

# SAGE Washington & Philly

## Delegate Report | March 2008

Sue Kenny, ThomsonAdsett



STUDYING & ADVANCING GLOBAL ELDERCARE

On the evening of Friday 28th March, a small group of travel-weary Australians met in a bar at the Wardman Park Marriot. Our tour leader Judy Martin made sure we found each other, satisfied our hunger and thirst, knew our mission for the next day before we gradually slunk off to find bed and sleep, 30 hours or so after leaving home.



Our first day of the tour, Saturday, was a getting-to-know you day, as we toured the sights of Washington. Capitol Hill, Lincoln Memorial, Cherry Blossom festival, a man taking his fat cat for a walk on a lead, The White House (of course!), the Korean War Memorial, the Vietnam War Memorial. Lots of statues. A “corn dog” for lunch at Union Station. More statues and American history. A very enjoyable day which gave us a good insight into American culture and history – contemporary and past.

We discovered that the Vietnam War Memorial had been as controversial as the war itself – a design competition had been held, and a young student won with a design that was part underground – an angled wall slashing through the ground, representing the huge rift in the American psyche that the Vietnam war brought. We also discovered that the weather in Washington was unseasonably cold.

Sunday was a free day for all, and most elected to do things by themselves or with their partner. Did I mention that it was VERY COLD? Judy organised us well by dropping many notes under our doors telling us all what the program was and where to be by when, so we met for breakfast early on Monday morning to prepare for the first stage of our battle plan – The Conference.

### **AAHSA – American Association of Homes and Services for the Aging**

The conference focussed mainly on workplace issues – we were interested to hear that the American aged care system is having the same troubles that the Australian industry is in finding suitable staff, or even any staff! We were very interested in the AAHSA representation to the political leaders on their main public policy issues:

- » **Paying for long-term care**
- » **Home and Community Care**

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- » **Affordable Senior Housing**
- » **Long term care workforce**
- » **Increased use of technology**

We Australian SAGE delegates were able to pick and choose the sessions we would attend individually. The keynote speaker, Anne Rhoades, spoke on how to build an excellent workforce, identifying and nurturing A-players and exiting the C-players. The trade show was interesting, and my architect colleague, Chris, and I had a good look and chat with the architects promoting their services at the exhibition. There were also quite a few interesting technological systems available that are not generally in the Australian market yet. It was a very informative and well organised conference and we were thrilled to have to opportunity to mix with our American Colleagues. One of the major bonuses was that we were able to meet informally over a wine at the conference cocktail party, some of our hosts for the facilities' visits in the upcoming week.

Through the invaluable contact of our colleague at IAHS (Alysha) we were lucky enough, to have organised a guided tour through Capitol Hill, by an intern of Senator Levin. We sat in the public gallery of the Senate for the 110th Congress. We passed Ted Kennedy in the corridor, which was a great delight as he is a recognised Senator in Australia. This remains one of the highlights of the Capitol Hill tour. We finished our tour at the opening of the SuperCentenarians photographic display – an amazing gallery of huge black and white photographs of elders who are 110yrs old and over, with a small story on their lives. This was a very moving experience for us all!



### Facility Tour Program

Following the conference we commenced our Facilities tour program. The program was put together for us by Alysha and the IAHS staff and we are forever grateful for the professionalism and wonderful facilities we visited. The organisation of the tour had taken Judy and Alysha over a year to plan and customise to the highly professional experience it was for all. The biggest impact to us was the opportunity to form a lasting collegial bond with Alysha and Ginger at IAHS and the members of AAHSA who agreed to host us.

We were welcomed with open arms, and in some cases, with flags and gifts, wined and dined



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and were quite speechless at the hospitality of our American colleagues. Our speechlessness continued when we noted the sheer size of the “Continuing Care Retirement Communities” (CCRCs.) We were informed the concept of CCRCs began in Philadelphia about 25 years ago and is seen now in USA to be the best way of providing aged care services. CCRCs are unlike any facilities we have in Australia however it is where developments in Australia are heading but perhaps not on such a grand size due to demographic differences.

Aged Care in America is about BIG – with the focus very much on self-care and wellbeing services. All CCRCs’ monthly fee generally includes at least one meal a day at an on-site restaurant / cafeteria, which is a major factor in retaining wellness for the elderly. Additionally, the meal-taking provides an avenue for the care-provider to note residents that are up and active, and check on those that aren’t – effectively an early intervention process on pending illnesses or accidents. On most of the sites we visited, the residential aged care really took a back seat in terms of numbers. Low Care / Hostel is called “Assisted Living” or “Personal Care” (state dependent) and High Care / Nursing Home is called Skilled Nursing Facility. Most we visited had significant monthly fees attached to the ALU or SNF. Very few accepted residents of modest or limited means. We were advised that such residents are funded by the government Medicaid system, and there are many stand-alone Medicaid SNFs. Unfortunately time did not permit a visit to any Medicaid SNF. We were very privileged to have comprehensive tours at each community we visited, with senior management staff taking the time to discuss many aspects of their care policies / organisational structure and future planning. We learned so much at each community, and there are many, many observations I could list from each visit. Only a few of the more interesting, or different, concepts are detailed below, and some of the concepts noted apply to a number of the other communities visited.

### Erikson at Riderwood

*Independent Living – 1960 Units; Assisted Living – 151 beds; Skilled Nursing – 132 Beds*

Incorporates a very extensive and worldclass well-being programme with six doctors fully employed on site, servicing 400 patients each. Medicare pays subsidies / cash incentives due to the significant savings achieved by the Government in the reduction of the per capita health care costs for Riderwood residents. Riderwood also



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runs an innovative programme where school students work from after school until the early evening, providing dining hospitality services for the evening meal. This both trains the students, and provides a workforce – and many have returned to Riderwood for permanent employment.

### Asbury Methodist Village

*Independent Living – 799 Units; Assisted Living – 166 beds; Skilled Nursing – 269 beds*

Amongst its extensive programme of activities for residents, Asbury has a complete In-house television station on site. The television station and production studio was particularly impressive, and innovative. It's run by residents, and includes programmes where a resident is the host or "star" of the show. We were very impressed with the museum-style display cabinets in the Community Centre where residents exhibited their memorabilia on a rotational basis. The village comprised a number of impressive – old and new - buildings over a large expanse of land. They are currently toying with idea of fencing the whole community and how to incorporate a fence that becomes art of the lovely architecture and not a structure that 'gates' the community to an isolation effect.

### The Sylvestery at Vincent Hall Retirement Community

*Independent Living – 177 Units; Assisted Living – 21 beds; Skilled Nursing – 49 beds;  
Dementia-specific – 36 beds*

The Sylvestery is a beautifully planned and fitted out 36 bed dementia unit. It is single storey, and operates as two co-joined 18 bed "homes", with lovely residential scale and style interiors. The residents' bath room is beautifully fitted out as a "day spa" in a scandinavian timber look, which completely takes away the institutional nature of assisted bathing. We enjoyed meeting "Paro the Seal" – a robotic pet that is part of a pilot programme on its effectiveness in the aged care environment. The CEO spoke frankly about Medicaid funding for those that have not, and their system that unashamedly "selects" its residents on a financial risk analysis, based on savings and earnings, current health and age. We were advised that only 20 – 25% of residents could be sustained on Medicaid funding before it became financially inviable for a care provider. However, this care-provider, and most others we visited, did not accept any Medicaid-funded residents.

### Goodwin House, Virginia

*Independent Living – 279 Units; Assisted Living – 442 beds; Skilled Nursing – 68 beds;  
Dementia-specific – 12 beds.*



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Goodwin House has been effectively operating as a CCRC for about 40 years, and is termed an "Extensive Life Care" model. Incoming residents purchase the equivalent of life insurance when they move in, which will cover them for as much care as will be required for the rest of their life. They also have two Entrance Fee options - the standard option has no refund of entrance fee after four years, and a more expensive base option has 50% refundable. Additionally, a 30% discount is applied to the Entrance Fee if the applicant has a pre-existing Longterm Care Insurance. Monthly fees can be structured as Type A – fixed monthly fee for life; or Type B – fixed monthly fee with a maximum number of days of Skilled Nursing; or Type C – Fee changes as care needs change. Goodwin House also offers a fellowship / scholarship programme for those that cannot otherwise afford to move in. Goodwin House provides a number of residential options, some options catering to those with more modest means, with studio apartments available from \$100,000. The original accommodation tower has had the old accommodation refurbished to suitably house ALUs and Skilled Nursing with all lounge / dining facilities on the same floor; studio apartments; "alcove" apartments; and one-bed apartments on essentially the same floor plate. Their Health and Wellness centre, on the lower and basement floors of the same building, includes an extensive and well-patronised creative arts programme.

### ...and then on to Philadelphia...

After a very full conference in Washington, two days of touring in Maryland and Virginia, and evenings spent finding exciting dining opportunities (and shoe shopping...) and comparing tour notes, we packed our bags and headed to Philadelphia. Saturday morning – we were up at the crack of dawn to breakfast, check out and be on the bus by 9.00am. The bus trip proved an excellent opportunity to catch up on some lost sleep for many delegates. With an early afternoon arrival, there was time for independent sight seeing in the afternoon, and evening's entertainment of choice – which included drinks at the Ritz Carlton; the Philadelphia Philharmonic Orchestra playing part of Wagner's Ring Cycle (Wonderful!!!!); or dinner and musical entertainment at a fabulous German restaurant. On Sunday we toured the sights of Philadelphia, guided by a lovely Quaker woman who knew everything! The Hall where the Declaration of Independence was signed; the pub where many of the founding forefathers met to make battle plans; Philadelphia Museum of Art (think Rocky Balboa running up those steps!); The Rodin Gallery; and the Liberty Bell. Then it was Monday, and the facilities tour programme recommenced.



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### Kendal Communities – Longwood

*Independent Living – 223 Units; Personal Care – 60 Beds; Skilled Nursing – 46 Beds (The other Kendal communities have 62 Skilled Nursing beds and 44 Personal Care beds in one community, and approx 450 independent living units spread over the three communities)*



Kendal was established in 1973 on 500 acres of land, by the Quakers. Today, 30% of residents are Quakers, and the Board of Directors are all Quakers. On the Longwood site, the Community Centre was fully integrated with the Skilled Nursing, and ALUs, effectively in the same building. The Community runs on a “Shared Governance” model, and has as its philosophy the desire to maintain small communities where everyone knows everyone’s names. To that end, the total of 900 residents reside in four separate, but linked via bushland roads, communities. They currently have a waiting list of 850 people! Health care (skilled nursing, if or when required) is bundled into the resident agreement, and potential residents must pass a health test before they are accepted into the community. The organisation has private funds, insurances and charity resources to cover costs for residents who run out of money to pay the monthly fees. A certain amount of admissions are accepted on “scholarship” for those who have done years of social service, but have no accumulated funds to pay entry contributions / monthly fees.

### White Horse Village

*Independent Living – 331 Units; Assisted Living – 39 Beds; Skilled Nursing – 59 Beds; Dementia Care – 20 Beds*

At this Village, we realised the comparative (with Australia) market saturation of CCRCs when we were told that within a 10 mile radius, there were 20 or so other retirement communities of a similar nature / size. The fabulous lunches that we have been treated to are a part of the marketing process for most villages. Food and the dining experience is an essential part of what each village offers, and is showcased in regular “free” lunches for potential residents. The main dining room in the Club House offers separate areas for formal, buffet, or informal dining. Additionally, there is a Café with a full menu and takeaway services. Independent Living is in “carriage” homes or duplex dwellings and villas that are linked by roadway to the Club House. Attached carports and low picket fences around the front of the Villas add to



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the country living atmosphere. In bad weather, the Village has a bus that picks up residents for dinner. Studio, 1 bedroom and 2 bedroom apartments all connect directly to the Club House and provide a living option closer to community activity and dining. We were advised here that Assisted Living was a new concept developed over the last 20 years. There are now many standalone assisted living homes, but some are incorporated into CCRCs – which apparently is the exception rather than the norm. At White Horse, the Skilled Nursing Facility was originally part of the village, and the Assisted Living component had more recently been added. Residents would more often stay as long as they could in Independent Living Homes / Units and then move directly to Skilled Nursing. Assisted Living had more of a direct intake. Most competitors in the area are high rise apartments, so residents often come to White Horse because they like the outdoor, rural atmosphere, so Independent Living Units / Homes that are not connected to the Club House form part of the country charm of this development.

### Beaumont at Bryn Mawr

*Independent Living – 199  
Units; Assisted Living – 15  
Beds; Skilled Nursing – 46  
Beds*

Beaumont is a gracious, stately CCRC that is completely owned and operated by residents. The founders were a group of “Ivy League” elderly people who wanted a better



level of retirement home than the other CCRCs they had seen, purchased the historical Austin Mansion, built the first Villas for residents in 1987, and began this different Equity model.

Residents can buy and sell their homes / apartments, and receive 89% back of the sale price. The largest homes are around 4000 sq.ft, down to a “small” 1 bed apartment at 1029 sq.ft. The first five years of operation saw major staff changes, to get staff who understood the “Country Club” service that was expected. Today, there are exceptional staff retention rates. Weekly cleaning is included, but whilst maintenance is arranged by staff, residents must pay their own bills. The monthly fee which ranges from \$3500 to \$4700 also includes well-being programme, full time nurse practitioner, activities, entertainment, and scheduled transportation, linen change, one meal per day, all utilities except telephone. Any regular care needs, however, incur additional costs. The Skilled Nursing Facility is exceptionally well-appointed. The dining room seats 16 residents, and 25 residents are provided with in-room tray service. There is an \$8000 approx monthly fee, plus additional fees for personal carer/ companions, medications, incontinence aids. This CCRC displayed a level of grandeur and



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opulence that we hadn't seen before. As we walked through, residents were starting a tai chi class in the original heritage home's "Music Room" in front of a magnificent pipe organ and beneath the vaulted, frescoed ceiling. An Art Committee arranges for local artists to display in the Art Gallery, changing exhibitions on a monthly basis. There are a number of different dining "parlours", and bookings must be made for formal black tie dining; and lounge suit dining. There are less formal dining areas for drop in dining with no specific dress code.

### The Hill at Whitemarsh

*Independent Living – 228 Units;  
Assisted Living – 28 Beds; Skilled  
Nursing – 60 Beds*



The Hill has been open for just 12 months, and was developed from a local community need identified 10 years ago, and 50 – 60 seniors who provided the seed capital. This CCRC uses the technology available,

and includes such concepts as "CCI Checking" – an electronic mechanism in all self care units which identifies if the fridge door has been opened. If there is no activity by 11.00am, staff give the resident a phone call to see if everything is all right. The gymnasium runs a "technogym" system whereby residents programmes are automated, and activities recorded, heart rates monitored. Staff can all access on-line training programmes, and seminars for professional development and to upgrade qualifications. The Ciscourse system is used to control emergency call; pendants to identify who, where the resident lives, and location at any point in time; fire alarm; egress lighting; elevators. ESD principles are utilised with a co-generation plant on site which uses the exhaust from on site emergency generators to run hot water boilers. Whilst a brand new community, the Skilled Nursing Facility described its rooms as having "ensuites", however, the ensuites were just a toilet and handbasin with no shower facility. There were just two shower rooms to service all 60 beds, and we were advised that residents were bathed / showered once a week. This concept appeared to be common to most of the SNFs.

### Simpson House

*Independent Living – 114 Units; Assisted Living – 58 Beds; Skilled Nursing – 164 Beds*

Simpson house was founded 143 years ago out of a women's movement during the Civil War to care for the aged. The original building was designed as a Scottish castle, and purpose built



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for aged care. A number of other buildings have been added from 1925 to 1975. The original building is no longer marketable, so is being gutted again and renovated internally – it was noted that it would have been more expensive to demolish the building and cart the granite away!! (Thankfully!) The organisation is currently in process of preparing a Master Plan for the campus, and have recognised a shift in residential communities – the new market is not looking for CARE, but to be able to LIVE actively and vibrantly. They are currently negotiating to build a new high level “apartment” building with each floor a “greenhouse” design of 12 beds. It was noted that under Greenhouse principles, 10 beds is a preferred number, and 8 beds would be better still. They were proposing 12 per floor, less so for operational viability, but to simply fit the bed numbers. They would like to go back to 10 beds per floor. They did not see 10 or 12 beds only per floor as being a problem operationally.

The organisation has been proactive in addressing workforce issues – Simpson House has become a clinical site for LCN Geriatric training. Under a partnership with Drexel University, a programme for first year medical students is being undertaken, with the aim of students understanding values, coping mechanisms and unmet needs of the elderly. This Community was the first we visited that accepted a proportion of its Skilled Nursing residents on Medicaid funding.

### Deer Meadows

*Independent Living and Assisted Living – 285 Units; Skilled Nursing – 164 Beds*

Deer Meadows was probably the most integrated in terms of care provision – and operated a true aging in place programme, whereby all units could be treated as either Independent Living or as Assisted Living. The community dining rooms jointly serviced ILU and ALU residents, and advertised an “always available” menu, including 16 different varieties of ice cream! Deer Meadows also operates as an education centre for the Universities. The practical outcome of the clinical training that is provided, is that students want to come back to work. There were a number of apartment options, with new 1 bed apartments moderately priced at \$125,000 Entry contribution. 2 bed apartments entry contribution was around the \$200,000. 48% of the SNF residents were funded by Medicaid.

### Landis Homes

*Independent Living – 450 Units; Assisted Living – 100 Beds; Skilled Nursing – 100 Beds*

Landis Homes is run by the Mennonite Community. The Mennonite faith has an increased concern for the whole person, are pacifists, avoid consumerism and worldly interests. The Amish are a subset of the Mennonites. 70% of residents are Mennonite, and 50% of staff. Apartments on site are 400 – 500 sq.ft; 1 bed units are 6 – 700 sq.ft; and 2 bed units are



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9 -1200 sq.ft – similarly sized to modest retirement village units in Australia. Entry fees range from \$40,000 to \$140,000, with monthly fees from \$500 to \$1000. All figures are significantly less than other sites visited, possibly also to do with the regional location away from the city. The monthly fees did not provide a Lifecare option, however, access to future care needs was guaranteed, with a fee for service. At entry, residents are all encouraged to have Long Term Life Insurance. Care costs for Assisted Living are about \$125/day; and \$300/day for Health Care / Skilled Nursing. 35 – 40% of residents are Medicaid funded.



The Assisted Living and Skilled Nursing are accommodated in a single and two-story building, quite new with a soft, modern environment. Corridors are all very wide for spaciousness and access, and mostly are single loaded in a pavilion style design. The SNF has recently been upgraded with mostly new-build. The old SNF now houses the café and administration functions. Additionally, there is a dementia day care on site.

There is a concentration of CCRCs in Lancaster County, as many choose to retire to this location for the care that is offered. There is availability of good staff, and because of their beliefs, Mennonite staff make excellent carers.

### To conclude...

SAGE – Studying and Advancing Global Eldercare – We thank Judy for the SAGE organisation and experience, and in particular we applaud Alysha at IAHSA and our AAHSA friends. The hospitality of our US colleagues was nothing short of outstanding and we so look forward to the opportunity in future of returning that hospitality. We are hoping through liaison with IAHSA that we may be able to organise an inbound SAGE for AAHSA members.

We met new friends and associates, we toured till we dropped, we ate a lot, and well! We learnt so much and got excited about what concepts we could bring home. We drank red wine whilst exchanging ideas and bettering the world of aged care, we learnt about “collegial responsibilities”, we had a great time... and then, when it was all over, we slept.

