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FOCUS



Florida Association Directors of Nursing Administration/LTC

Together, we can have a positive impact on Long-Term Care!

FADONA Co-Sponsors FSU College of Medicine's Second Annual Conference on Advances in PA/LTC



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FADONA Leaders and FSU College of Medicine, Department of Geriatrics, at the Second Annual Conference on August 26, 2016 in Tallahassee (from left): Region VI Vice President Elizabeth Page; Immediate Past-President Bonnie Cruz; Region I Vice President Sharyn Figgins; Chris Mulrooney, PhD, Asst. Dean for Graduate Medical Education at FSU's College of Medicine; 2nd Vice President Norma Collins; Paul Katz, MD, CMD, Professor and Chair, Department of Geriatrics, Florida State University's College of Medicine; President Jean Nelson; 1st Vice President Susie Jensvold; and Region II Vice President Jacqueline Hinerman.

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 400 Executive Center Drive, Suite 208
 West Palm Beach, FL 33401
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 www.fadona.org

Save the Date **30th**

ANNIVERSARY
Convention
and Trade Show

March 13-16, 2017



FADONA's
Carrying the Torch
of Leadership



ROSEN
PLAZA
HOTEL



9700 International Drive • Orlando, Florida

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Kim.Biegasiewicz@greystoneHCM.com

Region IV Vice President: 2016-2018

Bobbi Jo Rivera – (352) 567-3122
brivera@royaloaknursingcenter.com

Region V Vice President: Vacant

Region VI Vice President: 2016-2018

Elizabeth Page – (305) 790-2689
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Region VII Vice President: 2013-2017

Amina Dubuisson – (954) 495-7788
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Message from the President



reetings FADONA members! Hope you have had an opportunity to attend one of regional symposiums that were offered throughout the state! “NEVER TOO LATE TO BE UP-TO-DATE!”

These symposiums were offered in the Miami, Greater Orlando, and Jacksonville areas. Great subjects were offered on wound care with Pam Scarborough, MDS Section M with Robin Bleier, and infection control with A.C. Burke. We plan to have more frequent regional symposiums throughout the state so keep an eye out for FADONA/LTC.

Thank you to AMT (American Medical Technologies), and RB Health Partners for assisting us with these symposiums. Thank you also to the vendors that have helped to make these symposiums special for our nurse leadership.

We are rapidly preparing for our 30th Anniversary Celebration at the Annual Convention, March 13-16, 2017, at the Rosen Plaza Hotel in Orlando. We are planning our largest Convention ever in 2017 year to celebrate FADONA/LTC, its members, and this great milestone.

At this time, we are still accepting speakers proposal through our online submission process.

As we have done every five years for the past 25, we are also hosting a 30th Anniversary Cruise Conference & Exhibits from 10/27 to 10/30/2017 on Royal Caribbean Cruise Line’s Majesty of the Seas, sailing from Port Canaveral.

The cruise is a more intimate group of nurses, administrators, and vendors with a great motivational theme and excellent educational programming. It is also a great opportunity to get away from the rat race, your cell phone, emails, and network with your peers in long-term care!

Watch your emails for scholarship applications for FADONA members and their staff as well as for CNA, LPN, and Nurse Administrator of the Year Awards.

There is always a lot of work going on



Jean Nelson

behind the scenes to prepare for the next great workshop, symposium, or convention. As we move forward we are looking for great people to join us and network to get the word out about FADONA and what it has to offer.

We want to encourage new nurses to LTC to check us out. Remember, we are here to support you through the

challenges you face daily. The board understands what you face day to day because they face the same dilemmas you do in their facilities. Call on our Region Vice Presidents to help you. It is a great way to network with others and share ideas.

It is very important in our positions to keep up with what is current. We are constantly challenged in LTC with regulatory changes, census mix, higher acuity, and staffing ratios. Some days it seems insurmountable, yet we find new ways to move forward and maintain quality outcomes.

It is very important in our positions to keep up with what is current. We are constantly challenged in LTC with regulatory changes, census mix, higher

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Regional Reports



REGION I

Sharyn Figgins

Region I—Northwest

1A—Bay, Escambia, Holmes, Okaloosa, Santa Rosa, Walton, Washington; 1B—Jefferson, Madison, Calhoun, Leon, Taylor, Franklin, Gadsden, Gulf, Jackson, Liberty, Wakulla

We continue to network and support each other through our e-mail contacts, We can ask the group questions, see how others are handling specific issues, support each other when one is in survey, and share survey results.

Feel free to contact me with questions, ideas, or suggestions for our region at (850) 313-6325. If you want to be added to our contact list, let me know at rgsqf@aol.com.

Sharyn Figgins, RN, MSN
Region I Vice President



REGION II

Jacqueline Hinerman

Region II—Northeast

2A—Hamilton, Lafayette, Alachua, Marion, Clay, Nassau, Suwannee; 2B—Dixie, Union, Putnam, Baker, St. Johns, Columbia, Gilchrist; 2C—Levy, Bradford, Duval, Flagler

We are currently looking for facilities to host FADONA meetings in the Jacksonville and Ocala areas. This is a great time to share with your colleagues the

wonderful things you may be doing at your facilities. If you are interested in hosting a meeting, or would like to be on our e-mail list, please send me a message.

Jacqueline Hinerman, phone (352) 732-2449; e-mail jacqueline.hinerman@northporthealth.com.

Jacqueline Hinerman, RN
Region II Vice President



REGION III

Kimberly Biegasiewicz

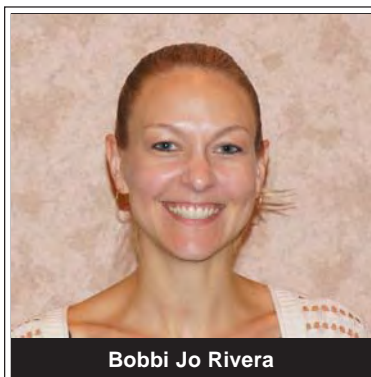
Region III—Centraleast

3A—Lake, Osceola, Orange, Seminole
3B—Volusia, Hardee

Our next regional meeting will be on November 17 (details to follow). Questions?

Call me at (352) 750-6619 or Kim.Biegasiewicz@greystoneHCM.com.

Kimberly Biegasiewicz
Region III Vice President



REGION IV

Bobbi Jo Rivera

Region IV—Centralwest

4A—Hillsborough, Pinellas, Highlands, Polk
4B—Hernando, Sumter, Citrus, Pasco

We are looking for ways to regenerate and come together for support and networking opportunities.

If you are interested in getting involved, this is a great way and I am here to assist. Getting together gives area DON and nurse leaders an opportunity to see what's new in the industry and also leave plenty of time to network with colleagues.

Liz Raymond, the Pinellas president, currently has meetings every second Tuesday of the month at The Banquet Masters in Seminole. Each month, a new stimulating topic is presented. Stop in to see what exciting things are happening in Pinellas. Contact **Liz Raymond** at nurse_raymond@yahoo.com.

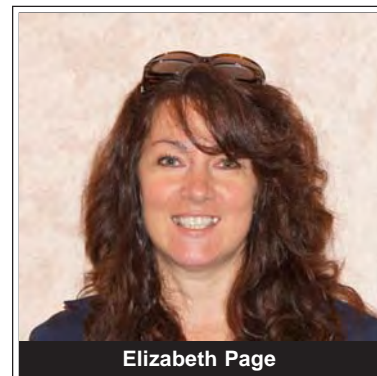
I am also available to assist in any way and can be contacted at (352) 567-3122 or brivera@royaloaknursingcenter.com. I encourage you all to get involved in the events and meetings occurring within the counties under Region IV.

Bobbi Jo Rivera
Region IV Vice President

Region V—Southwest

5A—Manatee, Charlotte, Collier
5B—Desoto, Lee, Sarasota

If you have any questions for or about Region V, please call the FADONA business office at (561) 683-0037 or e-mail icordes@bellsouth.net.



REGION VI

Elizabeth Page

Region VI—Southeast

6A—Palm Beach; 6B—Brevard, Indian River, St. Lucie, Martin, Okeechobee;
6C—Hendry, Glades

If you would like information on future meetings and events for the Palm Beach County chapter, please call **Andrew Rosebrough**, PBC-DONA community

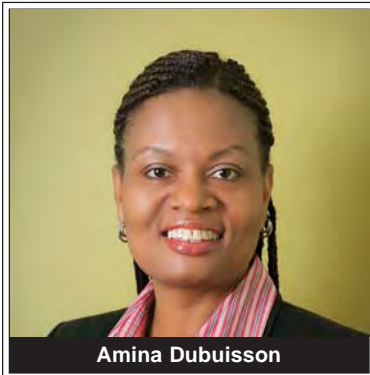
liaison, at (561) 723-7888 or e-mail andrew@pmdxu.com.



If you have any other questions for or about Palm Beach County chapter, please call **Debbie Grotke**, chapter president, at (561) 683-1400; e-mail grotke@anho.edu.

If you have any questions for or about Region VI, please call me at (305) 790-2689 or e-mail epage@polarisrx.com.

Elizabeth Page
Region VI Vice President



Amina Dubuisson

REGION VII

Region VII—Southeast

Miami-Dade, Monroe, and Broward Counties

This region runs from Deerfield Beach all the way south to Key West.

Broward County Chapter

For information regarding the Broward County chapter, call or text **Heather Grasso**, secretary, Broward FADONA, at (561) 275-9273 or via fadonabroward@gmail.com.

If you are interested in helping grow our region, contact **Amina Dubuisson** at (954) 790-5171, or adubuisson@GreystoneHCM.com.

Amina Dubuisson
Region VII Vice President



SAVE THE DATE

FADONA's 30th Anniversary Convention is March 13-16, 2017, at the Rosen Plaza in Orlando. For information, visit our website at <http://fadona.org> or call the business office at (561) 683-0037.

What would you do if you discovered the Golden Egg?

Visit the CareerCenters at www.fadona.org and www.fmda.org.

These are the official online CareerCenters of the Florida Association Directors of Nursing Administration and FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine.

These CareerCenters are a *treasured* online resource designed to connect long-term care industry employers with the largest, most-qualified audience of nurses, nurse administrators, directors of nursing, medical directors, physicians, physician assistants, and advanced practice nurses in Florida.

Job Seekers may post their résumé (it's FREE) — confidentially, if preferred — so employers can actively search for you. Let these CareerCenters help you make your next employment connection!

Message from the President
Continued from page 3

acuity, and staffing ratios. Some days it seems insurmountable, yet we find new ways to move forward and maintain quality outcomes. LTC nurses are resilient! “Always bouncing back.”

As you know, health care is ever changing and long-term care and skilled nursing communities must keep up to date with regulations, standards of practice, and techniques in order to keep nursing staff current with the best practices needed to provide our residents the best quality of care they deserve.

Remember, there are always new things to learn in nursing and in long-term care and FADONA hopes to be your choice for receiving the best and most up-to-date information.

As always, we want to continue to increase our membership in both NADONA and FADONA/LTC. When we boost our

membership we have a larger and louder voice to use to work on areas of concern in the nursing home industry. Together we can stay united as a professional organization to mentor nurse executives who choose to Carry the Torch of Leadership.

As FADONA is still the only dedicated organization for directors of nursing and nurse administrators in the state of Florida, we are here to support our members. We love hearing from our members during the year with recommendations and suggestions, as it helps the board to serve the membership.

As always, you may contact your FADONA board members as a resource if needed. Please check out our website at www.fadona.org for additional news and updates.

Respectfully submitted,

Jean Nelson
Jean Nelson, RN-BC, BSHCA
President



30th Anniversary Convention Celebrates Leadership Excellence



Convention Corner by Susie Jensvold, RN; 1st Vice President and Annual Convention Chair, FADONA

Convention planning is upon us already! We are very excited to announce that FADONA's 30th Anniversary Convention will be held March 13-16, 2017, at the Rosen Plaza in Orlando. The Convention Planning Team is gearing up to make this historic convention awesome. The Call for Presentations has gone out and several presentations have been submitted from national and state experts to continue our theme of leadership and education.



Susie Jensvold

Relevant educational topics being considered by the Convention Planning Team include:

- SNF discharge planning requirements
- Reduce hospital readmissions with medication management
- Administrative nurses and ICD-10 coding

- Infection prevention and quality improvement
- Attracting, hiring, and retaining top nursing talent
- Putting QAPI to the test
- Assessing pressure injuries (ulcers) utilizing the new NPUAP definitions
- Nursing leadership essentials

- Building clinical specialty programs and relationships to enhance care
- Boomers to millennials: How attracting employees has changed over the years

Please share your ideas, interests, and educational needs with us so we can plan another exceptional convention.

Mark your calendars and discuss attending the convention with your administrator. We are excited to see everyone in Orlando this coming March.

The educational program is based upon FADONA's Principles of Excellence for Nurse Administrators in Long-Term Care as well as the educational needs identified at the last convention through the needs assessment. As the Nurse Leaders of LTC, you will reap numerous benefits by attending a convention that will assist and support you in your role in the workplace.

We are planning an exciting Annual Awards Luncheon and separate Fun Night & Banquet, which is sponsored each year by FADONA's Platinum Partners.

FADONA is the only association in the state dedicated to your needs as directors of nursing and nurse administrators in long-term care. We hope to see you in Orlando in March for this fantastic convention.

You will not want to miss it!



30th ANNIVERSARY Convention and Trade Show
March 13-16, 2017

9700 International Drive • Orlando, Florida

Surveyors to Focus on Use of Photographs and Videos

By Karen Goldsmith, Esq.; Goldsmith & Grout, PA

By the time you read this article, surveyors will already be looking at issues in your centers related to social media and abuse of residents, with a magnifying glass.

On Aug. 5, 2016, CMS issued guidance to surveyors via S&C letter 16-33-NH, focusing on this issue and instructing surveyors as to what to look for beginning Sept. 4.

This guidance was a direct response to the burgeoning number of issues identified in the civil and criminal justice systems and in facility surveys. Today nearly everyone carries an electronic device capable of taking photographs. Many of them also are capable of videotaping. While innocent in themselves, these devices, if misused, can be harmful to residents.

The letter noted three areas that can be cited: violation of privacy, confidentiality, and resident abuse.

Abuse can take several forms, including sexual, mental, and emotional. It is important to remember that the surveyors apply a reasonable person standard. Because a resident does not seem to be bothered by having a photo taken and distributed does not matter. If a reasonable person would be embarrassed or humiliated, that is enough.

Many abuses occur innocently enough. A staff member may take a picture of a resident's gnarled hand next to the soft hand of a great grandchild. The picture gets posted on social media as just a picture with no commentary. Subsequently, another person looks at the picture and comments that they remember how much "Mrs. Smith loved that grandbaby of hers" and you have a significant social misstep that can get the original picture taker and the facility in trouble.

Then there are those who deliberately take pictures of residents in demeaning poses such as eating at a table wearing a bib covered with the remnants of a meal. And there has been much worse.

At a recent roundtable discussion on



Karen Goldsmith

another issue, several of us were talking about social media abuse and discovered that with eight attorneys around the table, we literally had at least one issue a day related to misuse of social media.

CMS in its guidance went beyond mere pictures of the residents themselves and include prohibitions against taking

photos or videos of residents' room and belongings and residents in common areas.

In order to take a picture with resident consent you must have the consent in

CMS in its guidance went beyond mere pictures of the residents themselves and include prohibitions against taking photos or videos of residents' room and belongings and residents in common areas.

writing. Many facilities secure consent upon admission for photos used for clinical purposes. When the photos are maintained in confidential files and only used for the limited purpose of treatment or identification, there seems to be no problem. Any other use requires full disclosure to the resident and an opportunity to object.

CMS has mandated that you must have policies and procedures and must educate staff on this issue. I do not believe that our


standard policies and procedures on abuse, privacy, and confidentiality will be enough. I believe it is in the best interest of the facility to have policies and procedures that are specific to electronic devices and social media. First, this ensures that staff is aware of the importance of the issue and gives them clear direction. Second, when the surveyors come into your center they will be comfortable that you have taken this issue seriously.

While companies have different philosophies, I advise my clients to forbid any picture taking by staff in any part of the building without management approval and oversight. This eliminates any concerns about the validity of the consent and the limitation on the scope of the photo. Even a picture taken out on the staff patio could include a resident in the background.

Punishment for violating the policy and procedure should be swift and consistent. The temptation for staff to just take a simple picture of their friend at work feeding a resident is often strong so the consequences of doing so should be strong enough to overcome the temptation.

There is one other important point raised in that letter that you must consider: It defines *nursing home staff* very broadly. That term as used by the surveyors in this context includes employees, consultants, contractors, volunteers, or other caregivers (e.g., PT, private sitters, and the like).

If you have not already responded to this issue, or if you feel that, perhaps, your response was not strong enough, go to that S&C letter. It is very clear and succinct. It is also very strong about the level of concern this issue is raising in Baltimore. Take heed to avoid issues with your residents and citations from the state and federal regulators.

Ms. Goldsmith may be reached at (407) 312-4938 or text to the same number. 

CMS Finalizes Improvements in Care, Safety, and Consumer Protections for LTC Facility Residents

– Revisions mark first major rewrite of the conditions of participation for long-term care facilities since 1991

On Sept. 28, the Centers for Medicare & Medicaid Services (CMS) issued a final rule to make major changes to improve the care and safety of the nearly 1.5 million residents in the more than 15,000 long-term care facilities that participate in the Medicare and Medicaid programs. The policies in this final rule are targeted at reducing unnecessary hospital readmissions and infections, improving the quality of care, and strengthening safety measures for residents in these facilities. These changes are an integral part of CMS's commitment to transform our health system to deliver better quality care and spend our health care dollars in a smarter way, setting high standards for quality and safety in long-term care facilities.

The health and safety of residents of long-term care facilities are our top priorities," said CMS Acting Administrator Andy Slavitt. "The advances we are announcing today will give residents and families greater assurances of the care they receive."

To learn more about these efforts to support person-centered care and improved safety for long-term care facility residents, please visit the CMS Blog at <http://blog.cms.gov/2016/09/28/commitment-to-person-centered-care-for-long-term-care-facility-residents>.

As the first comprehensive update since 1991, this rule will bring best practices for resident care to all facilities that participate in Medicare or Medicaid, implement a number of important safeguards that have been identified by resident advocates and other stakeholders, and include additional protections required by the Affordable Care Act. CMS received nearly 10,000 public comments, which were considered in finalizing this rule.

Changes finalized in this rule include:

- Strengthening the rights of long-term care facility residents, including prohibiting the use of pre-dispute

binding arbitration agreements.

- Ensuring that long-term care facility staff members are properly trained on caring for residents with dementia and in preventing elder abuse.

- Ensuring that long-term care facilities take into consideration the health of residents when making decisions on the kinds and levels of staffing a facility needs to properly take care of its residents.


- Ensuring that staff members have the right skill sets and competencies to provide person-centered care to residents. The care plans developed for residents will take into consideration their goals of care and preferences.

- Improving care planning, including discharge planning for all residents with involvement of the facility's interdisciplinary team and consideration of the caregiver's capacity, giving residents information they need for follow-up after discharge, and ensuring that instructions are transmitted to any receiving facilities or services.

- Allowing dietitians and therapy providers the authority to write orders in their areas of expertise when a physician delegates the responsibility and state licensing laws allow.

- Updating the long-term care facility's infection prevention and control program, including requiring an infection prevention and control officer and an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.

CMS set out to revise the long-term care facility standards and originally issued the proposal, in conjunction with the White House Conference on Aging in 2015, which marked the 50th anniversary of Medicare and Medicaid.

The final rule is available on the *Federal Register* at <https://www.federalregister.gov/public-inspection>. 

Medicare and Medicaid Programs; Reform of Requirements for LTC Facilities

Federal Register: 10/04/2016

<https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule.

SUMMARY: This final rule revises the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid programs. These changes are necessary to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. These revisions are also an integral part of our efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs, and in patient safety, while at the same time reducing procedural burdens on providers.

Effective date: These regulations are effective on **November 28, 2016**.

Implementation date: The regulations included in **Phase 1** must be implemented by **November 28, 2016**. The regulations included in **Phase 2** must be implemented by **November 28, 2017**. The regulations included in **Phase 3** must be implemented by **November 28, 2019**.

A detailed discussion regarding the different phases of the implementation timeline can be found in Section B. II "Implementation Date."

FADONA Develops Comprehensive Strategic Plan

– Core Values include education, community, advocacy, and technology

FADONA is excited to announce that it recently held a strategic planning retreat where it succeeded in completing a five-year plan that will take the association into the year 2021. Incorporated into the new plan is a revamped mission statement and the introduction of its vision statement.

Vision Statement: FADONA is the premier organization for the advancement of nursing executives and leaders to position them as key members of the health care leadership team addressing the constant evolving landscape and need for innovation in the post-acute care continuum.

Mission Statement: FADONA is the leading professional organization for current and aspiring leaders through professional development and networking, board

certification and credentialing, and clinical expertise related to the care of patients/residents in the post-acute care continuum.

The establishment of this plan directs FADONA to set priorities, focus energy and resources, strengthen operations, ensure that members and other stakeholders are working toward common goals, establish agreement around intended outcomes and results, and assess and adjust the organization's direction in response to a changing environment.


Clearly, the fundamental purpose of strategic planning is to align the mission and the vision. Change is an essential component of this process and this involves moving the organization forward. The mission and vision statements are essential tools needed to communicate the goals of the plan.

FADONA President Jean Nelson is very

impressed with the outcome of the Strategic Planning Retreat and its facilitator, J. Hudson Garrett Jr., PhD, MSN, MPH, FNP-BC, CSRN, VA-BC™, CDONA, FACDONA. Dr. Garrett is editor-in-chief of NADONA's *The Director Journal*; and a master trainer.

"Hudson was so inspiring. He did an amazing job of bringing clarity to the process and to who and what FADONA is and should aspire to become. We are very grateful for his insights and direction," said Nelson.

"FADONA has developed a wonderfully achievable plan that is transformative and one that will have a positive lasting impact on the association and the profession for years to come," Nelson concluded.

To learn more, contact Ian Cordes, FADONA's director of operations, at (561) 683-0037. 

I fill a unique role with my NADONA/LTC membership.

Isn't it time you belonged?

The daily life of a long-term care nurse leader is filled with obstacles and never-ending challenges. The position requires graceful strength, even in the hardest moments. **At NADONA/LTC, we understand, because we've walked in your shoes.**

NADONA/LTC is the largest educational organization dedicated exclusively to nursing and administration professionals in long-term care and assisted living.

Member benefits include:

- Professional Nursing Certification Exams
- NADONA National Conference Incentives
- State Chapter Membership
- Mentorship Programs
- Scholarships and Annual Awards
- Career Resources
- Industry-Leading Publications
- Corporate Partner Discounts

We continue to build the NADONA/LTC professional network—one step at a time.

Join at nadona.org today!



June 25-29, 2016 • JW Marriott Austin, Austin, TX

Long-term care is rapidly changing. New regulations and guidelines are being implemented in facilities across the country and within specific states such as antipsychotic reduction guidelines and antibiotic stewardship initiatives. How care is and will be delivered is changing with new state and federal legislative initiatives. How residents and families are obtaining information has evolved significantly with the increased use of the Internet and other social media. The National Conference will provide you with updates on these and other important trends that are or will be affecting you, your facilities, and your residents.

- Celebrate the achievements of NADONA and its' nurse leader membership
- Discover new knowledge and skills relevant to care for post-acute/long term care residents
- Recognize nursing education, practice, and research concepts that will support NADONA nurse leaders
- Enhance the personal and professional growth of NADONA nurse leaders
- Support the mission of NADONA and its members through networking and discussion of common professional and association concerns

CMS Updates Nursing Home Five-Star Quality Ratings

– New quality measures are now included in the overall calculation for Nursing Home star ratings

On Aug. 10, the Centers for Medicare & Medicaid Services (CMS) updated the Nursing Home Compare (<https://www.medicare.gov/nursinghomecompare/search.html>) Five-Star Quality Ratings to incorporate new measures, giving families more information at their fingertips to help them make important decisions about care. These new measures look at successful discharges, emergency visits, and rehospitalizations, and complement other nursing home measures previously announced in April.


“When residents and their families are faced with important decisions about care, they need an easy, transparent way to figure out which facility is the best fit for them or their loved ones,” said CMS Deputy Administrator and Chief Medical Officer Patrick Conway, MD, MSc. “With this update, star ratings will provide an even more accurate reflection of the services that nursing homes provide.”

CMS is committed to making sure that residents, their family members, and caregivers have the most meaningful information possible when they consider facilities. Nursing Home Compare is the agency’s public information website that provides information on how well Medicare- and Medicaid-certified nursing homes provide care to their residents.

Nursing homes receive four different star ratings on the Nursing Home Compare website (each ranging from 1 to 5 stars): one for each of the components – health inspections, staffing, and quality measures – and one for an overall rating, which is calculated by combining each of the three component star ratings. With the new quality measures added to the calculations, the quality measures star rating for each nursing home, as well as the overall rating, will likely change.

As part of a broader effort at data transparency and consumer choice, CMS hosts a number of sites to help those seeking health care to compare various facilities based on star ratings. They include: Hospital

Compare, Physician Compare, Medicare Plan Finder, Dialysis Compare, and Home Health Compare. These star rating programs are part of the Administration’s Open Data Initiative, which aims to make government data freely available and useful while ensuring privacy, confidentiality, and security.

For more information, visit: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-08-10.html>. 

When residents and their families are faced with important decisions about care, they need an easy, transparent way to figure out which facility is the best fit for them or their loved ones. With this update, star ratings will provide an even more accurate reflection of the services that nursing homes provide.

— Patrick Conway, MD, MSc, Chief Medical Officer, Deputy Administrator, CMS

FADONA Bids Farewell to Polly Weaver, Dep. Assistant Secretary, Florida’s Agency for Health Care Administration

Sept. 4, 2016

Dear Polly:

On behalf of the members, leadership, and staff of FADONA, please accept a collective thank you for all you have done over the years to encourage, promote, and advocate for the highest quality of care and quality of life for the citizens of Florida. We are all indebted to you.

Your passion has been and will continue to be an inspiration to health care providers and practitioners for years to come. We have been so fortunate to have known you. We will all miss your humor, knowledge, caring, expertise and of course, your great stories. Thank you Polly for making such a huge difference.

On a personal note, we truly appreciate your support over the years and wish you all the best for what the future holds.

Sincerely,



Ian Cordes
Director of Operations

FADONA Focus Wins APEX 2016 Award

By Ian Cordes, MBA, NHA; Director of Operations

FADONA, the largest state chapter of NADONA in the country, received an APEX 2016 Award of Excellence in the category of Newsletters – 1-2 Person-Produced, for its state-wide newsletter, *FADONA Focus*.

APEX 2016 — the 28th Annual Awards for Publication Excellence — recognized outstanding publications including not only newsletters and magazines, but also annual reports, brochures, websites, and social media.

According to the APEX 2016 judges, the awards were based on excellence in graphic design, editorial content, and the success of the entry in achieving overall communications effectiveness and excellence. Naturally, entries in design categories were judged solely on the basis of their graphic design, and writing entries were evaluated primarily on the basis of



editorial quality.

FADONA President Jean Nelson, RN-BC, BSHCA, said, “The staff and board members work extremely hard to publish a newsletter that is both reader-friendly and full of information we hope our membership finds useful.”

Ian Cordes, director of operations, added, “It is very rewarding for FADONA to be recognized like this. It’s a team effort, and the members of the board deserve all the credit for their continued support of our publication.”

The APEX Awards for Publication Excellence is an annual competition for corporate and nonprofit publishers, editors, writers, and designers who create print, Web, electronic, and social media. It is sponsored by Communications Concepts Inc., publishers of business communication reports for professional communicators.



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With more than 1,600 entries, competition was exceptionally intense. 86 Grand Awards were presented to honor outstanding work in 11 major categories, while 632 Awards of Excellence recognized excellence in 100 individual categories. ☒



I am ready to get to work with the right knowledge and resources in my tool belt.

NADONA/LTC is now offering this **exclusive board certification** to post-acute care professionals who are ready to take the next step to become **Infection Preventionist-Board Certified (IP-BC)**.

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FADONA Co-Sponsors FSU College of Medicine's Second Annual Conference on Advances in Post-Acute and Long-Term Care



Florida State University's College of Medicine, Department of Geriatrics, hosted its Second Annual:

Advances in Post-Acute and Long-Term Care Conference on Aug. 26, in Tallahassee. With a focus on gathering colleagues and professionals interested in approaches to enhance the quality of care and the quality of life of older adults in the post-acute and long-term care continuum, the high-level event was co-sponsored by FADONA and FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine.

Paul Katz, MD, CMD, Professor & Chair, Department of Geriatrics, Florida State University College of Medicine, welcomed everyone to the conference and introduced keynote speaker Mary Naylor, PhD, RN, FAAN; Marian S. Ware Professor in Gerontology & Director, NewCourtland Center for Transitions and Health, University of Pennsylvania School of Nursing, who presented Health Related Quality of Life of Long-Term Care Recipients.

Dr. Naylor was followed by Tammy B. Retalic, MS, RN; Chief Nursing Officer & VP of Patient Care Services, Hebrew SeniorLife, Boston, who spoke on Implementing Change – A5 Why Approach to Medication Optimization.

Decreasing the Inappropriate Use of Antipsychotic Medications in PALTC Facilities was the session title for Mary P. Evans, MD, CMD, CWSP; Compliance Executive Physician, Golden Living, followed by Jonathan Evans, MD, MPH; President and Chief Medical Officer, Silver Sage Physician Services, and Past-President of AMDA – The Society for Post-Acute and Long-Term Care Medicine, who presented Dealing with Doctors.

After lunch, Joseph M. Mylotte, MD, FIDSA, FSHEA, FACP; Professor Emeritus of Medicine, SUNY at Buffalo, presented

Infection Control in Long-Term Care: An Overview.

With more than 50 physicians, nurses, and nursing home administrators in attendance, some traveling from as far as Fort Lauderdale and Bradenton, the lectures

The topics were relevant and expert knowledge was appreciated as was the team collaboration between doctors and nurse administrators.


We are delighted to have been given this opportunity to collaborate with FSU's College of Medicine, Department of Geriatrics, and FMDA on this very successful conference in Tallahassee.

were very well received.

"The conference was excellent and the reviews were outstanding," said FADONA President Jean Nelson.

"The topics were relevant and expert knowledge was appreciated as was the team collaboration between doctors and nurse administrators," she added.

"We are delighted to have been given this opportunity to collaborate with FSU's College of Medicine, Department of Geriatrics, and FMDA on this very successful conference in Tallahassee," Nelson concluded.

FADONA thanks Paul Katz, MD, CMD, Professor and Chair, Department of Geriatrics, Florida State University's College of Medicine; and Chris Mulrooney, PhD, Assistant Dean for Graduate Medical Education at FSU's College of Medicine, for making this happen. 

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New Requirement for Florida Nurses

The Florida Board of Nursing has added a new 2-hour CE requirement. Beginning with renewals after Aug. 1, 2017, every Florida nursing professional will be required to complete two (2) hours in the subject area of *Recognizing Impairment in the Workplace*.

The two (2) hours are required during the first renewal after August 1, 2017, and then every other license period after that. The first group of nursing professionals to see this requirement will be the ones renewing April 30, 2018.

64B9-5.014 — Continuing Education on Recognizing Impairment in the Workplace:

Each course on recognizing impairment in the workplace shall include, at a minimum, the following subject areas:

- (1) Identifying the signs of impairment in the workplace;
- (2) Employer initiatives to promote safety and provide assistance;
- (3) The essential steps to make a report or referral;
- (4) Mandatory reporting law, Section 464.018, F.S.;
- (5) Treatment programs for impaired practitioners, Section 456.076, F.S.; and,
- (6) Impairment treatment.

If you have questions regarding this change, you can contact the Florida Board of Nursing staff by e-mailing info@floridasnursing.gov.



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As President and Founder of Senior Providers Resource, my goal is to provide innovative approaches to caring for our elders. With over 25 years of experience in the post-acute care market, I understand the challenges providers face on a day to day basis. Our experts can assist you in putting the ever changing and complex regulatory and reimbursement requirements into everyday practice. We are here for you so you can focus on daily operations.

Is it Worth it? The Myths About Tube Feeding at the End of Life

By Diane Hall, RD, LD, NHA; President, Balanced Senior Nutrition, Diane@SeniorNutrition.net

Rose had a stroke when she was 82 years old, leaving her immobile and unable to speak clearly or feed herself. It was found that she was aspirating, and as is customary medical practice, her physician strongly recommended a permanent feeding tube. Despite her losses, Rose was very mentally clear and strongly indicated she wanted no tubes! Her sister was her health care surrogate and defended Rose's choice of no tubes. The physician reluctantly discharged her to a continuing care community. Rose was hand fed pureed food and she did die of aspiration. . . seven years later.

This story from Anna Ortigara, MSN, a pioneer in person-centered care, illustrates why those of us in long-term health care need to take a long look at the effectiveness of tube feeding for elderly people. While conventional wisdom used to be that feeding tubes kept people nourished, cut down their hunger, and made them feel comfortable, the current evidence-based research indicates this is not the case with elderly people at the end of their lives. Let's review some of the myths about tube feeding and the research that busts them.

Myth 1: Tube Feeding Reduces Suffering.

Myth Buster: Tube feeding may be clinically appropriate in certain circumstances, but it should not be an automatic next step when other feeding strategies have failed. Before deciding to initiate tube feeding, the interdisciplinary care team should meet with the patient and family to carefully consider the risks and benefits of tube feeding and the patient's preferences. Contrary to what many people think, tube feeding does not ensure the patient's comfort or reduce suffering; it may cause diarrhea, abdominal pain, and local complications and may increase the risk of aspiration.¹

Myth 2: Tube Feeding Reduces the Risk of Aspiration.

Myth Buster: Feeding tubes have not been shown to reduce the risk of aspiration or prolong survival in residents with end-stage dementia.²

Myth Buster: Oral secretions and/or gastric content are often the source of aspiration pneumonia or pneumonitis and thus will not be resolved with the placement of a tube.³

Myth Buster: Withholding or minimizing hydration can have the desirable effect of reducing disturbing oral and bronchial secretions, and reduced cough from diminished pulmonary congestion.⁴

**Enteral nutrition may
not be appropriate
for terminally ill
older adults with advanced
disease states, such as
terminal dementia, and
should be in accordance
with advanced directives.**

Myth 3: Tube Feeding Should be the First Step When Other Feeding Strategies Fail.


Myth Buster: It is important that any decision regarding the use of a feeding tube be based on the resident's clinical condition and wishes as well as applicable federal and state laws and regulations for decision making about life-sustaining treatments. The interdisciplinary team, with support and guidance from the physician, is responsible for assuring the ongoing review, evaluation, and decision-making regarding the continuation or discontinuation of all treatments, devices, or approaches implemented to care for the resident. Involving the resident, family, and/or the resident's legal representative in discussions

about the indications, use, potential benefits and risks of tube feeding, types of approaches, and alternatives helps support the resident's right to make an informed decision to use or not use artificial nutrition and hydration.⁵

Myth 4: A Resident with Diminished Mental Capacity Cannot Make Decisions About Tube Feeding.

Myth Buster: It is the responsibility of all long-term care partners to understand any previously expressed wishes of a person in their care (through a review of advanced directives and with surrogate caregivers) regarding tube feeding and to put those wishes into that person's care plan. Institutions such as hospitals, nursing homes, and other care settings should encourage choice, endorse shared and informed decision-making, and honor preferences regarding tube feeding.⁶

Myth Buster: Enteral nutrition may not be appropriate for terminally ill older adults with advanced disease states, such as terminal dementia, and should be in accordance with advanced directives. The development of clinical and ethical criteria for the nutrition and hydration of persons throughout the life span should be established by members of the health care team, including the registered dietitian.⁷

So is tube feeding worth it? Based on what the research says, in most cases, NO. Now, it's up to us to spread the word and stop the practice. 

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Florida Association Directors of Nursing Administration/LTC

In the Trenches with You!

The daily life of a long-term care nurse leader is about managing the next crisis, being constantly aware of your surroundings, and staying up to date on industry changes. At FADONA/LTC, we understand, because we've walked in your shoes.

Some key points that have an impact with long-term care nurses around the state:

FADONA comprises the **LARGEST** and most active chapter of **NADONA**, the National Association of Directors of Nursing Administration/LTC.

FADONA/NADONA/LTC is the largest educational organization dedicated exclusively to nursing and administration professionals in long-term care and assisted living.

NADONA's motto is Education, Communication, Service. Everything done by the organization incorporates these elements.

FADONA is the only professional organization exclusively for and by long-term care nurses in administration in Florida.

FADONA is a great value, affording membership nationally in NADONA, as well as in Florida with FADONA, for only \$125 annually or \$230 for two (2) years.

FADONA memberships offer access to our website; our award-winning newsletter, **FADONA Focus**; and discounted registration fees to local, state, and national educational opportunities.

FADONA enjoys and supports a cooperative relationship with other professional organizations, including Florida Center for Nursing, FNA, FONE, FLGNA, FHCA, FMDA, FLN, QUIN Council, LeadingAge Florida, FL-GAPNA, and many others.

FADONA members are highly flexible, highly trained, and very determined nurse leaders.

FADONA members are constantly putting out fires, with compassion and strength.

FADONA continues to build the professional network — one step at a time.

Professional Certification, CDONA/LTC, is offered through NADONA.

Professional Standards that LTC nurse administrators are held to are set by NADONA. These standards embody the same elements as our motto.

FADONA's Principles of Excellence

In 2009, "FADONA's Principles of Excellence for Florida Directors of Nursing & Nurse Administrators" was published to support the provision of long-term health care services that are desired, meaningful, successful, and efficient. They are intended to assist directors of nursing in achieving these objectives and to guide and inspire creative leadership in LTC.

The principles encourage the director of nursing to follow a reasonable course of action based on current knowledge, available resources, and the needs of the facility so that effective and safe care can be delivered. They are aspirational in nature and intended to foster self-appraisal and continuous performance improvement. The principles are neither inflexible rules nor requirements of practice.

These guiding principles feature FADONA's Mission & Vision, Culture of Quality, Resident Care & Quality-of-Life, Caregivers, and Staff Finance.

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Making a Revolution: One Person at a Time

By Ruta Kadonoff, Executive Director, Pioneer Network

Those who were present at our recent national conference in New Orleans, know that our theme was **Revolutionizing the Culture of Aging**. As I noted in my closing remarks, it's a bold statement — one that sounds like a massive undertaking, maybe even intimidating in some ways. After all, who are we to cause a revolution?

But as our guides and attendees clearly demonstrate, a revolution at its core boils down very simply to individual people, their choices, and their actions. As I hope those of you who were fortunate enough to be there in person to hear the stories of our keynote speakers, Bob Goddard, Hannah Hedges, and Corey Rotella, aka CNA Edge (<http://www.cnaedge.com/>) and Francis Njuakom (<http://www.cdvta.org/index.php>) took away, an individual with a vision and a commitment has tremendous power to begin, grow, and sustain revolutionary change.

Pioneers demonstrate daily the Pioneer Network values statement that each person can, and does, make a difference. It is up to each of us to choose, each day, what kind of difference we will make — in another individual's life, in our community, and ultimately in our world.

As I challenged conference attendees I ask you now, too, to consider what might be possible if every morning, each person reading these words took a moment to commit to doing one specific thing that would advance the vision of a culture of aging that is life affirming, satisfying, humane, and meaningful? And then proceeded to live that commitment? What could we collectively accomplish? I believe the possibilities are bigger than any of us can imagine!

What could that one revolution-making thing look like? It might be something you do at work — posing a new and provocative question that starts others thinking and acting differently, sharing something you have learned in the course of your culture change journey with your colleagues, or



Ruth Kadonoff

just taking a few moments to do something meaningful for one of the people you interact with daily — an elder, a staff member, a friend, or family visitor. Or it might mean looking beyond your workplace to think about how what you are already doing, learning, and living and the power of a new culture could be shared with your larger world —

to raise awareness and engagement in changing society's perception and culture when it comes to aging. You could offer to lead a discussion session or a book group or a learning circle with members of your faith community, at your local library, or with a group of your friends.

... draw inspiration and strength for continuing the journey, and enjoy the fellowship of a wonderfully diverse group of people who share a single vision — a culture of aging that is life affirming, satisfying, humane, and meaningful!


Pioneer Network has a ready-made toolkit (<http://pionetwork.net/Consumers/InformTransformInspire/>) available on our website that can help you guide that discussion. You could reach out to local organizations to develop relationships that bring together the elders

you work with and their surrounding community. You could work to identify people in your neighborhood who may be interested in starting up a grassroots "Village" model project to facilitate neighbors helping neighbors. You could offer to speak at your child's school about your career and the opportunities in aging services. Or explore creative ways to bring local children of all ages into your workplace to allow them to witness our field for themselves and to engage with elders. The possibilities are truly endless. All it takes is commitment and creativity. I'm betting you have lots more ideas than I could possibly think of or list here...

The specifics of what you decide to do matter less than just doing something, each and every day, that brings us one step closer to the world we ultimately want, to see that consistent application of our values and principles over time. This is what I believe will create the kind of world that each of us can truly embrace aging into.

For those of you who could not be with us this year, I invite you to save the date now for next year's conference, marking the 20th anniversary of the original gathering of what were then referred to as the Nursing Home Pioneers! We will come together, as Pioneers have regularly done since 1997, to collectively celebrate our accomplishments, share with and learn from one another, draw inspiration and strength for continuing the journey, and enjoy the fellowship of a wonderfully diverse group of people who share a single vision — a culture of aging that is life affirming, satisfying, humane, and meaningful!

Join us for what we promise will be a unique and engaging experience that draws from the richness of our past to inform and focus us for the next leg of our collective journey over the next 20 years. We invite you all to Be the Future! (<http://www.pionetwork.net/Events/2017Conference/>).

And between now and then, please join us in continuing the Revolution! 

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