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INSIDE THE ISSUE SENIOR CARE

A luxury resort? No, a nursing home

Boomers' tastes add urgency to reshaping long-term care

PAM KELLEY

pkelley@charlotteobserver.com

• **PHOTOS:** [Boomers shaping long-term care](#)

Forget no-salt diets. Forget nurses' stations. Forget call bells and medication carts.

At a time when even industry leaders describe traditional nursing home care as oppressive and dehumanizing, more facilities are replacing regimented, hospital-style care with a philosophy that treats residents as people, not patients.

In Mecklenburg County, Huntersville Oaks, now housed in a former tuberculosis hospital, is constructing both a new building and a new culture.

It joins other Carolinas homes that are redesigning buildings and re-educating employees. In Salisbury, the Lutheran Home at Trinity Oaks has transformed a cheerless gray-tiled shower room into a spa with a wall mural, heated towels, soothing music and aromatherapy. In Durham, The Forest at Duke has won a national award for a design that provides residents with cozy apartments in neighborhood settings.

"It's a realization that this is the residents' home. We simply work here," says Edward Cordick, an administrator at Pennybyrn at Maryfield, a High Point retirement community.

As 77 million baby boomers approach their retirement years, these changes are taking on a new urgency.

Members of a generation accustomed to getting what they want won't accept status quo care, says Debi Lee, lead ombudsman for the Charlotte-based Centralina Area Agency on Aging.

"Baby boomers," she says, "are not going to take it."

For years, nursing homes have followed a hospital-like model because they care for people with the most serious and complicated medical problems.

Unlike assisted livings, they're required to provide 24-hour nursing care. "You have a large population of people who are very ill," says Mary Ann Johnson, director of Lutheran Services for the Aging's church and community relations. "It's a constant balance. How do you take care of people and make them feel at home when you've got pressures to keep everything efficient and functional and sterile?"

Huntersville Oaks typifies a traditional nursing home. Its rooms open onto long halls. Residents follow a schedule for dressing, meals, bathing. Between activities, some slump in wheelchairs parked near nurses' stations. Despite renovations, the place resembles its first incarnation, a TB hospital built in 1927.

That will change when Carolinas HealthCare System opens a \$25 million building in late 2007. The facility, with 168 beds, will be organized into households, each with a family room, full kitchen and its own caregivers.

The new structure will give residents more control over their lives. They'll wake and eat when they please. They'll socialize in homey family rooms instead of sitting beside nurses' stations. They won't have to go down the hall to bathe, because they'll all have their own showers.

"It's really a transformation of hearts," Huntersville Oaks Administrator Bev Cowdrick says.

The transformation has been a long time coming.

For decades, critics have decried the state of the American nursing home. In the early '90s, Dr. William Thomas introduced the Eden Alternative, a philosophy of bringing pets, children and plants into facilities to alleviate loneliness and boredom.

Many nursing homes made changes. They added birds or adopted a cat. But the institutional atmosphere often remained.

Why were changes largely cosmetic? Some nursing home officials blame the industry's intense regulation. Government rules designed to protect residents -- to keep them from falling, getting bedsores, becoming dehydrated -- also stifle innovations that would create a more homelike environment, they say.

Others attribute the slow pace to the difficulty of change. "Some staff like that they've done it the same way for 30 years," says Ted Goins, president of Lutheran Services for the Aging.

Until recently, many nursing homes leading this change have been nonprofits that care for wealthier clientele. But now, facilities that serve people both with and without means are making improvements. At Huntersville Oaks, for instance, about 65 percent of

beds are for people on Medicaid.

Visionary in Durham

When nursing home administrators prepare to change their cultures, many begin with a visit to Leslie Jarema in Durham.

Jarema, director of health services at The Forest at Duke, came to her job in 1994. The upscale retirement community's health and wellness center needed to expand. That expansion gave her the chance to reinvent the place.

Jarema envisioned six neighborhoods, each with a dining room designed as a first-class restaurant. She planned apartments, not rooms, each with its own shower.

She listed everything that reminded her of a nursing home -- medication carts, linen carts, bulletin boards. Then she set out to eliminate it.

Jarema scoured Big Lots and Tuesday Morning stores, buying inexpensive picture frames, vases, colorful towels. A nurses' station became a coffee bar in one neighborhood, a hotel lobby desk in another. For handrails along walls, she used decorative wrought iron.

From inside, the three-story building resembles a streetscape. Residents look up and see sky through a glass roof. They walk through an enclosed garden, golf on a putting green and feed treats to Summer, the resident dog.

In 2002, Jarema's brainchild won a national award for long-term care design.

Demise of the 'no salt' diet

But changes -- at The Forest at Duke and elsewhere -- go beyond design. Administrators are rethinking meals, for instance. For years, doctors have ordered special diets for nursing home residents -- low-salt for high blood pressure, low-fat for high cholesterol, no added sugar for diabetes. Homes had to follow orders or risk being cited for deficiencies.

Today, more nursing homes try to avoid special diets. They're even offering alcoholic drinks, with doctors' approval. At Franke at Seaside, a retirement community near Charleston, for instance, the staff recently served residents strawberry daiquiris. "They had a blast," dietitian Margaret Grubbs says. "So the next time, we gave them margaritas."

In the new Huntersville Oaks building, residents will dine in their households. They'll be able to request grocery items and plan menus. They can even help prepare food and wash dishes.

But the biggest transformation Huntersville Oaks is attempting is a cultural one. Administrators want to operate for the comfort and convenience of residents, not staff.

Bill Caudill, a resident for more than two years, says he looks forward to eating and waking when he wants.

Caudill, 60, has lost the use of his feet and uses a wheelchair. He appreciates thoughtful touches in the new design, such as room light switches located beside beds instead of the door. That change requires a caregiver checking a sleeping resident to ask permission before turning on the light. "Now, at 3 a.m., somebody comes in and flips on the light," Caudill says.

In this new culture, Cowdrick says, all employees will spend part of their week in households, so they know residents and their needs. Caregivers who spend the most time with residents will have more say in planning their care.

Already, the facility has sent 24 certified nursing assistants to visit other cutting-edge nursing homes to gather ideas.

Pat Parks can't wait for the changes. "Nobody wants to eat breakfast at 7 o'clock in the morning," the nursing assistant says. She believes the new household structure will give her more time with residents. "We'll be more close-knit, instead of just running here, running there."

At the Lutheran Home at Trinity Oaks in Salisbury, a cultural transformation has been in the works several years. Twyla Hall, who, at 47, is the facility's youngest resident, says she's seen many positive changes. Born with cerebral palsy, she uses a wheelchair and needs help getting in and out of bed.

She prefers bathing in bed, so a nursing assistant brings a spa cart to her bedside, complete with music and warm lotions.

She recently enjoyed an exercise class in the courtyard. She takes online college courses and has finished a degree in Spanish. The other day, she and other residents feasted on old-fashioned tomato sandwiches.

"I was worried I wouldn't be able to have a normal life here," she says. "But they made it possible."

Coming alive again

Anyone who's visited a nursing home has probably seen residents parked in wheelchairs in the halls. Often, they appear asleep or disengaged.

"The slumbers," Huntersville Oaks' Cowdrick calls them.

Such behavior stems partly from surroundings. Residents lose control over parts of their lives that provide dignity and purpose, such as taking showers in private, or helping with meals and laundry. They feel homeless. And they shut down.

Give them back that dignity, experts say, and they often change.

Edward Cordick of High Point's Pennybyrn recalls entering a household at a facility in Kansas and being greeted by a man who offered him coffee. He assumed the man was a volunteer. In fact, he was a resident.

"He'd become the greeter of the household," Cordick says.

In the reinvented nursing home, the slumbers often disappear, Cowdrick says.

"When you introduce normality and some chaos and excitement," she says, "people just come alive again."

Pam Kelley: 704-358-5271.

Biscuits and the Best

Ask Craig Souza about transforming North Carolina's nursing homes, and he might tell you the sausage biscuit story.

Souza leads the N.C. Health Care Facilities Association, the trade group that represents most of North Carolina's nursing homes. In the past year, the association has launched an effort to transform nursing homes called "Journey to the National Best."

Souza's biscuit story: A friend goes on Mother's Day to visit his grandmother in a nursing home. He brings her a sausage biscuit. And the staff won't let her have it, because of diet restrictions.

"We need to be able to give them the sausage biscuit," Souza says. Or, put another way, nursing homes need to do their best to make people happy.

Souza's group is working with its members to do that.

"We're talking about changing the way people live in a skilled nursing facility," Souza says. "We're going to plow down some of these barriers and we're going to make it better."

Changes include renovations to create more natural lighting, more private rooms and smaller, more intimate dining facilities.

Souza's now working on a plan that would bring wireless Internet to every nursing home in the state. He'd also like to see playgrounds, so grandchildren will look forward to visits.

And if residents like a little sherry before dinner? "By God," he says, "they ought to be able to have it."

For more about the association's efforts: www.nationalbestnc.org.

Senior Housing: A Glossary

ASSISTED LIVING

Apartments for people who need help with daily activities, such as dressing, eating, bathing. Average 2005 annual cost: \$34,860.

NURSING HOMES

These offer 24-hour skilled nursing care for people with serious illnesses or disabilities. Average 2005 private-room annual cost: \$74,095. At Huntersville Oaks, the annual private room cost is \$67,525.

CONTINUING CARE RETIREMENT COMMUNITIES

Residents usually pay an up-front fee that may range from thousands to several hundred thousand dollars, plus monthly payments. They move into a private home or apartment, with a promise of future assisted living or nursing home care as needed.

At The Forest at Duke, residents who move into a single-occupancy one-bedroom apartment pay an entry fee ranging from about \$80,000 to \$139,000, plus a monthly service fee of about \$1,800. If they need skilled nursing, they move into the Health and Wellness Center. There, they pay about \$3,000 a month, but no longer pay the monthly service fee.

Transforming the Nursing Home

Leslie Jarema, of The Forest at Duke, is writing a guide detailing inexpensive ways to make nursing homes more like home. Among her suggestions:

- Use colored towels and robes and scented soaps to make shower rooms feel more residential.
- Put throw pillows and afghans in living room areas. Use lamps, sconces and natural light to provide soft lighting.
- Consider framed pictures of residents and their families on tables or mantels.
- Don't use leftover funeral flowers.

Eliminate:

- Bells and buzzers.
- Medical equipment in common areas.
- Signs such as instructions to caregivers ("Always check the water temperature prior to residents' use") taped up in rooms or bathrooms.
- Nursing stations. More nursing homes are using touch-pad computer screens that allow caregivers to record patient information without visiting the nursing station to fill out reports.
- Wheelchairs, except for transportation and when they allow residents to move independently. At The Forest at Duke, residents using wheelchairs are moved to regular chairs after they reach their destinations.

Total U.S. residents 65 and older living in nursing homes: About 1.5 million

Residents' average stay in 1999: 892 days

At age 65, percentage chance of entering a nursing home in your lifetime: 40

Percentage of population 85 and older residing in a nursing home: 22

Skilled nursing facilities in North Carolina: About 430

N.C. Residents: About 45,000

Skilled nursing facilities in South Carolina: 193

S.C. Residents: About 16,000

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