



# Massachusetts PATRIOT

Massachusetts Life Care Residents Association (MLCRA) Spring 2015

The Residents's Advocate---Management's Friend

## President's Message: Report on the LeadingAge Senior Living Symposium



Will Holton

LeadingAge Massachusetts is the nonprofit provider's organization for senior housing and health services. Two MLCRA members, including Treasurer Jeanne Stolbach, attended the March

symposium with me in Natick. The day of presentations was cosponsored with Ziegler, an investment firm that works with nonprofits around the country.

I found it very interesting to learn about the providers' perspectives on issues that affect Continuing Care Retirement Communities (CCRCs) and other organizations. As you would expect, those perspectives were very different from those of CCRC residents who belong to MLCRA. There was little to no mention of disclosing financial information to residents or of involving residents in decisions about matters that affect their quality of life.

The first presentation focused on demographics and it is no surprise that trends call for increasing proportions of elders in the American population. In Massachusetts, 15 percent are now over 65 and that figure will be over 20 percent in 2030. At the same time, the younger group will decline, affecting the ability to attract a qualified workforce for CCRCs. The "baby boomers" will continue to become elders, but they are not healthier, with higher rates of obesity and cholesterol, and

other health conditions. Baby boomers are expected to work longer, meaning CCRC designs will need to change. Needs will increase for all age groups.

Trends in CCRCs are showing that residents enter independent living at older ages, into the eighties in most communities now. Turnover in CCRCs is increasing now at about 12 percent per year, putting more pressure on marketing. Beyond independent living, CCRCs are seeing more demand for subacute care, short-stay rehabilitation, long-term nursing care, and memory care.

Nonprofit CCRCs are experiencing growth, especially through the expansion and repositioning of existing campuses. Fewer nonprofits are developing new community locations. There are more sponsorship transitions and changing affiliations are occurring among nonprofit CCRCs; these are no longer called mergers and acquisitions. Larger nonprofit systems of senior housing have emerged since 2000, except in the nursing home field. Branding efforts are increasing, attempting to make CCRCs stand out in the crowded field.

*(cont'd on next page)*

MLCRA Annual Meeting

Monday, May 18, 2015  
Newbridge on the Charles  
Dedham, MA  
10:00 a.m. - 2:00 p.m.

Association presidents and  
MLCRA representatives are eligible to vote.  
Encourage them to attend  
and participate.

**President' Message (cont'd from p. 1)**

Home care options and services in CCRCs for surrounding community members are much more common now. Reasons for this include the lower risks for investments because the costs are low. These services expand the use of CCRC facilities during the day and for meals, while possibly attracting more future residents. An Area 1 member community that I visited last year had experienced some problems with a reasonably-priced community membership program. Local residents paid a small monthly fee and came in for card games, other events, and meals at a moderate cost. Some CCRC residents there reported difficulty having dinner at their preferred times.

Other trends in nonprofit CCRCs show that their growth has slowed and smaller organizations often merge when they are in financial distress. Nationally there is a move to change the "CCRC" label to make it more attractive to potential consumers because they found "emotional barriers" with the term. "Continuing care" is seen to imply that care is needed and younger seniors think they aren't ready for it. Can you think of a substitute name for "CCRC" that "will influence action and create a positive and strong link" with potential residents? Health care reform is seen as a "game changer"

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for the field. This issue applies more to health care services covered by Medicare and Medicaid. Senate Majority Leader Harriette Chandler was asked if the people of Massachusetts are prepared for the high cost of long-term care. She answered that they are not aware of this and that denial is the common attitude. She added that long-term-care insurance is too expensive and there is no oversight of it here, especially for group policies. She wants to increase Medicaid payments for nursing home care to 2011 cost levels.

Senator Chandler also noted that managing the care for more frail patients is a problem that will affect us all. Managed plans are now only optional. Nursing home beds are empty in our state because their services do not fit the emerging needs. Specialization is an option, with high quality care for dementia as the fastest growing need. Integration with local communities is required and hospice care should be used more at the end of life.●

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**THE PRESIDENT SAYS:**



**"KEEP MY TELEPHONE RINGING!"**

**Will Holton: (617) 971-1614**

Call me *now* about people who may help MLCRA realize its potential to serve its growing membership. Start with telling me about your interests and skills. Also alert me to neighbors in your community who might contribute because they are committed to the CCRC model of living and want to help make it stronger for all CCRC residents in Massachusetts. If a good percentage of MLCRA members will give me information along these lines, we can go into the 2015 Annual Meeting on May 18 with a larger leadership group!

**Call early and often.**

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## How Are Decisions Made in Your Community?

by Sheila McMahon, Springhouse

If you go online to look up instances of poor decision making, it's pretty easy to find lots of examples that we all can remember and that we mostly are able to recognize in hindsight as poor decisions. The people involved could not see the consequences of their styles of organization and of decision making. Many of these are studied in MBA programs where they are discussed at length so that students can understand the organizational practices and decision-making pathologies that led to horrendously poor decisions even when the people involved were trying their best to do the right thing.

aspects that are not adequately understood and addressed.

Sometimes decision makers rely too heavily on information that supports their biases and tend to downplay information that leads to contradictory conclusions. Paying attention to all information is key to making good decisions.

It is important to test "conventional wisdom." If everyone in the field believes something, it still is not necessarily true. It may come from givens in training or influential writing that was persuasive when folks were students but is not as persuasive

*In our CCRCs, the residents should be seen as experts in their own lives and capable of understanding their own needs.*

We can think back over the years and come up with plenty of examples: the Vietnam War, the Bay of Pigs invasion, the Edsel, the "new" Coke, and the gradual slide of American automakers from dominance to near bankruptcy. Without doubt, each person reading this article can come up with a few more. There were good people making these decisions; there were experts involved; there were surely lots of meetings; yet they got things terribly, catastrophically wrong.

What happened and how can we apply the lessons learned to the decision making in our Continuing Care Retirement Communities (CCRCs)?

Sometimes folks settle on one view of a situation without trying hard to get views from outliers (those folks who may see the situation differently). They don't encourage constructive debate among stakeholders and don't realize different views are not just oppositional but are bringing up aspects of the situation that have not been properly explored. It is efficient to come to a quick conclusion but it may be risky if there are

now. For example, the limits of activity for older adults are expanding every day but in some places the activities are not keeping up with the residents.

At times, managers resort to experts to help them make decisions, yet they choose experts who are likely to tell them what they want to hear. In our CCRCs, the residents should be seen as experts in their own lives and capable of understanding their own needs.

It is common for decisions to be made by a small group and presented to the rest of the organization as a final decision, minimizing the comments from folks who might see things differently. This process is expedient but dangerous. Remember the Bay of Pigs.

Especially in senior communities, there is a tendency to want to get along and not make waves. People say things like "As long as I'm fed and kept warm, I don't care what else happens here." That's fine, but we all have a responsibility

*(cont'd on p.4)*

*Decisions (cont'd from p. 3)*

to help management make good decisions. For example, here at Springhouse there was considerable discussion about how an underused room could be redesigned so as to make it more attractive, until finally someone piped up with a comment about how it was consistently too cold in winter and too hot in summer. No redesign would work if the HVAC problems were not solved.

Often a dominant voice will drown out all others. People in authority need to be aware that they will be most effective by encouraging discussion, trying to get every possibility on the table and every angle explored. Once people feel that they have been really heard and that decisions are reached fairly, they will be better able to get behind decisions and contribute to their success.

The point of all this is that the way decisions are made in your community will ultimately contribute to the satisfaction (or lack thereof) that you and other residents feel about your community. You must insist on fair and open decision making. Too often, decisions are made and then presented to residents for ratification, rather than involving residents in the process of making decisions. Clearly, people involved are likely to support the decisions and people who were not involved are likely to continue to see themselves as uninvolved.

While it is likely that few of our CCRCs will be likely to make decisions that cause them catastrophe, it is not unlikely that they will take wrong turns that could have been avoided and that will lead them into a decline such as happened to General Motors. Declines based on poor decisions that continue to be implemented can become rather steep in a short period of time.

We owe it to ourselves and to our communities to insist on good, open, and clear decision

making. These CCRCs are our homes – we must keep them operating well for our own sake and for the sake of those who would like to choose this style of living in the future.●

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## *Simple Steps To Retain Your Memory*

Lots of times the dinner conversation at senior living facilities revolves around our perceptions of ongoing memory loss. It's a common phenomenon. Even young people sometimes can't recall a name or have trouble finding the right word. As we get older, this happens more frequently.

Unfortunately, we also see around us folks who were functioning pretty well (at least as well as we ourselves are) and yet a year or two later are candidates for the memory unit. It's a frightening prospect!

If we have medical issues that are likely to impair our memories in the future, we must deal with them in tandem with our doctors. For the rest of us, here are a few things that can help:

✓ **Get enough exercise.** Exercise can help prevent conditions such as high blood pressure, diabetes, and obesity that can contribute to memory loss. Exercise also seems to trigger the release of a protein called BDNF that promotes healthy nerve cells in the brain.

✓ **Watch your diet.** Follow a Mediterranean diet containing lots of fruits and vegetables, olive oil, and fish as opposed to red meat. One study showed that people following this diet were 20 percent less likely to develop memory problems than those eating a regular American diet. (cont'd on p. 8)

## *Lasell Village Residents Do Their Part to Support MLCRA*



**Lasell MLCRA Boosters** (Front row, l-r): Cynthia Dember, Naomi Wolf, and Carolyn Eastman. Rear: Mary Ann Ziegler and Jessica Kitay.

Last summer and fall, a group of Lasell Village residents planned an outreach campaign for MLCRA, in which they chose three nearby communities to approach to spread the word that a residents organization exists and is active in Massachusetts. They hoped to explain that MLCRA is designed to provide a voice for residents and to help residents work with the community to provide the best possible living experience. Cynthia Dember and Carolyn Eastman, both experienced Continuing Care Retirement Community (CCRC) residents, opted to make contacts with and design a presentation to residents of other communities who might be interested in listening to them.

The initial outreach was quite challenging because there appears to be no clear way to contact Resident Associations except through the executive director of each community,

unless the name and contact information of a current resident is known. Cynthia and Carolyn were only able to make a presentation at one community, where they met with the director and the chair of the Resident Association and were treated very cordially. However, there was no follow-up of which they are aware. It may be that one person joined MLCRA shortly after they visited.

It is hard to tell whether this outreach effort will bear fruit. It is not unusual for a community to feel that MLCRA is not for them, only to find that their level of interest increases as the situation at their community, or in neighboring communities, begins to change.

However, it is clear that these two women worked hard to help MLCRA and should be acknowledged for their intentions and their efforts. Many folks say lovely things about the work of MLCRA volunteers. These women took it a step or two further and tried to do something tangible to support our organization. They should be roundly applauded for their effort! ●





## LEGISLATION REPORT

### Robinson Files Bill on Electronic Payments

Bill Robinson from The Willows at Westborough, a member of the Legislative Committee, has filed legislation with the State of Massachusetts that he believes will help Continuing Care Retirement Communities (CCRC) residents handle their money more wisely. In his community, there is a limitation on how monthly fees can be paid. He believes that the management of his community finds it to their financial advantage to have all payments in the form of checks.

Bill's proposed legislation would allow payment by electronic transfer from your bank. It is an amendment of Section 76 of Chapter 93, adding after paragraph (g 1-3):

“(g) Providers shall, to the maximum extent practicable:

(4) Provide residents access to electronic billing, purchasing, and payment services that are available to the public through current advancement in computerized and network-based technologies.”

Providers, in this case, refers to the management of your community.

Bill would like to hear from you about your own experiences with electronic billing and payment. Is this service available in your community? If so, is it being used? If not, what is management's reaction to inquiries about it?

Bill can be reached by phone at 508-870-1379 or by email at [BillZel@yahoo.com](mailto:BillZel@yahoo.com) ●

### *New Legislation Allows CCRCs to Apply for Liquor License*

With apparently little or no awareness on the part of groups working on issues affecting Continuing Care Retirement Communities (CCRCs), legislation was passed in the waning days of the 2014 session that allows the sale of alcohol in CCRCs that include an assisted living component and are properly licensed by their community.

Perhaps the lack of outreach was due to the backers of this change in the law looking at it as simply a change in licensing status. Perhaps it was the result of an overly cautious lawyer advising his clients that it is better to never serve liquor at all rather than to be seen as a scofflaw who serves it from time to time to guests who are also paying residents of the CCRC.

However, it seems to this observer that at least one owner or manager of a CCRC sees liquor sales as a possible source of revenue. In most communities, the present practice allows residents to bring their own liquor to dinner or to special occasions. Some places provide the occasional glass of wine or bottle of beer but certainly don't charge for it. It is seen as an amenity – the gift of a host to invited guests.

It would be wise to be aware of this change and oppose any movement that might result in the provision of alcohol for a charge and the banning of alcohol brought to a social occasion by residents. ●

—Sheila McMahon



## Friendships are a Wonderful and Unexpected Joy Found in Congregate Living

Looking around my community, I see lots of folks who knew each other in the past and have a history of perhaps forty or fifty years of similar experiences and similar memories. They have raised their children together, experienced “empty house syndrome” at more or less the same time, decided to downsize to a CCRC at a similar place in their lives, and now live together in the same place. They may have been acquaintances in the past; now they have become close due to all their shared experiences and people.

Another smaller group have found each other after moving here. For some, it is almost a last romance. They see each other as the most wonderful person they have ever met (perhaps even including their former partner who is remembered as having at least a few flaws). In some cases, this lasts a long time and provides solace as the parties decline.

For others, it is less intense and more a question of finding someone who understands, perhaps without even a word being spoken. And for others, it is a playmate, someone who can be depended on to go to the movies, play a game of cards, or go out for dinner.

All of these folks are finding love in a place where they hardly expected to find it (of course, love is almost always found when we least expect it). Who thought, before coming to live in a CCRC, that it could be the incubator of these beautiful and wondrous relationships?●

—Sheila McMahon

### Check Your Address Label

The *Patriot* has been printing the year your membership expires as part of your address label. We have found that a few individuals have sent membership dues more than once during the year. While we appreciate your ongoing support, we don't want people to mistakenly send us membership dues when they are not required.

After your name on the label, you will see a year.

Ms. Mary Jones - 2015  
Happy Valley Residences  
1234 Laughing Brook Lane  
Cambridge, MA 14321

That means that you are paid up until the end of December of that year. If your community recently held a membership drive, it is possible that our records have not caught up with your dues.

If your address label still says you are paid through the end of December of 2014 and your community has not held a membership drive, talk to your MLCRA representative to find out when a drive is planned.●

## How Do Doctors Choose to Die?

Living in our former homes, we had friends of our own age and friends and neighbors of a variety of ages from young to old who lived around us. In a Continuing Care Retirement Community (CCRC) (or any facility serving the old), we are surrounded by folks who are inexorably moving slowly closer to death. That is one of the sad realities that we gradually become aware of as we watch the changes in our communities over the years. We are old people and old people die much more often than younger folks.

A fair number of people pass away right there, in their apartments, surrounded by their things. Usually, we hear people say that that is the best way to die. But most often, folks leave their homes and enter the hospital where doctors want desperately to save their patient and bring them back to the best quality of life possible. That's a great goal if the patient is 30; perhaps not so wise if the patient is 90.

In a 2014 study of doctor's attitudes, most physicians would choose a "do not resuscitate" (DNR) status for themselves if they were terminally ill, yet they will pursue aggressive and often painful treatments for their patients dealing with the same prognosis. That's the way they've been trained.

In 1990, a law was passed that was designed to let patients have more control over their end-of-life decisions. Unfortunately, the law as passed requires hospitals to inform patients about advance directives such as DNR but does not insure that the directives are followed. According to the study, conducted by V.J. Periyakoil of Stanford University School of Medicine, the type of care received depends on the institutional capacity of the hospital and doctors' styles of practice rather than on the patient's expressed preferences or advanced care directives.

Doctors have been trained to do what needs to be done to put off death. But at some point there is a tipping point where it should become clear that to continue to fight is a losing game. We all have a responsibility to tell our doctors and our families when we feel we don't want extraordinary measures taken. If the best way to die is at home in our beds, let's make sure that that is what happens for us.●



*(cont'd from p. 4)*

- ✓ **Exercise your brain.** Play cards, read a book, discuss the news or politics, or play a brain-training app. Any mentally challenging activity will help keep you sharp.
- ✓ **Sleep Right.** Try to get a good night's sleep. If you have trouble, try going to bed at the same time every night and avoiding caffeine and alcohol near bedtime.
- ✓ **Stay Social.** Doing things with friends both exercises your brain and helps elevate your mood. The more social connections a person has, the better they are at preserving mental functioning and memory.
- ✓ **Eliminate Stress.** High levels of the stress hormone, cortisol, make it harder to pull information from your memory.
- ✓ **Talk to your doctor.** Some medical conditions such as thyroid disease, diabetes, depression or some vitamin deficiencies can trigger memory loss. Certain medicines such as sleep and anxiety drugs can also affect your ability to remember.
- ✓ **Try memory tricks.** If the problem is remembering names, try saying the name several times to yourself to help imprint it in your brain. Sometimes it helps to write it down. If the trouble is remembering appointments, try using a calendar or posting sticky notes on the fridge.●



## The Dialogue

The purpose of this section of the *Patriot* is to encourage discussion among folks from different communities. All responses we receive will be published, but most will be edited for clarity and brevity. If you have questions that you wish to discuss, please feel free to submit them. In our last issue, we raised the question of dining room dynamics but received no responses. We are still willing to hear those now.

### This time we'll ask about the blizzard:

- How did your community manage in the challenging weather we all experienced last February?
- Did you find that systems worked well even under that stress?
- Were there unexpected problems like building designs that encouraged the formation of giant icicles or allowed leaks to develop?
- Were there problems with staffing?
- Did you have trouble handling medical emergencies?
- Were you warm, comfortable, and well-fed despite the challenges of the weather?

Let's hear some responses and also any questions you would like to ask. This is your chance to let MLCRA know what you are thinking about.

Also, we would like to hear from you about any other topics that you would like to discuss.

Please send your replies to:

sheila.ann.mcmahon@gmail.com or  
Sheila McMahon  
Springhouse  
44 Allandale St.  
#504  
Jamaica Plain, MA 02130.

## MLCRA Area Resident Associations

*MLCRA represents thousands of older residents throughout Massachusetts. Its membership includes individual resident members and 15 Resident Associations.*

### Area 1 West

Glenmeadow at Longmeadow;  
Kimball Farms, Lenox; Reeds  
Landing, Springfield; Sweetwood  
at Williamstown

### Area 2 Midwest

Briarwood, Worcester; Lasell  
Village, Auburndale; Southgate,  
Shrewsbury; The Willows at  
Westborough

### Area 3 Northwest

Brooksby Village, Peabody;  
Edgewood, North Andover;  
Newbury Court, Concord

### Area 4 Southeast

NewBridge on the Charles,  
Dedham; Orchard Cove, Canton;  
Sophia Snow Place, West  
Roxbury; Springhouse,  
Jamaica Plain

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wilfredholton@comcast.net

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Open

### Vice President for Membership

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***The Massachusetts Patriot*** *All the news that fits, we print!*

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***The Massachusetts Patriot*** is the quarterly newsletter of the Massachusetts Life Care Residents Association, Inc. (MLCRA). As the residents' voice, the *Patriot* includes information about members and non-member communities, monitors and initiates legislation, promotes the Commission on Accreditation of Rehabilitation Facilities/ Continuing Care Accreditation Commission (CARF-CCAC) accreditation and serves as an advocate for residents' rights. CCRC residents are encouraged to send articles by mail or email to:

Sheila McMahon, Chair, The *Patriot* Editorial Committee  
Springhouse  
44 Allandale Street, Apt. 504  
Jamaica Plain, MA 02130  
617-971-1634 or sheila.ann.mcmahon@gmail.com

**Massachusetts Life Care Residents Association**  
**MLCRA MEMBERSHIP Application for 2015 (Please print)**

**Date** \_\_\_\_\_

1<sup>st</sup> name \_\_\_\_\_ New member \_\_\_ Renewal\_\_\_

2nd Name \_\_\_\_\_ New Member \_\_\_ Renewal\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Retirement Community \_\_\_\_\_

\_\_\_ 1-year membership \$15.00 # of members \_\_\_\_\_ amount enclosed \_\_\_\_\_

\_\_\_ 5-year membership:\$75 # of members \_\_\_\_\_ amount enclosed \_\_\_\_\_

\_\_\_ Life Membership: \$150 # of members \_\_\_\_\_ amount enclosed \_\_\_\_\_

TOTAL # of members \_\_\_\_\_ amount enclosed \_\_\_\_\_

**Your check is your receipt.**

Make checks payable to MLCRA, and mail with form to:

Jeanne Stolbach, MLCRA Treasurer  
 NewBridge on the Charles  
 1212 Great Meadow Rd., Dedham, MA 02026

**Short-Term Goals**

- To increase the number of CCRCs affiliated with MLCRA , and to increase the individual membership in MLCRA. This will give members a greater sense of belonging in MLCRA and allow us to bring in more active members for carrying out MLCRA projects. Larger membership will also give MLCRA more resources for carrying out its projects.
- To develop and realize the “action steps” produced by the second facilitated “Strategic Planning” session in the following key areas:
  - Legislation and Advocacy
  - Communication and Education
  - Financial Security and Transparency
- To hire a part time Administrative Assistant to help with membership development and area meetings on a six-month experiential basis.

**Recent Achievements**

- Succeeded in passing Massachusetts Senate Bill S2139 that was signed by Governor Deval Patrick in January of 2013. This bill establishes the rights of CCRC residents to be informed on a regular basis about the financial status of communities after signing contracts while living there. Residents must also be fully informed in advance and heard in a timely manner on matters affecting their health and welfare and the viability of their communities.
- Continued to monitor the existing legislation and maintained liaison with LeadingAge Massachusetts, and with state and national organizations interested in legislation on CCRCs and LLCs.
- Ran successful individual membership drives with life membership opportunities to increase the enrollment of MLCRA members from across the state, reaching the record level of more than 740 members.
- Held a “think tank” session in December, 2012 with 40 residents from 11 CCRCs and LCCs in the state to define important issues for action by MLCRA. This led to professionally facilitated “Strategic Planning” sessions in April and September of 2013.



## Massachusetts Life Care Residents Association

Sheila McMahon, Chair, The Patriot Editorial Committee  
Springhouse  
44 Allandale Street, Apt. 504  
Jamaica Plain, MA 02130

The voice of residents of nonprofit and for-profit  
Continuing Care Retirement Communities

### **What is the Massachusetts Life Care Residents Association?**

Join  
MLCRA  
now to  
maintain  
your  
quality of  
life!

The Massachusetts Life Care Residents Association (MLCRA) is a nonprofit volunteer organization established in 1998 to represent individual members and resident associations located in retirement communities known as Continuing Care Retirement Communities (CCRCs) or Life Care Communities (LCCs). These communities provide facilities and services for independent living, and assisted living/skilled nursing care or both.

MLCRA is the Massachusetts member of the National Continuing Care Residents Association (NaCCRA), and the state member of the National Continuing Care Association (NaCCA). MLCRA advocates for the rights of its members, as CCRC or LCC entry-fee depositors, to be fully informed and heard on matters affecting their health and welfare and the financial viability of their community.

MLCRA recognizes and respects the common interests of residents and management, and supports efforts to promote a mutually beneficial relationship. When those interests occasionally diverge, MLCRA serves as the residents' advocate.