being was screaming "No, Jamie, don't give Maria the doll. She might go into some darker place, and a wound she has hidden could reopen." But I couldn't get to Jamie across the other elders. From the corner of my eye, I saw Dona Hana, the remarkable Nicaraguan woman who chairs the volunteer group that supports the center, and Dona Hana had seen Jamie, the baby doll and Maria, and her eyes were as wide as mine in horror.

Before anyone could stop her, Jamie knelt down beside Maria, she handed her the doll, and began to rub Maria's hand, to talk softly to her, to show her how to hold the baby and rub it's little bottom. Maybe it's my imagination but for a frozen moment that seemed an eternity, time stopped, all sound stopped, and all movement around me stopped as I waited for the catastrophic moment when we unintentionally sent Maria into some deeper catatonic state.

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I looked back at Dona Hana, unable to speak or move and then Dona Hana began to smile, and she pointed behind me. When I turned, I saw it, the Miracle From Eden. Maria, who I'd never seen show any signs of life, was holding Jamie's hand, and smiling and laughing and petting that baby doll's bottom, just like Jamie showed her. And she smiled and laughed for the next hour and Jamie and other members of our team momentarily left the other elders to be with Maria.

If I told you that I saw the hand of God in that moment, or if I told you it was the most beautiful thing I've ever seen, or if I told you that my logical, linear, lawyer's heart melted totally away, I still couldn't convey to you the magic of that moment.

The funny thing about that baby doll is this. It was the very last thing I packed. It was donated, along with many other items, by Brian Center of Eden (that's why I call this story Miracle From Eden) but I was worried about two things: 1) the fear of treating elders like children by taking a baby doll, of all things, and 2) our already bulging and overweight luggage that we had to get on an airplane. So, I thought, the doll can stay home. At the very last second, it hit me that this doll was given in love and it has to go with us. So, I stuffed it into the very last bag we had that would hold it. Thank God I did. And thanks to Brian Center of Eden.

Now, to be honest, I don't know for sure if that's the first time Maria ever smiled or laughed or really "saw" another person since her baby died. I don't know a lot about her. But, I do know if she showed any signs of conscious life before that magical day, I never saw it in my brief time with her, and from the emotion and joy of the hogar staff and Dona Hana and the residents around Maria when she held that baby doll, and smiled at Jamie, I suspect no one else there had ever seen it either.

I also don't know if Maria is still holding that baby doll (we left it with her, of course) or if she still sits and stares most of the day into a black nothingness or whether she smiles all day and holds her baby doll. I just don't know

about all of that. But what I do know is that for one brief shining hour, at least, the love and generosity of long-term care providers in N.C., in the form of a big ole squishy, brown-skinned baby doll in a pink jumper, and the determination of our N.C. activities team to reach every resident they encountered in Nicaragua, and to even reach out to Maria, made a difference. It made a difference to Maria and it made a difference to me.

I will never forget that moment for all my living days. I will never forget Maria, smiling, not staring lifelessly into some tragic, boundless hurt. And I will try to remember what our activities team taught me – "Let go, Ken, it's activities, it's life, it's love and it's magical."

Author's Note: \$300 a year in U.S. currency supports one of these abandoned elders for a year with food, housing and basic medicine. For more information on how you can help, contact Ken Burgess.



The goal was to initiate the first ever activities program for abandoned, poor elders in Nicaragua, the second-poorest country in the Western hemisphere – a county with virtually no infrastructure or organized services for elders. To do this, we ran a competition in *Shorts on Long-Term Care* to find the three best activities professionals in N.C., pay for them to spend seven days in Nicaragua to initiate the country's first-ever activities program for elders, and work them to death.

Keep in mind these ladies had never been to Nicaragua; knew virtually nothing about it; didn't know each other; didn't know the competition sponsors; and, frankly, didn't have a clue what they were getting into. But, thank God, they didn't care. What they knew was there was a need in a place far away and they believed they could help.

With financial support from Carron Suddreth of Wilkes Senior Village, the Liberty Healthcare organization, the Avante organization, the Lutheran

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Services for Aging organization; Autumn Corporation; White Oak Corporation; Kim and Jim Schmidlin; Grove Medical Supply; BB&T; Wincare Corporation; Brian Center of Eden and dozens of sponsors from around N.C., we took three activities directors, a registered nurse (Angie Bunton from Wilkes Senior Village), Carron and me, along with 18 bags of supplies to Nicaragua. We traveled hundreds of miles on an uncomfortable minivan to 5 cities and 7 training sites in 7 days and trained over 200 people - residents, community volunteers, professors and government officials - about the importance of activities for elders, gave them skills and supplies to start their own programs, and promised to come back.

Sometimes it's good not to over-think an issue. I now know that I'm back from my latest trip to Nicaragua (trip number five for me). But on January 11, 2012 when our activities team landed in Managua, Nicaragua, it finally hit me. "This," I thought, "is the dumbest, craziest thing I've ever done." "My God," I thought, "what have I done?" I've asked my friend Carron Suddreth to spend thousands of dollars to help me bring three activities directors from N.C. to Nicaragua, to bring her RN (and my beloved pal) Angie Bunton, and to spend seven days with me in hot, rugged Nicaragua to plant the seeds of an activities program for an entire nation of abandoned, poor elders who barely have enough to eat and often lack the most basic of medical care. But, there they were - Carron, Angie, Brenda Zimmerman from Lutheran Home of Salisbury, Jamie Phillips from Avante of Wilkesboro, and Erica Johnson from Liberty of Wilmington - bearing bags of supplies from all over N.C.; weary from travel but bursting with excitement, and all looking at me and Carron with eyes that said "Okay, we're here, now what?"

In that moment, I was struck with sheer terror. What if this failed? What if someone got lost or sick? What if Nicaraguan elders didn't care about activities? What if this dream of mine and Carron's really was one of those "wild, hair-brained schemes?" What if, what if, what if? Well, I was wrong to worry. We actually did it. Every place we trained at we had double the crowd we expected. Everyone loved activities and wanted more and more and

more. Our team of activities professionals turned out to be three of the most creative, most talented, most delightful, most loving women imaginable. Having picked them from a competition where their employers, colleagues and in one case competitors nominated them only on paper; not knowing any of them nor them knowing me or Carron; having never met each other until they hit the Raleigh-Durham International Airport - I must say if I had to hand-pick three activities professionals after months of study, I'd have picked these three.

Looking back now, I realize that these ladies did a most amazing thing. They conquered the hearts of an entire nation of elders and those who care about elders. They taught me SO many lessons. They showed us all how to do more with less in a country that only knows "less." They breathed enthusiasm, and possibility, and hope. They told me over and over to "just calm down." They laughed at my impatience and made me laugh at myself in the process. In short, they embodied the best of long-term care here in N.C. and they took it, and they taught it, and they shared it in a country far away, and in doing that, they made believers out of all of us who think that old age can be the best age and that minds need love and nurture, just like bodies need medicine.

You'll have to forgive me for my Hallmark moment here. But, I've just come back from one of the greatest experiences of my life - one that will mark me forever. I also need to thank the many, many sponsors from here in N.C. that have supported our work in Nicaragua for the last five years, many of whom are named in this article. And I must thank, especially, my friend Carron Suddreth, owner and operator of Wilkes Senior Village in North Wilkesboro, who heard me talk about my work in Nicaragua in January 2011 at the N.C. Healthcare Facilities Association and immediately said "I want to help."

It has been Carron's vision and unending energy that made my fantasy of an activities program for Nicaraguan elders a reality. She has tirelessly

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borrowed, asked and begged from her follow providers, vendors, banks, insurance companies and friends for money and supplies for Nicaraguan elders. When we were in Nicaragua, Carron worked like a fiend. No task was too small or too big. Anything we asked our team to do, Carron did first and then with them. With Carron's leadership, we took to Nicaragua in January, 18 bags of activities supplies, a new TV and Wii game for the elders, and over \$90,000 to fund the renovation of one of the "hogares de anciones", or homes for the elders, in Jinotepe, Nicaragua.

To every one of you who offered us supplies, mattresses, mattress covers, pillows, baseball caps, activities supplies, money, and prayers, let me say on behalf of myself and all our hundreds on N.C. volunteers, and on behalf of the elders of Nicaragua, Thank You!

I once read someplace that of all the things that are cherished, none can surpass the memory of a love between the needy and the fulfiller. Each gift you have given, each dollar you have donated, each good wish you have offered has changed the life of a Nicaraguan elder who must have wondered as their family dropped them off on a mountain alone, or a dark hillside street, "Does anyone care about me?" Now, they know, that we do.

Ken Burgess is a partner with Poyner Spruill law firm in Raleigh where he serves as head of the firm's Health Law Section. He serves on the Board of Directors (Secretary) of the Jessie F. Richardson Foundation in Portland Oregon which hosted this trip and was their 2009 National Volunteer of the Year. Ken is also Board Chairman for FutureCare Foundation, Inc., NCHCFA's long term care research foundation. Ken can be reached via email at <kburgess@poynerspruill.com>.



The Nicaragua Trip—My Perspective

By Brenda Zimmerman, ACC, NCAPACC

This past December I was notified that I had earned the privilege of representing the activity director profession on a mission team headed to Nicaragua in January 2012. I was one of three activity directors from N.C. that would be part of a seven member team under the auspices of the Oregon based Jessie F. Richardson Foundation (JFR). The foundation works primarily with seven of the 25 nursing care facilities known as "hogares de anciones", or home of the ancients or elder homes, that exist in Nicaragua. Other team members included the president and CEO of the foundation, two board members (a lawyer and a nursing home administrator) and an RN. Of the seven, only two had made previous visits to the sites.

The primary focus of this group was to explain to staff and volunteers who worked and helped in the hogares the importance of elders being active and engaged in their immediate world. The goal was to explain the rationale and then teach ways to do just that.

I recently heard a TV evangelist say that "an atmosphere of expectation is a breeding ground for miracles."

Jamie Philips of Wilkesboro and Erica Johnson of Wilmington were the other two activity directors. The selection process that chose us did not realize until we were actually selected

that we had three very different skill sets. Although we had participated in several pre-travel conference calls, we had never met one another until we were getting on our flight in Raleigh.

We were full of expectations, but had no idea the miracles would be so profound. The first miracle was that we got along really well even sharing a very small

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room in a country that none of us had ever been to. We had game plans, agendas, supplies, kits and “carpet bags” bigger than Mary Poppins, but we had no idea the biggest hit of the entire week was not in anyone’s bag!

On Monday our driver/interpreter Daniel Rivera picked us in a blue VW van at 9 a.m. for the hour drive into the mountains near the west coast of Nicaragua. Our first hogare was Hogar de Ancianos Agustin Sanchez Vigil in Jinotepe (Hee-noe-tep-ee). The staff of 14 included care givers, cooks, a night guard, a nurse and an administrator for 37 residents. This building has running water, electricity and a sturdy roof thanks to work done by previous foundation teams. The facility depends on charitable contributions for over 90% of operational costs. JFR Foundation assisted them in setting up a pharmacy program that provides for the residents and is also able to generate a small income for the hogare by selling pharmaceuticals to the general public. We turned into a quiet compound with a mossy concrete block building concealed under coconut and palm trees. There was a great breeze, and there were chairs and tables set up for our use under the big covered patio. This large outdoor “ranchero” was where we were to set up. The three of us set up our materials, went over our individual notes, huddled for a moment and were ready for show time! There were almost 60 employees, volunteers and community leaders as well as four residents in attendance; far more than the 20-25 we were expecting. Keep in mind they spoke no English and we spoke no Spanish. Everything of course takes twice as long to tell with an interpreter. After some introductions and sentences about the basic need for activities, most of those in attendance quickly moved into a craft group or an exercise group.

One of the team members came up behind us and said we needed to get the interest of the ones that had not chosen to go to a group. In a matter of

seconds we changed gears and Jamie was leading a rousing version of what else but the HOKEY POKEY!!!! This was something that was not in the bag, but that she pulled right out of her hat. Erica and I followed along and the crowd was up and shaking it all about! When we were through and the laughter let up, explanations were shared through the interpreters of why that would be good to teach to the seniors. Once we had their attention we followed through with other exercises and some craft ideas. The three of us played off one another and never missed a beat and never looked back at the original game plan! It was well received. Miracle one!



As the afternoon wrapped up, one of the volunteers pulled an interpreter to the side and had him translate for her. She told us of her recent illness and how sick she had been. She had also been dealing with a diagnosis of depression. She showed us the craft she made and the certificate she received for coming. She smiled as she told us that while she was busy at the workshop, she did not think of how bad she felt and that she was happy for a while. “With what you are teaching me, I can do this for others.” Miracle two.

While there we toured the building. Keep in mind that any type of long-term care of the elderly is handled by charities and ministries. Nicaragua has no system like Medicare or Medicaid or Social Security for the elderly. There was another JFR Foundation team there working on structural changes. Two things that caught my eye during the tour were the laundry and the kitchen.

The laundry was a small room with a washer and dryer. Linens and clothing were piled 2-3 feet deep

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on top of the appliances and on the floor. The stench took your breath. One woman was there in that dark room and had laundry for the entire DKFD residents to be done. The washer was running. (At one of the other locations a new washer and dryer had been donated, but since there was no 220 outlet, they were not being used.) There were lines out back with clothing hanging on them.

Outside beyond the laundry area, a black pot of beans and rice was cooking on an open fire. The open fire was complimented by a very small indoor kitchen where three women were preparing fresh vegetables. The stove top was being used a counter area. The room was relatively dark, no one wore hairnets, no gloves were seen, no plate covers, no trays. Small plates were being lined with the traditional banana leaf and the food was placed on that.

Over the next 4 days we visited 2 other hogares. The one in Masaya (pronounced Messiah) was maintained by charities of the Catholic church and was visibly more advanced in their understanding of hygiene and staffing. There was even an activity room with evidence of crafts programs and physical therapy services. It was noted by some of the board members that the church-affiliated buildings had more consistent access to supplies and staff was better trained.

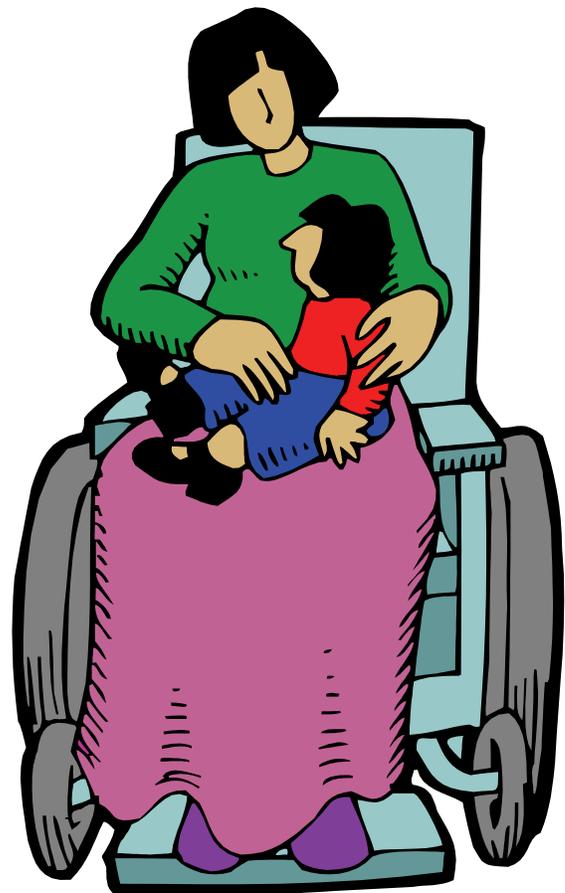
In Masaya we had lunch at the home of Dona Kelly, the wife of a rancher who is the advocate for the hogare in Juigalpa (huey-gaul-pa). After riding over some of the roughest ground you can imagine on what could only be described a cattle path, we were in the middle of nowhere. The elongated building had a front porch area was filled with volunteers, staff and residents waiting for us.

We did one of the things activity directors do best - we greeted folks, shook hands, smiled. In the normal realm of expectation, the smiles, hugs and greetings were returned, with the exception of one dark porce-

lain faced woman in a brilliant blue dress sitting off to the side. Much younger than the other residents, she showed no expression and would not make eye contact. She showed no acknowledgement of being touched on the shoulder. Another team member stated that in his three visits to this facility he had never seen her engaged with anyone or anything in her environment.

Within moments, Jamie pulled a life sized baby doll from our "bag of tricks". She held it up to the woman's face and shoulder, pulled her rigid arms in to place to hold it, and rocked the woman from side to side. After only a few moments, she began to look at the doll and SMILE. Jamie manipulated the doll like a puppet to cuddle and kiss the woman. She began to laugh. Something as simple as a child's doll had pulled her from some deep dark place within herself. Staff was amazed. Not one of us had a dry eye. Miracle two.

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And “the rest of the story,” as the saying goes? We later learned that she had a child that had died and that she was brought here and left when the family could no longer take care of her. She had basically been catatonic for her entire stay.

Craft supplies and exercise equipment were spread out at every site, creating the expectation of learning something new. And miracles happened over and over. Language is not a barrier where there is a thirst for knowledge. We kept our interpreters busy, but our non-verbal/non-Spanish communication skills improved moment by moment. At each setting we connected with a particular few folks really eager to learn and come back to the hogares to teach and work with the elderly. Everyone had a level of interest but there were a few at every site that you *knew* were going to use what we were teaching.

Many told us how much they appreciated us taking our time to come to their country. Through a translator a 21-year-old volunteer told me, “I appreciate that you have come to help Nicaragua. God will bless you greatly for helping the poor.”

One particular miracle for me was that I could see the faces of my Lutheran Home residents in these impoverished abandoned elders. I could see personalities that were reflections of the individuals I work with every day. There was a hand shaker, there was a baseball cap collector, there was a silent one who grinned all the time, there was a prankster, and there was a tearful lost one. Without understanding a word they said, I could see a bit of who they had been before they were abandoned and left in this place. And just like the residents I see every day, they wanted attention, laughter, hope, touch, and the simple joys that come from interacting with others. They were so like my residents and yet so different. They live in a world forgotten by most. They live a world where survival is the name of the game for most. They live in a world where bare minimums are the norm. They live in a world that is forgotten by their own people.

When I agreed to embark on this adventure, I had no idea what to expect. God certainly stirred our team and gave us miracle after miracle. The greatest miracle I think is the passion the trip has instilled in each of the team members to continue to support these abandoned seniors of Nicaragua.

Brenda Zimmerman is the activities director for Lutheran Home at Trinity Oaks in Salisbury and can be reached via email at <BZimmerman@lutheranhomesalisbury.net>.

THE JESSIE F. RICHARDSON FOUNDATION

Dr. Keren Brown Wilson founded the JFR in the mid 1970s because of words spoken by her mother, Jessie F. Richardson. She asked her daughter, “Why don’t you do something to help people like me?” At the time, Dr. Wilson was a graduate student in gerontology and her mother was a 60-year-old nursing home resident.

JFR is a registered 501(c)(3) not-for-profit organization funded by a private trust fund and the support of donors and services provided by volunteers. The foundation’s mission is to improve housing and services for older adults, both in the United States and abroad. JFR is committed to approaches that enhance internal capacity and promote sustainable solutions to problems adversely impacting the quality of life of elders. To date the Foundation has specifically assisted with improvements at seven of Nicaragua’s 25 “hogares de anciones” (homes for the ancients). These improvements include everything from finding sources for affordable medications to adding systems that provide for clean water. Nicaragua is the second poorest country in the Western Hemisphere. Elders in these charity-run programs have, for the most part, been abandoned. They are often at the mercies of people who, though willing to care for them, may not be properly trained to meet their daily needs. The Foundation invests time, funds, training opportunities, and multiple talents to improving the quality of life in each hogare. The JFR Foundation is also developing an initiative for similar assistance for elder care in facilities in West Virginia. Poverty levels and the current economy have left many elders in the Appalachia area to cope with less than ideal situations as they face long-term care needs. The Foundation will be offering services to support existing nursing homes as well as initiating new programs to support the impoverished elders in that area of the United States. These programs will include such services as community options, including telemedicine, community health workers, and supportive housing, and purposeful profit business that will help fund programs and services for the community.

If you are interested in finding out more about the many ways to assist the JFR Foundation, go to its website at www.jfrfoundation.org.

Featured Facility: Davis Health Care

By Julie Rehder

“Oh Miss, you are a very nice waitress.” That simple statement was all it took to make one CNA know that the new breakfast service was being perceived by the residents in a profoundly different way. It wasn’t just the colorful tablecloths or the warm, fresh toast or even the lovely display of fresh fruits and sweet rolls that prompted that comment and others like it throughout the facility. The simple changes in dining service created a relaxed and congenial atmosphere that made the breakfast hours something to look forward to rather than dread as an intrusion into the morning’s peace.

In operation since 1966, this spring Davis Health Care Center in Wilmington, North Carolina will begin a \$25 million, four-year physical and cultural transformation from institution to home. Converting the 199-bed facility to 10 separate households, each with its own fully operational kitchen, dining and living space, will be quite a challenge, but the Davis team is already making incremental changes toward achieving home even before the first beam is erected. Consultants from Action Pact, who are guiding the process through monthly onsite visits, encouraged the Health Care Center staff to begin implementing incremental changes in the dining service. Every long-term care employee can cite numerous examples of early risers that wake up hungry and vocal at 6:00 a.m., and they can quote chapter and verse from the resident whose day is ruined by being awakened, bathed, clothed and wheeled to breakfast when their internal clock says, “Let me sleep.” But how do you change decades of rote routines? In reality, the biggest hurdle is shifting to thinking from the residents’ point of view rather than staff convenience. The Davis Community’s Dining Experience Action Team consists of residents, dining service staff, CNAs, housekeepers, maintenance staff, administrators and others who are challenging each other to change decades of ingrained thinking about dining. Their

goal is to provide residents four “w’s” - what and where they choose to eat, when and with whom they choose to eat.

Food service based on the convenience and time schedule of cooks and CNAs has resulted in unhappy residents, but through teamwork and a willingness to embrace change, loud and disruptive food carts full of trays can be replaced by cheerful dining areas equipped with coffee kiosks, toasters, fruit baskets, fresh pastries, and iced trays filled with milk, juice and yogurt.



Davis CNAs offer early risers continental breakfasts and beverages upon rising. The fragrance of sweet rolls and coffee permeate the halls by 7 a.m. each morning. Later risers may also choose the continental breakfast option but by 8 a.m., the nursing team is calling in individual meal orders to the central kitchen. The hot meal arrives just as the resident has finished their first cup of hand-poured milk or juice or enjoyed a slice or two of the crisp and warm toast straight from the toaster. The days of multiple reheating of meals are a distant memory. Getting the timing right the first time isn’t as difficult as it would seem.

In addition to the varied meal options, the meal experience is now one of catered service. Residents enjoy conversation with fellow tablemates and the interaction between staff and residents has more of a

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“kitchen table” flavor with comments about the weather, the day’s events, or even the celebration of a birthday.

Has it all been a bed of roses? Of course it hasn’t. Ingrained practices take time to morph into a new normal and initially nursing staff felt the largest burden of adding dining service to their already full roster of duties. To support the change, other non-nursing staff are beginning to routinely offer to leave their comfort zones to be part of the resident dining experience, even if their assigned task is as simple as pouring coffee or making toast. The added benefit of extra hands is a shared and universal knowledge of the goals of the household model. The biggest changes in the main kitchen have involved the preparation of smaller batches of items to improve texture and taste. The food is more appealing and CNAs report it is much easier to get residents to eat freshly cooked food. Not a big surprise, right? The results of the dining service changes have been rewarding for all and once the desired flow was achieved everyone wondered why the changes weren’t made sooner. There are some drawbacks and risks to being one of the first out of the starting gate to change institutional systems to home. Much education and discussion will naturally occur in the coming years between nursing home staff, survey

teams and health inspectors, and some extra patience is needed until the household model is fully implemented. Oh, and one more tip. Dining staff, be prepared for a huge increase in pastry orders and lots of smiles as the warm cinnamon buns are savored.

Julie is the marketing and community relations administrator at The Davis Community in Wilmington, N.C., and can be reached via email at <julier@thedaviscommunity.org>.

Members of Davis Community’s Dining Experience Action Team bring person-centered breakfast service to the residents of the health care center. In top photo, Latarsha Monroe (left), with Lower Cape Fear Hospice, and Jeanette Pollock, clinical nutrition director; and below, Cynthia Johnson, CNA, prepare nutritious and personalized meals.



Are you doing something innovative at your facility? Have you changed the look of your setting to make it less institutional? What about staffing ideas? We like to feature facilities doing great things in each newsletter and we'd love to hear from you! Email your pictures and a short paragraph to the editor. If chosen, you could see your own facility featured in the next issue! We'd love to share what you're doing and stories from your residents, so contact the editor and submit your articles and pictures. Just make sure you have the proper authorizations on file for the use of photos you submit.

On your annual license renewal application is a section for checking the culture change activities or elements you are doing in your facility. ***Please answer this section fully and completely.*** Each year the Coalition uses the information from this section to determine what percentage of facilities in North Carolina are doing some type of enhancement. There are no repercussions from completing this section—it is only used for determining what types of educational offerings the Coalition needs to consider and in what regions we need to offer it. Thanks for your cooperation!

IMPORTANT: Next round of GRANTS coming Summer 2012

Be sure to watch your mail for the request for applications (RFA) from DHSR. RFA's will be sent to all eligible facilities.



Enhancing the lives of residents and staff
in North Carolina's long-term care

Embrace! is a cooperative project of the N.C. Coalition for Long-Term Care Enhancement and the Department of Health and Human Services, Division of Health Service Regulation.

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