

The Kollaborator

PERSPECTIVES IN ELDER CARE

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from **KENDAL**[®]
OUTREACH

Creation of Pressure Ulcer Training Sites

Since 1996, Kendal Outreach's Pennsylvania Restraint Reduction Initiative (PARRI) team has been developing training sites across Pennsylvania in areas such as physical and chemical restraint elimination, and falls prevention. In 2008, with the continuation of the PARRI grant, Kendal Outreach's educational consultants expanded the program to include the creation of new training sites for the Prevention of Pressure Ulcers. This clinical protocol is based on the 2001-2005 Pennsylvania Nursing Care Facilities Best Practices Project, an evidenced-based model sponsored by the Department of Health, in which Kendal played the key role in implementation of the protocol. Participating organizations with facility-acquired pressure ulcer rates exceeding 10% were able to significantly decrease these rates; in fact, several of them became "Pressure Free." Staff from these successful communities created change in both their communication systems and care planning processes to improve outcomes.

Since adopting the Pressure Ulcer protocol, the PARRI team has developed six training sites and they, in turn, have conducted regional presentations for information sharing and peer support. They will continue serving as resources for long term care facilities in their geographic areas. In addition, the PARRI staff remains available to provide consultation on Pressure Ulcer prevention as well as fall management and injury prevention, physical restraint reduction including the elimination of unsafe bed rails, chemical restraint education, and behavior management.

Congratulations to Guardian Elder Care, Nanticoke; Landis Homes, Lititz; Redstone Highlands, Greensburg; Rolling Fields, Connegutville; Riverwoods, Lewisburg; and Vincentian Home, Pittsburgh, for their diligence and success in reaching Pressure Ulcer Prevention trainer status.

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Training Sites for Prevention of Pressure Ulcers



Guardian Elder Care, Nanticoke.



Landis Homes, Lititz.

More training sites for *Prevention of Pressure Ulcers*:

continued from page 1



REDSTONE HIGHLANDS, Greensburg.



ROLLING FIELDS, Connegutville.



RIVERWOODS, Lewisburg.



VINCENTIAN HOME, Pittsburgh.

Competence with Compassion™: Ethical Decision-Making in the Changing Culture of Long Term Care

Over the past decade, the Center for Advocacy for the Rights and Interests of the Elderly (CARIE), located in Philadelphia, has been engaged in conversation about the development of a new approach of the ethics in long term care. Our interest was prompted by dissatisfaction with existing models of long term care ethics that either focused on certain unarguably important qualities of a caregiver or simply lifted a framework which was developed in the context of acute care and applied it to the very different environment and challenges of long term care. The problem with the first approach was that it did not necessarily provide effective guidance for resolving ethical dilemmas; the problem with the second was that it proved to be an ill fit at best.

The framework developed by CARIE with the advice and support of professionals, providers, staff and consumers of long term care is grounded in five overarching commitments that long term care providers make to the recipients of their care. These commitments are derived from both the *explicit* representations that providers make to prospective residents and clients and from the commitments that are *implicit* in the care giving relationship. They are: (1) to preserve and promote the care recipient's health; (2) to protect his/her safety; (3) to ease suffering and pain; (4) to respect individuality; and (5) to support the continuation of the resident's or client's life story. These commitments form the moral center of the long term care relationship; providers therefore are ethically accountable for their fulfillment. In CARIE's ethics program, each of these commitments is unpacked and the specific ethical responsibilities that they contain are explored.

An ethical dilemma occurs when two or more of these commitments are in tension. For example, the commitment to protect someone's safety may be in tension with the commitment to respect his individuality (including his decisions), or the commitment to ease pain may be seen as in tension with the commitment to support the continuation of life story. *IDEAS for Ethical Decision-Making* is a five-step decision-making process for working through a challenging care dilemma. Each letter in the acronym IDEAS represents a step in the process. The steps are: **I**dentify the ethical dilemma and the stakeholders (the orientation step—what is the problem, who does it involve?); **D**evelop the care recipient's story (the information gathering and sharing step that ensures that we remain mindful of the particular person at the center of the decision-making); **E**xplore all options (the brainstorming step in which we think as creatively as possible, suspending judgment); **A**ssess the options (the evaluative step – how does each option fulfill or violate our commitments to the care receiver?); and, **S**et a course of action (the action-planning step—looking at the array of options available for fulfilling our commitments to the care recipient, what will we do, who will do it, when will it be done?).

We believe that the framework described above holds great value not only by providing a pathway for thinking critically through an ethical dilemma but equally or even more importantly by supporting team decision-making through a shared vocabulary for understanding and approaching ethical issues.

For additional information contact Michele Mathes,
Education Director, 267.546.3436., mathes@carie.org or
visit our website www.carie.org

Crozer-Keystone Village

Creating Access to Resources Everywhere (we CARE)

What is Crozer-Keystone Village (CK Village)? The answer to that is simply this—a unique concept focusing on the coordination and access to quality care and services, supporting a community in its mission of realizing a healthy balanced lifestyle.

In January of this year Crozer-Keystone, located minutes from Philadelphia, launched this new initiative, with an emphasis on the health and well-being of the 50-plus community. Recognizing that both the national and local statistics speak of the emerging growth of a generation of adults, Crozer-Keystone spearheaded this “virtual village” believing that boomers will be increasingly active in their approach to life. CK Villages are designed to support the 50-plus population, their parents and other members of the senior community in their efforts to access reliable services and health care providers.

There are several village-type programs across the country, the first of which was developed in the Beacon Hill community of Boston in 2001. Although the concepts are all similar, there are unique qualities to many of these programs and CK Village is the first and only program of its type developed and managed by a health care system. CK Village is built on the premise that adults want to age in place. Long term care placements and other levels of care outside of their homes and their communities are choices of last resort. However, there are many aspects of this model of care that can provide support to those already residing in independent and continuing care communities.

Like the other programs across the country, CK Village is a membership program. At the “Helm” of the program is Crozer-Keystone Health System, supported by the founding partners and a network of service providers comprised of several businesses and community organizations from across the Delaware County area. The CK Village network providers all undergo a quality assessment which also includes satisfaction surveys from CK Village members.

At the center of a CK Village is the “Navigator”—based on the concierge approach to service. The Navigator’s role is to develop a relationship with CK Village members,

create individualized profiles on all members and make available all services necessary to sustain them in their activities of daily living as they balance their personal, professional and social lives. Think of this as the concierge service that is offered in many hotels. Members call, discuss their needs with their Navigator and it becomes the Navigator’s responsibility to navigate systems on their behalf.

These services, in the areas of health care and of daily living are many and include, but are not limited to:

- Coordination of access to health care providers
- Serving as single point of contact with all health care providers
- Helping obtain assistance with interpreting medical bills and claim forms
- Providing support, if and when admitted to an inpatient hospital
- Bill paying services
- Errand services
- Pet care—dog walking and pet grooming services
- Lifelong learning programs
- Technical support for home computers
- Home improvement and repairs
- Financial Management
- Physical Fitness

The primary member responsible for the annual fees can reside outside of the service area, allowing children to acquire services on behalf of their aging parents and providing them with added assurance that their loved ones are being cared for professionally by the CK Village staff and their network of providers.

To learn more about Crozer-Keystone Village call 1-800-254-7539.

*Barbara Alexis Looby, MSWAC, LSW
Administrative Director - Senior Health Services
Crozer - Keystone Health System*

Eliminating Forced Bathing for Residents with Dementia

Bathing is usually a pleasurable and relaxing activity for most people. For residents with dementia, it can be a traumatic experience for them and their caregivers. Agitated and combative behaviors are often exhibited during the bathing process, making it physically and emotionally exhausting. Research has shown that contributing factors leading to an unpleasant bathing experience include: pain, fatigue and weakness, confusion, anxiety resulting from being naked in front of strangers, fear of falling, being in a noisy or unfamiliar place, discomfort from cold or drafty bathing areas, and harsh water spray (Rader, J., Barrick, A.L., Hoefler, B., Sloane, P.D., McKenzie, D., Talerico, K.A., & Glover, J.U. [2006], *The bathing of older adults with dementia: Easing the unnecessarily unpleasant aspects of assisted bathing*. American Journal of Nursing, 106, 40-49.).

An eight week program to eliminate forced bathing has been developed by PARRI/Kendal Outreach, LLC, using research-based interventions to address the emotional as well as physical needs of the person being bathed. The goal of the program is to reduce agitation and combativeness during the bathing process by teaching caregivers



Bathing team from Lutheran Home at Kane.

techniques to improve the bathing process as well as to develop bathing plans for individual residents. Team members from Kendal Outreach have been working with staff at Lutheran Home at Kane; St. Andrew's Village in Indiana; Thornwald Home in Carlisle, and Saint Joseph's Manor in Meadowbrook.



National Church Residences Brings COLLAGE to Residents of Affordable Senior Housing

National Church Residences (NCR), the nation's largest not-for-profit developer of affordable senior housing, has partnered with COLLAGE to bring a continuum of care to 53 communities throughout central and southern Ohio. For the past year, NCR has participated in COLLAGE at two Continuing Care Retirement Communities, and three senior housing residences. "The partnership will help expand our obligation to provide the best quality of life possible to our residents," said Jerry Kuyoth, Senior Vice President, COO, of NCR Health Care. "The program ensures our residents a viable option to age-in-place in the community that they've come to call home." As adult service providers, the membership of NCR helps provide a framework of evidence-based interventions, and creates an environment for residents and staff to identify a plan for healthier aging.

Aging services organizations have historically relied on intuition, anecdote, and precedent to make critical health and wellness decisions about their residents and clients. The challenge is that quality services can only be developed and delivered when the paradigm shifts – when providers understand the value, power and necessity for good data to drive program development, organizational benchmarking, quality improvement and good decision making.

COLLAGE, The Art and Science of Healthy Aging®

Applying standardized and integrated health and wellness assessment information to promote healthy aging. Go to collageaging.org to learn more about membership, features, benefits, webcasts and demos. Or, contact COLLAGE at nberesin@collageaging.org or 610.335.1283.

Strong Language from Administrative Law Judge

“There simply was no legitimate justification for [the nursing home’s] use of involuntary restraints as a protective measure.” Administrative Law Judge Kessel made this strong declaration in his decision in the case of *Britthaven of New Bern v. the Centers for Medicare & Medicaid Services (CMS)* (Dec. No. CR1837.) This September 2008 case before the Department of Appeals Board derived from Britthaven’s request for a hearing after CMS accepted the surveyors’ findings of immediate jeopardy (IJ) level noncompliance and imposed remedies.

Britthaven, a skilled nursing facility in North Carolina, was surveyed for compliance with the Medicare participation requirements. The decision in this case focused on two IJ level findings of noncompliance. One IJ dealt with the facility’s failure to comply substantially with the requirement that a resident has the right to be free from any physical or chemical restraints imposed for discipline or convenience and not required to treat the resident’s medical symptoms (42 C.F.R. § 483.13(a)). The other IJ was cited because the facility failed to comply substantially with the requirement that a facility must ensure that its residents’ environment remain free of accident hazards as possible (42 C.F.R. § 483.25(h)(1)).

Both deficiencies involved the use of physical restraints used on four residents to prevent them from falling. Some residents had histories of falls and all had medical or psychological problems that placed them at risk for falls. CMS argued that Britthaven’s use of physical restraints was wrong, both as a matter of law and as a matter of sound nursing practice. Additionally, CMS contended that the use of restraints was never an appropriate tool for dealing with fall risk and that such devices actually increase the likelihood that residents will sustain injurious falls. CMS submitted as evidence S&C-07-22, a CMS’ policy memo regarding restraint use. The memo provides, “Falls do not

constitute...a medical symptom that warrants the use of a physical restraint.” The policy is supported by professional literature that shows the risk of physical or psychological injury resulting from restraint use outweighs any possible benefit.

Britthaven disagreed with the policy memo. Additionally, the facility argued CMS’ “ban” on the use of restraints to prevent falls should not apply to residents who are “confused, elderly, and non-ambulatory or who are unable to transfer or ambulate safely without staff assistance, and who lack judgment to seek necessary assistance.” Britthaven maintained that the staff attempted various interventions with each of the residents in order to protect them from falling before deciding to use restraints. As a last resort and with a physician’s order, each resident was tied to their wheelchair with a non self-releasing belt. Britthaven argued they believed that the facility may use restraints to protect residents from falling.

Judge Kessel did not agree with Britthaven’s stance. “Restraining residents because other interventions have not worked...is not justification given the great mass of professional opinion and empirical evidence to the effect that restraining...residents actually increases their risk of falling.” Judge Kessel noted that one of the residents suffered increased agitation and fell at least twice after staff restrained him, including one incident of him tipping over the wheelchair. Judge Kessel suggested the solution here was more supervision. Despite the facility’s argument that it would be “operationally and financially unfeasible” to provide supervision needed to prevent the falls, Judge Kessel stated that that argument does not excuse the nursing home from providing such care.

Britthaven did not appeal this decision.

Jeane Nitsch, JD, MS, MSW

We welcome another
PA FIRST Facility—Falls,
Interventions, Resources,
Strategies, Training Site—
Saint Mary’s at Asbury Ridge
in Erie.



Thank You, Mary Scharf, and Best Wishes!

After more than 30 years with The Kendal Corporation and Kendal Outreach, Mary Scharf is retiring. Although most of you have not seen Mary, she is the essential person behind the scenes. She is the person who makes sure your registration for our programs or teleconferences is arranged and sends you the necessary handout materials. She fills your orders for items purchased from Kendal Outreach's resource catalog and bundles up your bed brochure pamphlets that you use to educate residents, patients and families.

Mary is the linchpin for Kendal Outreach, matching up inquiries about family care giving concerns with professionals who can offer guidance and advice; acting as a liaison between our consultants who serve as mentors with providers requesting help with physical restraint elimination, chemical restraint reduction, and falls and pressure ulcer prevention; and negotiating speaking engagements on a wide range of long term care topics.

And these are just some of the everyday jobs she has quietly absorbed and ably developed throughout the years. Mary has been the Outreach team's biggest cheerleader, and equally biggest and most kindly nudge. She has been the taskmaster for reports and budgets, making sure that we stay true to the requirements of all the grants that we receive.



On March 2, Kashmira Narinesingh-Smith joined the Kendal Outreach team as the new Executive Assistant. Kashmira's career has spanned experience in both the government world as well as academia.

Before retiring, Mary and Kashmira will spend several weeks together to assure a smooth and seamless transition. A very sad, yet happy farewell to Mary from the many, many friends she has made throughout the years; and our best wishes to both Mary and Kashmira as they move into these new phases of their lives.

Peer Mentoring for Restraint Reduction Continues

Since our last issue, we welcomed two new Physical Restraint Reduction Training Sites: Thornwald Home in Carlisle (not pictured) and Holy Family Manor in Bethlehem, pictured below.



Holy Family Manor, Bethlehem.

Carbon County Home, Weatherwood, in Weatherly, hosted and presented a program on restraint reduction/restraint free care and environment.



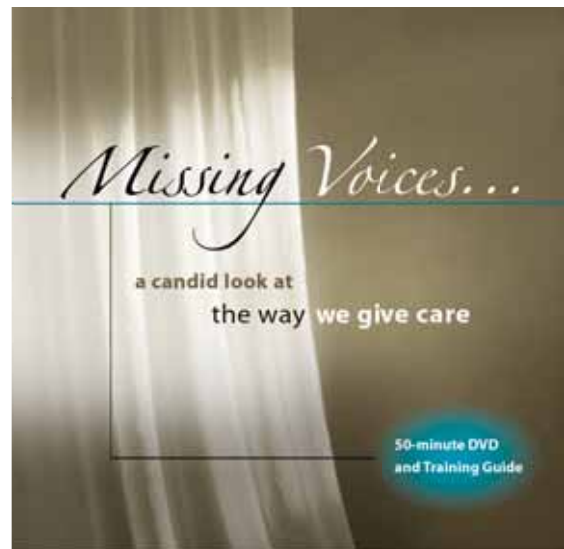
Carbon County Home, Weatherwood, Weatherly.

“My grandmother was admitted for acute onset dementia. The doctor walked in and said ‘she has dementia so just put her in a home’. So I asked why he came to this decision, and then I went on to explain prior to this episode she was cooking, cleaning, shopping, paying bills, never confused. His statement to me was ‘no one told me that’. I said, since she lives with me and you never ever talked to me, where did you get this information? She went on to be treated for possible stroke, went to rehab. and came back home with me for another one and a half years. So I do know first hand the frustration some families are faced with.”

“My mother-in-law is in an assisted living facility. She does not eat breakfast, she has never eaten breakfast but the staff insisted she get up for breakfast.”

These two scenarios, while difficult to imagine, are realities for hundreds of families faced with the admission of a loved one to a nursing home. The devoted spouses, children and siblings provide strength and offer support to the one who is now in the care of strangers. Not that these strangers are bad or uncaring; it’s more that they are responsible for providing care for more than the one person deeply important to the immediate family. Families are faced with an inability to properly provide the physical care needed at home. However, they remain deeply dedicated to the provision of psychological support and also for remaining a passionate voice in the health care team.

Bronfenbrenner’s Ecological Systems Theory suggests that the most important and least complex network for each of us is our immediate circle or micro system comprised of our immediate family. And, just as these relationships are the closest and most intense at the beginning of life in structuring one’s beliefs and behaviors, one could argue that these same relationships are the most valued by each of us as we reach the end. While the influence of people beyond our immediate circle impacts our lives to some degree, it is not as powerful as our personal family’s involvement. To disregard families’ passion, interest, and input is to disregard or ignore the most basic needs of each person.



The experiences mentioned above as well as hundreds of others that Kendal Outreach staff has heard for the past 12 years was the impetus for the production, “Missing Voices,” a unique training resource for health care systems that documents stories of families affected by caregiver actions. It highlights how seemingly innocent, yet insensitive, behaviors of doctors, nursing staff and other disciplines in the health care setting can have profound impact on the lives of families. The thirty-minute film and accompanying teaching guide can help management and caregivers develop and implement a continuum of care that complements the role of the family as vital members of the care team. The various exercises are designed to increase awareness and receptivity to becoming more caring individuals in the role of healthcare professionals. The film and guide are designed to be used within a teaching setting for students in the medical, nursing and allied health professions; advocates; administrators; as well as for those staff presently engaged in service areas of care.

Beryl Goldman
Director for Kendal Outreach

ABOUT KENDAL OUTREACH: Kendal, the pioneer of restraint-free care, has 35 years of management and operational experience in the development and execution of comprehensive approaches to safe, individualized care practices that have led to successful outcomes for many organizations. Whether exploring programs to improve existing practices or addressing challenges, our consultants offer guidance and processes specific to organizational needs across the continuum. Kendal consultants have over 100 years combined LTC experience; they currently serve as educators with the Pennsylvania Restraint Reduction Initiative and formerly served as educators with the Pennsylvania Nursing Care Facilities Best Practices project. The long-standing value of maintaining the autonomy and dignity of the frail, elderly person through resident-centered care underlies Kendal's dedication to promoting the well-being and quality of life of those served.

Available Now:

At the 2008 AAHSA Annual Meeting held in Philadelphia, Kendal was honored to have Dr. Dennis McCullough introduce his recently published book, *My Mother Your Mother Embracing "Slow Medicine," The Compassionate Approach to Caring for Your Aging Loved Ones*. Dr. McCullough spoke during a breakfast meeting to over 100 invited guests who participated in a discussion following his lecture. Attendees also had the opportunity to greet Dr. McCullough during a book signing in the Exhibit Hall later in the day.

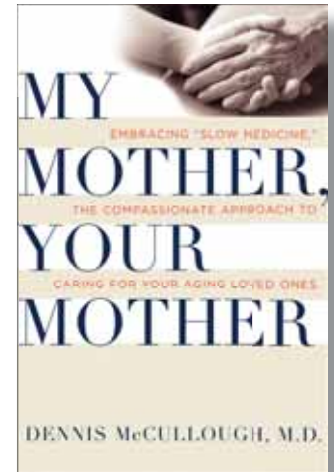
Dr. McCullough's insights, born out of a deep and personal journey, are offered with both wisdom and poetry. Indeed, practitioners and lay people alike will find concepts to consider and ideas which can lead to changes in personal care and health systems to embody a respect for elders, otherwise absent despite our traditional "best intentions" paradigms of care. Readers can join him in this "journey up the mountain" and in his reflection upon how professionals, families and friends of older people participate in the denial of death... "medicalizing" what could otherwise be a profoundly rich time for families who attend to sick and dying elders.

Examine with Dr. McCullough the notion of "Slow Medicine" which helps us to understand the intricacies of

the small moments as they profoundly impact larger life issues, and discover his thoughts for remedy. For those of you who may have aging, sick or dying elders in your life, or for those who care for such families and friends, Dr. McCullough's work can be critical in changing the quality of your lives and the care that you deliver.

You may listen to Dr. McCullough's presentation and/or order the book by visiting our website:

<http://kendaloutreach.org>



Willa's World

A Person-Centered Approach to Fall Management

Willa's World is a person-centered resource guide for developing an interdisciplinary approach to fall management. It was developed by members of Kendal's consulting team as part of their Pennsylvania Restraint Reduction Initiative (PARRI) work with skilled nursing facilities, and contains the techniques and process guidelines which have proven successful in significantly decreasing falls for facilities who implemented these techniques and guidelines. Underscoring the approaches highlighted in this guide is the critical belief of PARRI: that using physical restraints to prevent falls is not an option. The format is intended to spark critical thinking skills of staff at all levels and for all disciplines.

Comments received from staff who used the manual to implement a falls management program within their facilities include:

"[This is an] excellent resource...I would like to have at least one of these manuals for each unit...;"

"..provides a 'thinking' tool for all staff..;"

" [it was] easy to read....had good resources."



For more information visit our website: kendaloutreach.org or call our office: (610) 335-1280.

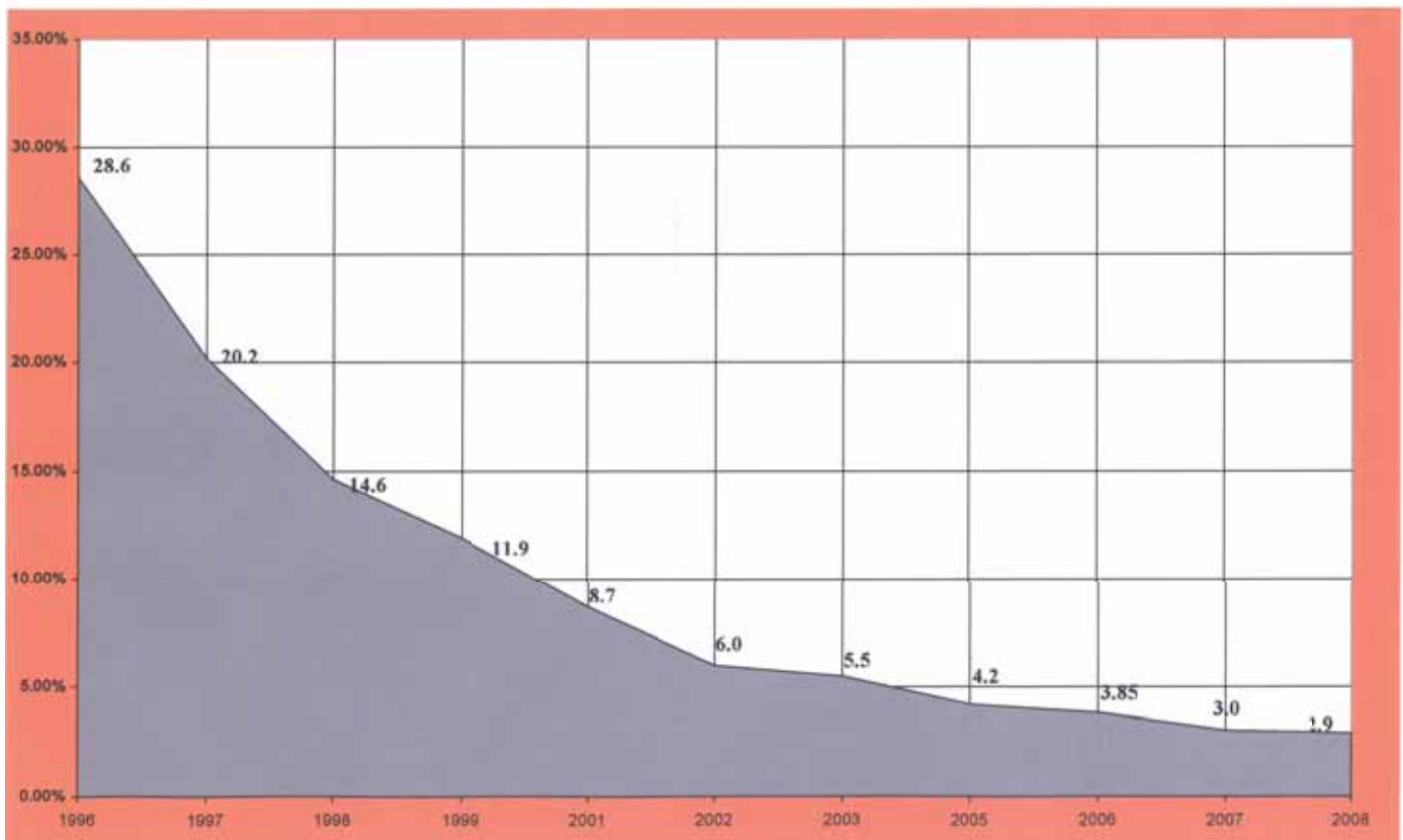
The Pennsylvania Restraint Reduction Initiative (PARRI)

Officially launched in July 1996, the impetus of the Pennsylvania Restraint Reduction Initiative (PARRI) came from the realization that despite regulations passed in 1990 limiting restraint use, Pennsylvania nursing facilities were using physical restraints at a rate of 28.6%—one of the highest in the nation. Led by the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services or CMS), the PARRI Task Force, initially comprised of representatives from CMS, PA Dept of Health, Pennsylvania Health Care Association, PANPHA, Pennsylvania Association of County Affiliated Homes, the University of Pennsylvania, Alzheimer’s Association (PA Chapter), a pharmacist (and later a representative from the PA Medical Director’s Association), selected Kendal to undertake the two-year pilot task of implementing safe restraint-free care practices in the Commonwealth’s

700-plus long term care facilities. Thirteen years later and with a profound commitment from CMS, Pennsylvania’s Department of Health, the state provider associations, and Department of Public Welfare, the PARRI staff has been praised for providing leadership, direction and technical support to providers throughout the state and for decreasing physical restraint use by 90%, now at 2.9%.

The PARRI’s five-member training team provides free assistance to Pennsylvania facilities that includes phone and on-site consultation, individual case assessment, staff and family education sessions on physical restraint reduction, chemical restraint reduction, proper assessment techniques and utilization, fall prevention, bed safety, family/staff relationships, dementia training and pressure ulcer prevention.

*Restraint Usage in Pennsylvania
(percentages)*



KENDAL® OUTREACH, an affiliate of The Kendal® Corporation, is a not-for-profit consulting provider specializing in creative solutions for healthcare clients primarily devoted to long-term care.

The pioneer of restraint-free care, Kendal has over 35 years of management and operational experience in the development and execution of comprehensive approaches to safe, individualized, care practices. Whether exploring programs to improve existing practices or address challenges, our consultants offer guidance and processes that can lead to successful outcomes for your organization, your staff, and the people you serve.

The long-standing value of maintaining autonomy and dignity of the frail, elderly person through resident-centered care underlies our dedication to promote the well-being and quality of life of those served.

From single-issue analysis to comprehensive reviews and strategic planning, education and training, our consultative services are discreet, cost-effective and evidence-based with positive outcomes.

KENDAL OUTREACH OFFERS EXPERT, PROFESSIONAL ASSISTANCE UTILIZING:

- single-issue analysis
- comprehensive reviews
- strategic planning
- education and training
 - full day
 - half day
 - teleconferences
- consultation

WE TAILOR PROGRAMS TO MEET THE UNIQUE
NEEDS AND DESIRES OF EACH ORGANIZATION.

AREAS OF EXPERTISE:

CLINICAL

- Physical Restraint Reduction
- Behavioral Management and Psychotropic Medication Review
- Nursing Assessments and Care Interventions
- Pain Identification and Management
- Depression
- Urinary Incontinence
- Working with Residents with Dementia
- Effective Activity Programming
- Resident Abuse Prevention

MANAGEMENT

- Clinical Audits for Quality Assurance
- Policy and Procedure Review
- Working with Families
- Team Building
- Survey Readiness Reviews
- Leadership Skills for Nurses
- Maintaining Optimal Level of Independence
- Evaluation of Staffing Patterns
- Structuring Consistent Care Giver Model

SAFETY

- Fall Prevention and Management
- Bed and Side Rail Safety

TECHNOLOGY

- Valid and Reliable Wellness Assessment Tools



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Integrating Culture Change into Everyday Issues in Long-Term Care

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April 14, 2009 • Teleconference

[Person-Centered Approaches to Improve Bathing Practices](#)

May 12, 2009 • Teleconference

[Bathing from the Resident's Point of View](#)

June, 9, 2009 • Teleconference

[...and Miles to Go Before I Sleep: A Person-Centered Approach
to Nighttime Issues in Long-Term Care](#)

Regional Programs:

Essential Elements of a Fall Management Process

May 4, 2009 • Thornwald Home

442 Walnut Bottom Road • Carlisle, PA 17013

May 7, 2009 • Holy Family Manor

1200 Spring Street • Bethlehem, PA 18018

May 19, 2009 • Seton Manor

1000 Seton Drive • Orwigsburg, PA 17961

May 19, 2009 • Westmoreland Manor

2480 S. Grande Blvd. • Greensburg, PA 15601

May 20, 2009 • St. John Neumann Nursing Home

10400 Roosevelt Blvd. • Philadelphia, PA 19116

May 20, 2009 • Concordia Lutheran Health & Human Care

134 Marwood Road • Cabot, PA 16023

May 27, 2009 • Rouse-Warren County Home

701 Rouse Avenue • Youngsville, PA 16371

May 28, 2009 • Saint Mary's at Asbury Ridge

4855 W. Ridge Road • Erie, PA 16506

June 2, 2009 • The Green Home

37 Central Avenue • Wellsboro, PA 16901

June 3, 2009 • DuBois Nursing Home

200 S. 8th Street • DuBois, PA 15801

June 5, 2009 • Riverwoods

3201 River Road • Lewisburg, PA 17837

June 9, 2009 • Mennonite Home

1520 Harrisburg Pike • Lancaster, PA 17601

June 10, 2009 • Laurel View Village

2000 Cambridge Drive • Davidsville, PA 15928

June 11, 2009 • St. Vincent Hall @ Vincentian Motherhouse

8200 McKnight Road • Pittsburgh, PA 15237

June 12, 2009 • Fair Acres

340 N. Middletown Road • Lima, PA 19037

June 16, 2009 • St. Paul Homes

339 E. Jamestown Road • Greenville, PA 16125

June 17, 2009 • Wayne Woodlands Manor

37 Woodlands Drive • Waymart, PA 18472

Visit our web site at www.kendaloutreach.org or call our office at: (610) 335-1280.



The Kollaborator
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