

HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

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Eden Alternative Public Hearing

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House Aging & Older Adult Services Committee

North Office Building
Hearing Room #2
Harrisburg, Pennsylvania

Tuesday, May 13, 2008 - 9:30 a.m.

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BEFORE:

Honorable Phyllis Mundy, Majority Chairman
Honorable Eugene DePasquale
Honorable Florindo Fabrizio
Honorable Bill Keller
Honorable David Kessler
Honorable Deberah Kula
Honorable Eddie Day Pashinski
Honorable Ken Smith
Honorable Tim Hennessey, Minority Chairman
Honorable Karen Boback
Honorable Michele Brooks
Honorable Martin Causer
Honorable Jim Cox
Honorable Garth Everett
Honorable Mauree Gingrich
Honorable Duane Milne
Honorable RoseMarie Swanger
Honorable Randy Vulakovich
Honorable Katherine Watson

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1 ALSO PRESENT:

2

Charles Quinnan

3 Majority Executive Director

4

Alicia Riegel-Kanth

5 Majority Research Analyst

6

Louise Stepanic

7 Majority Legislative Assistant

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Sharon Schwartz

9 Minority Executive Director

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Carol Turner

11 Minority Committee Secretary

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Organization Development and Training Masonic Village, Elizabethtown, PA	

1 CHAIRMAN MUNDY: Good morning,
2 everyone. Thank you all for being here. We
3 call this meeting today to learn more about Eden
4 Alternative, an initiative that seeks to
5 de-institutionalize the culture of long-term
6 care facilities through education and training
7 opportunities for long-term care workers and
8 facility administrators. Eden Alternative also
9 offers training for health care workers and
10 other caregivers for Eden's at home program.

11 I will tell you that I first learned
12 about Eden Alternative when I visited the
13 Mountain View Care Center. And we have someone
14 here from Mountain View, here today, to talk
15 about their experience with Eden Alternative,
16 and that's in Lackawanna County.

17 And so, I thought the committee
18 should learn more about Eden Alternative because
19 it really sounded like a very humane and good
20 way to proceed with nursing home care, and I
21 wanted to know more.

22 Representative Hennessey, is there
23 anything you would like to say before we begin?

24 REPRESENTATIVE HENNESSEY: I just
25 thought you scheduled this so I would learn

1 about the Eden Alternative in case I had plans
2 to retire.

3 CHAIRMAN MUNDY: Well, that's a good
4 reason to do this, too.

5 REPRESENTATIVE HENNESSEY: I know we
6 have a number of competing meetings this morning
7 so some of these members will probably finish
8 those meetings and filter in as we go through
9 the plans.

10 CHAIRMAN MUNDY: I am going to ask
11 the committee members who are present to
12 introduce themselves. We will start with you.

13 REPRESENTATIVE SWANGER: I am
14 Representative RoseMarie Swanger from Lebanon
15 County.

16 REPRESENTATIVE BROOKS:
17 Representative Michele Brooks, portions of
18 Lawrence, Mercer, and Crawford County.

19 REPRESENTATIVE FABRIZIO:
20 Representative Fabrizio, Erie County.

21 REPRESENTATIVE SMITH: Representative
22 Ken Smith, Lackawanna County.

23 MR. QUINNAN: Chuck Quinnan,
24 Democratic Executive Director.

25 CHAIRMAN MUNDY: I am Phyllis Mundy,

1 Chairman of the Committee.

2 REPRESENTATIVE HENNESSEY: Tim

3 Hennessey, Republican Chairman.

4 MS. SCHWARTZ: Sharon Schwartz,

5 Republican Executive Director.

6 CHAIRMAN MUNDY: And Mauree Gingrich.

7 REPRESENTATIVE GINGRICH: From

8 Lebanon County.

9 CHAIRMAN MUNDY: We are going to
10 begin with a video that I thought was really
11 interesting. Well, actually, Louise Stepanic,
12 my staff person, was very moved by it, so I
13 thought it would probably be a good way to begin
14 the hearing. It's only eight minutes or
15 something. So we are going to play the Eden
16 Alternative video and then we will proceed with
17 the testimony.

18 (Eden Alternative Video viewed from
19 9:35 a.m. to 9:45 a.m.)

20 CHAIRMAN MUNDY: Okay. We want to
21 thank those who have joined us today to offer
22 some information about their experience with
23 Eden Alternative. First, we have Cindy Godfrey,
24 partner/owner, Quality Assurance Administrator
25 of Rolling Fields in Conneautville. Cindy?

1 MS. GODFREY: Hi.

2 CHAIRMAN MUNDY: Hi. I am sorry we
3 don't have microphones. But it is a small room
4 and if you speak loudly enough, I am sure we
5 will be able to hear you.

6 MS. GODFREY: Well, I will try to
7 speak up. Conneautville is about 20 miles south
8 of Erie.

9 First of all, I would like to thank
10 you for inviting us here and for giving us the
11 opportunity to teach you or educate you about
12 the Eden Alternative. That video was produced
13 at our home, those are our elders and our staff
14 members, and that's all the way it really is at
15 Rolling Fields.

16 We are a second generation nursing
17 home owners. Our parents started in 1968, with
18 the building. Kim and I have been in the
19 business about 25 years now. We are both
20 nursing home administrators.

21 We were getting to the point where it
22 was very hard to do long-term care because of
23 all the regulations. We felt like we were going
24 from year to year worrying about the Department
25 of Health survey and not really concentrating on

1 caring for our elders.

2 And in 2002, I read about a book
3 called, A Life Worth Living, by Doctor William
4 Thomas. And it changed our lives, literally,
5 because we became certified Eden Alternative
6 associates and went back to our home and picked
7 a leadership team and began the education
8 process. And we spent one full year educating
9 our staff about Eden and to try to get them to
10 understand the difference in how we are going to
11 care for elders.

12 So now we care for our elders on an
13 individual basis. We empower our staff to take
14 care of them. We -- Excuse me, I am a little
15 bit nervous here.

16 We do have all the animals at our
17 home. We have dogs and cats and birds and fish
18 and all of those kinds of things to make it more
19 home-like. We have gardens and ponds and the
20 fishing lake, plants and so forth. But the
21 biggest difference in our home is the
22 relationships that our staff have with our
23 elders. They are permanently assigned to a
24 street. Every staff member is in the Eden
25 family.

1 We have 12 Eden families in our home.
2 So our culinary services department, our laundry
3 services department, all belong to an Eden
4 family. And so, they get to know the elders.
5 And so, they are not learning our elders by a
6 tray card or by a name tag on their clothes;
7 they are actually talking to the elders,
8 learning their stories. It's just a whole
9 different way of caring for our elders.

10 In our home, we have no restraints,
11 we have no side rails on our beds, we have no --
12 And we are a skilled nursing home so there are
13 people that need help but it's a different way
14 of helping them. They have value in our home.
15 Our elders have the opportunity to fold laundry,
16 if they want to; they care for their plants;
17 they care for their birds; they have a paper
18 route, if they would like to; there is a cooking
19 club.

20 We entered our beets. One gentleman
21 entered his beets in the Crawford County Fair
22 and got second place and then we used the beets
23 in the cooking club.

24 We do have an on-site, licensed,
25 child day care for our staff. And those kids

1 that were on that video actually have programs
2 with our elders. They pick strawberries
3 together, and the occupational therapist goes
4 with them, and then they make strawberry jam.
5 And the elders actually teach the children how
6 to do those things.

7 So we are using our elders in a way
8 that they feel worthy and they are not just
9 institutionalized.

10 So then, in 2007, my sister Kim
11 Moody -- I am not sure I introduced her. This
12 is my sister Kim Moody, my partner. And we
13 decided that we were still kind of
14 institutionalized at our home, so we needed to
15 figure out the reason why.

16 And what we decided was -- What Kim
17 came up with was, that we were still delivering
18 our meals by a tray cart service so all the
19 elders really had to get up and get ready for
20 breakfast because their breakfast was coming,
21 they had to be back in their rooms or back in
22 their dining room because we had a certain time
23 for lunch. It was kind of like a hospital type
24 setting.

25 So what we realized is everything was

1 revolving around this tray service delivery, and
2 our elders really didn't have the choices that
3 we wanted them to have about sleeping in, about
4 the meals that they could pick, just all of
5 their schedules.

6 So we decided that we were on the
7 edge of a cliff and we needed to jump, so we
8 called it Jump Off the Cliff. JOTC, as our
9 staff now calls it. And we have hired a chef.
10 We are in the middle of renovating our kitchen
11 into a restaurant kitchen.

12 And so, now our staff let our elders
13 sleep in. They have choices about everything.
14 They can sleep in until nine, if they want, and
15 then order breakfast off the menu.

16 The regulations state that we have to
17 give our elders so much food because -- Just how
18 everything has evolved, where our little old
19 ladies really feel overwhelmed with the portions
20 that we need to give them, so at this point in
21 time, they can order what they want to order,
22 when they want to order it. So if they want tea
23 and toast in the morning, they are allowed to
24 have that, they are allowed to order that when
25 they want.

1 We have a 24 hour--we are in the
2 middle of finalizing this--but a 24-hour menu
3 service that they can come to the dining room
4 and order or they can order in their room and
5 have room service. And we set it up with a salt
6 and pepper shaker, just like you would in a
7 hotel room.

8 So they have the opportunity to
9 schedule their hair appointments or schedule
10 their therapy appointments just like you or I
11 would. And we are not dictating to them their
12 schedule any more, so it's much more home-like,
13 it's a much warmer feeling. We are trying to
14 completely de-institutionalize the nursing home.

15 CHAIRMAN MUNDY: Thank you. I think
16 we are going to go through all the testifiers
17 and then the committee will have questions.

18 Before we proceed any further,
19 though, could I ask those members who have
20 joined us to introduce themselves?

21 REPRESENTATIVE KESSLER:
22 Representative Dave Kessler, 130th District of
23 Berks County.

24 REPRESENTATIVE KULA: Deberah Kula,
25 Fayette and Westmoreland counties.

1 REPRESENTATIVE WATSON:

2 Representative Kathy Watson from Bucks County.

3 REPRESENTATIVE MILNE: Duane Milne,
4 167th District of Chester County.

5 REPRESENTATIVE BOBACK: Karen Boback
6 Wyoming, Columbia and Luzerne counties.

7 REPRESENTATIVE VULAKOVICH: Randy
8 Vulakovich, the 30th District of Allegheny
9 County.

10 REPRESENTATIVE EVERETT: Garth
11 Everett, Lycoming County.

12 REPRESENTATIVE CAUSER: Marty Causer,
13 McKean, Potter and Cameron counties.

14 REPRESENTATIVE DePASQUALE: Eugene
15 DePasquale, York County.

16 CHAIRMAN MUNDY: All right. Our next
17 testifier is from Mountain View Care Center,
18 Scranton, Pennsylvania, Mr. Bill Kammerer, who
19 is the administrator there.

20 MR. KAMMERER: Good morning,
21 everyone.

22 CHAIRMAN MUNDY: Good morning.

23 MR. KAMMERER: And I want to thank
24 everyone for inviting me here today. I am the
25 administrator of Mountain View Care Center. We

1 are located in Scranton. We opened our doors in
2 1992. It was a brand new facility at the time,
3 we were the state of the art, but it was
4 institutionalized.

5 When you came in the building at that
6 time, it had the tile floors and food carts, the
7 laundry carts; they were making a lot of noise
8 going down the hallway. We were giving tours,
9 everyone thought it was a beautiful place; but
10 our employees, looking at our residents,
11 sitting, being bored, we knew that we could do
12 something better for them so we adopted the Eden
13 philosophy Alternative in 2001.

14 Prior to that, we held our normal
15 meetings of nursing, met with nursing, the
16 ancillary departments met with their own
17 departments, and we found that was not working;
18 administration was making all the decisions and
19 we ended up that our residents were not very
20 happy, our staff wasn't very happy, because we
21 weren't including everybody as a whole.

22 And we are similar to Rolling Fields,
23 with the animals and the plants and that type of
24 situation. They spoke a little bit about that.

25 One of the success stories that I

1 have with the Eden Alternative is when we
2 adopted neighborhood meetings. Our building was
3 divided up into neighborhoods. We have Alcore,
4 Bella Bay, Camelot and Magical Court, and then
5 each neighborhood is broken down a little bit
6 smaller with streets on each neighborhood.

7 And we came up with those names. We
8 had the staff together, along with the
9 residents, we invited our families and we
10 invited our volunteers to have group meetings
11 and they decided to name the neighborhoods those
12 names and the streets that they live on.

13 So once we started those meetings,
14 all the decisions were being made by each
15 neighborhood. It didn't matter what Bella Bay
16 was going to vote on, on how they wanted their
17 neighborhood to look like, or how they wanted
18 their meals served to them, because Alcore may
19 have wanted something different.

20 So when you walk in our building,
21 some people will say, well, how come all of your
22 carpeting isn't the same? Well, because the
23 elders that live on that neighborhood decided
24 they didn't like light blue; they wanted purple.

25 So now when we are giving tours and

1 people are saying, oh, it doesn't match, but I
2 try to tell them, I say, well, you don't live
3 here, this is their home so they decide on how
4 to do that. If they want to have an animal in
5 their neighborhood, they may do so.

6 The biggest part of the neighborhood
7 meetings was, part of our problem when we first
8 opened up was our difficulty of attracting new
9 employees and retention of new employees. So
10 when we started our -- In 1990, I believe it
11 was -- Excuse me one moment.

12 In 1999, we experienced a 73-percent
13 turnover rate for the entire building. Now, at
14 that time, licensed staff was 41-percent
15 turnover, nurse aides was a 72-percent turnover,
16 and the environmental services was 79 percent,
17 and dietary at 93-percent turnover.

18 In 2001, we improved a little bit
19 better with a 56-percent turnover total rate,
20 our licensed nurses was 24 percent, our nurse
21 aides was 40 percent, environmental services was
22 a hundred and forty-one percent, and dietary was
23 80-percent turnover rate. So that was very
24 difficult to try to attract employees and retain
25 employees.

1 Once we started in 2001--prior to
2 that we were using agency staff, which is not a
3 very good thing to do; they would just come in,
4 pass their meds and go home; they didn't really
5 care about our elders--now our staff turnover
6 rate is, our licensed nurses is 2 percent, our
7 nurse aides are 10 percent, environmental
8 services went down to 6 percent, and our dietary
9 staff went down to 5 percent.

10 Our employees, when we do our exit
11 interviews with anyone that does leave, no one
12 in the past three years, not one employee left
13 to go work at another skilled nursing facility;
14 they either left to retire, they left because
15 they left the area, or they went for a Monday
16 through Friday office job.

17 But in the past three years, we did
18 not lose one employee to another nursing home.
19 And I believe that is due to the empowerment
20 that we allow our staff and our residents and
21 family to have. With every decision that is
22 made, it's made during those neighborhood
23 meetings and they buy into it.

24 The residents and our elders
25 understand what our staff has to do during the

1 course of the day. Our staff understands the
2 individual needs that our elders have. Our
3 elders are 80, 90 years old. They have lived a
4 long, hard life. They deserve to live their
5 life the way they are now at Mountain View.

6 And, you know, I think our mission
7 when we did this was to create Paradise, and I
8 think we have succeeded in doing that; we
9 conquered the three plagues of loneliness,
10 helplessness and boredom.

11 And I just can't say. I think Eden
12 did a wonderful thing. And I think it's a
13 wonderful thing that we are here speaking today
14 about culture change.

15 And we are in the process of
16 educating our Department of Health at this time.
17 One of our Department of Health surveyors is an
18 Eden Alternative representative. She went
19 through a three-day training. And they think
20 it's a wonderful thing. So my job now is very
21 easy. Everyone makes the decisions and my job
22 is just to fit it within the regulations and --

23 CHAIRMAN MUNDY: That doesn't sound
24 very easy to me. We will be asking more about
25 that.

1 MR. KAMMERER: Okay. That's all I
2 have. Thank you very much.

3 CHAIRMAN MUNDY: Thank you.
4 I understand that Vicki Gillmore, who was
5 scheduled to be here, is unfortunately not
6 feeling well.

7 MS. SEIDERS: Yes.

8 CHAIRMAN MUNDY: So today, Ms.
9 Gillmore's testimony will be presented by Lori
10 Seiders, who is Director of Organization
11 Development and Training at Masonic Village.
12 Thank you for being here.

13 MS. SEIDERS: Thank you very much.
14 Our Eden journey started probably when we
15 brought two Guinea Pigs into the facility, not
16 realizing they were Eden. We put diapers on
17 them, put them in residents' laps who had not
18 communicated at all and all of a sudden
19 residents began to communicate with one another.
20 They wanted the pigs.

21 So what happened was, in the early
22 1990s, when Doctor Thomas assessed what was
23 occurring in nursing homes, he realized that
24 there were three plagues. Loneliness is defined
25 as the pain you feel when you want but cannot

1 have companionship. Helplessness is defined as
2 the pain we feel when we always receive care and
3 never give care. And boredom is the pain we
4 feel when our lives lack variety and
5 spontaneity.

6 Close your eyes for a moment and
7 think about your life. You have got variety.
8 You have got spontaneity. You can drive. You
9 can come and go as you please. You have all of
10 your possessions around you. It's a little
11 different when you live in a long-term care
12 facility; you choose what you will bring with
13 you.

14 So our residents wanted more
15 involvement. And, in 1998, there were a number
16 of us that went through the Eden Alternative.
17 We had a wonderful opportunity to meet with
18 Doctor Thomas at that time. It was a great,
19 great experience.

20 And he described the antidotes to the
21 plagues. Loneliness is treated with loving
22 companionship. And that is the most important
23 thing. I can't say enough about companionship
24 and relationship. Children, plants, animals,
25 are used as tools, that's what they are; they

1 are not the Eden Alternative.

2 Relationships among staff and
3 residents is the most important thing.

4 Loneliness is treated with loving
5 companionship. Helplessness is addressed by
6 providing opportunities to give care to others.
7 And boredom can be cured with an environment
8 that creates variety and spontaneity.

9 We had four cats that were born on
10 the facility. Our staff hand-raised them. They
11 live in our dementia unit. They wander around.
12 They sleep on the residents' beds. They sleep
13 with the residents.

14 My dog, D.J., comes, and he has a
15 special resident on one of our neighborhoods.
16 She has a special time that she wants him
17 because her week is filled with activities. So
18 she gets him on Thursdays from 9:30 to 11:30,
19 and that's when Louise takes D.J. to church, she
20 takes him to ceramics.

21 He knows. At 9:00, he starts barking
22 and looking at me and it's time to go see
23 Louise. I put his leash on him, we go upstairs,
24 he hops on her bed, and that's it. And he's
25 there until 11:30, until I come get him. And

1 they meet me at the elevator.

2 We wanted to harvest the talents of
3 our staffs and our residents. We have a variety
4 of stories. We have wonderful stories of a
5 woman who came to Masonic Village, had birds
6 when she lived at home. She knew she couldn't
7 have them when she came there. We were not
8 Eden-ized at that time.

9 So when she found out that she could
10 have a bird, little known to us, she had
11 recorded the songs of her previous birds. When
12 she got her new bird, she sat and played her
13 songs for her new bird so that he could sing
14 what her old birds had sang for her.

15 One of the things that drives our
16 staff crazy is our residents that do have birds
17 carry them on their shoulders, they wander
18 around throughout the neighborhoods, they are
19 feeding them pretzels, they have crumbs all over
20 them--excuse me--they have bird poop on them.
21 Our residents are fine with that. Our staff
22 goes, don't you want to change your clothes?
23 They'll go, no, leave me alone. I am fine. My
24 bird is happy, I'm happy.

25 We had a resident with severe pain

1 and impaired shoulder movement. He didn't want
2 to move. He did not want to exercise. He was
3 tired of going to therapy. So we had a dog
4 named Daisy. She was a Golden Retriever. So in
5 order for Daisy to get exercise, we convinced
6 this resident that he had to throw the ball to
7 her. He did it three times a day, 15 minutes at
8 a time. Pretty soon he had his shoulder back,
9 he wasn't going to therapy.

10 Daisy, at times, knew her boundaries
11 on the neighborhoods. We had a resident that I
12 am not sure if she fell out of bed or what,
13 something happened, but Daisy knew it. She went
14 immediately to the resident, she barked for
15 staff, and she laid right down beside her until
16 staff came and assisted the resident.

17 There are many, many examples. We
18 have a resident, Leonard, who is an avid
19 gardener. Now some of our residents are not
20 able to physically go out and dig in the soil,
21 so we adapt tools for them and they work from
22 their wheelchair.

23 We have residents that, beginning in
24 February, they want their seeds. They want to
25 know that the potting soil is ready, that the

1 plants are ready.

2 And come March, they begin to get
3 their soil ready. And with their adaptive
4 tools, they are out there and they grow
5 tomatoes. And they bring them into the
6 neighborhoods and the residents have an
7 opportunity to have BLTs. The one time, Leonard
8 brought in all of his tomatoes and the staff
9 brought in bacon and they made BLTs for that
10 night's dinner.

11 Leonard also grew absolutely
12 beautiful flowers. And we had a resident,
13 Pauline. Her husband had died. She was very,
14 very depressed. She was always very, very
15 active. And I had known her when she lived in
16 retirement living.

17 And she just really did not have any
18 kind of will to live. She was very depressed.
19 We knew that she had done ceramics, so we had
20 asked her if she would make the vases for the
21 tables for Leonard's flowers. She jumped right
22 in, went to ceramics class, made all of the
23 vases for the flowers.

24 Another significant drop that we had
25 in quality measure was our prevalence of little

1 or no activity. As we became more individually
2 resident focused, we began to find more creative
3 activities for our residents to become very much
4 involved. And that was part of Pauline's
5 activities. She definitely wanted to help out
6 with those beautiful flowers.

7 As Bill had mentioned, in terms of
8 our measurable outcomes, the most dramatic for
9 us again was turnover. In an industry with
10 turnover of 40 to 80 percent, we are very
11 blessed to have a turnover of only 26 percent in
12 1997 prior to our Eden journey. And by 2007,
13 our turnover had dropped down to 12.7 percent.

14 We were told by Eden facilities and
15 other Eden administrators that it would be very
16 difficult. Our long-term care facility, skilled
17 care, dementia care is four hundred and
18 fifty-three individuals. It is a huge
19 undertaking of our task with our staff, but they
20 absolutely love Eden Alternative. It has made a
21 huge difference, not only in the lives of our
22 residents but in the lives of our staff, and the
23 decisions come from our residents. Thank you.

24 CHAIRMAN MUNDY: Thank you very much.

25 MS. SEIDERS: You are welcome.

1 CHAIRMAN MUNDY: It was very
2 interesting. I think the big question for me
3 is, what has been the Department of Health's
4 reaction, when they come in to inspect and they
5 find bird poop on the residents' clothing? Do
6 they go ballistic? You know, what is the
7 reaction of the Department of Health to Eden
8 Alternative and to those kinds of situations?

9 MS. SEIDERS: We contacted the
10 Department of Health before we began Eden. We
11 let them know what we were doing. We let them
12 know that we would have the animals in the
13 facilities.

14 The only thing that they were
15 concerned about is the animals do not come into
16 the dining room while the residents are eating.
17 And our animals know that. As D.J. passes the
18 cafeteria, he looks longingly inside. He knows
19 better. Our animals were absolutely kept from
20 the dining room.

21 No, they will talk to the resident
22 that has bird poop on their shoulder, and she
23 will tell them the same thing she tells our
24 staff: my bird is happy, I'm happy. So they
25 are fine.

1 CHAIRMAN MUNDY: And --

2 MS. MOODY: The first couple of years
3 that we started our journey, pretty much the
4 surveyors ignored it. It was like they went
5 through our home and they had blinders on. They
6 didn't, you know, look at our dog. They just,
7 you know, tried to ignore the whole thing.

8 We offered opportunities to educate
9 them, giving them the information. We showed
10 them the CDs, whatever they wanted, and they
11 chose not to learn any more about it. They had
12 regulations that they were looking at, and there
13 was no swaying them as far as teaching them
14 about the Eden Alternative.

15 Three years ago, they came in for a
16 survey. And we invited the elders to the exit
17 interview, and probably 40 of our staff members
18 showed up, some family members, to hear what
19 they had to say. And their survey was cut short
20 by a day because they couldn't find anything
21 else to look at because they were pleased with
22 what they had seen.

23 And they had given us the nicest
24 compliment, because they said that your elders
25 have a social life here. So they recognized

1 that because of what we had done with a
2 voluntary, in electing to do this change the way
3 nursing homes are run, and choosing the Eden
4 Alternative to do that, they recognized that our
5 elders are actually really living in our home,
6 so.

7 CHAIRMAN MUNDY: And I was
8 interested, you mentioned the regulations with
9 regard to food requirements, how much you are
10 supposed to feed people, but the resident who
11 wants tea and toast for breakfast. So again,
12 the Department of Health's reaction to all of
13 that?

14 MS. GODFREY: Well, we just need to
15 make sure that our elders stay healthy and don't
16 lose weight, and however they choose to do that
17 and we are not choosing for them. The
18 Department of Health is fine with that.

19 There's a requirement that says there
20 can be no more than 14 hours between dinner and
21 breakfast. Well, obviously, that's going to
22 change when we give them their choice to sleep
23 in. But if they wake up in the middle of the
24 night, they can have a personal pan pizza, if
25 they want. So we are offering them the food.

1 And as long as the elders don't lose weight,
2 then the Department of Health doesn't have a
3 problem.

4 CHAIRMAN MUNDY: So they are very
5 open minded, it sounds?

6 MS. GODFREY: There is still -- I
7 think they are pretty open minded with the Eden
8 Alternative, with the animals and so forth,
9 because they recognize that the elders are
10 happier.

11 They are still very black and white
12 when it comes to the documentation and the care
13 planning and all of that. So what we have tried
14 to do is just to write policy to cover our
15 bases.

16 We don't have a giant care plan,
17 institutional look any more that no one ever
18 looks at. And no one ever did. We have
19 individual Eden care plans that say, I sometimes
20 get lonely. Please bring the cat in to sit on
21 my lap. And that's our care plan for that
22 elder's care. Take me out to the garden, and so
23 forth.

24 So even though we have care plans for
25 our elders, the Department of Health has to look

1 at it in a different way, and say, okay, this is
2 a medical model care plan, it's a spiritual care
3 plan for their spirit. So we are getting there.

4 CHAIRMAN MUNDY: Other committee
5 members who want to ask questions?

6 REPRESENTATIVE GINGRICH: Thank you,
7 Madam Chairman. I am Representative Gingrich
8 from Lebanon County. And I have spent a good 15
9 years in your industry as Director of Marketing
10 at Cornwall Manor so I am very familiar with the
11 Eden concept and the true positive value and
12 outcome both internally and from the provider
13 side.

14 Glad to hear it's working out with
15 the Department of Health because you are in a
16 highly-regulated industry. So that transition,
17 now the Eden Alternative is not new any more so
18 they are used to it and they know that it's
19 functional.

20 What I wanted to ask you is, have you
21 looked at all into the Greenhouse concept? Has
22 anybody looked into that?

23 MS. MOODY: Yes. Actually, we have a
24 little piece of property adjacent to our home.
25 And again, we are in rural northwest

1 Pennsylvania.

2 REPRESENTATIVE GINGRICH: Right.

3 MS. MOODY: So we have some
4 opportunity to do some spreading out.

5 We have looked into the Greenhouse
6 concept and understand how it would work.
7 Obviously, financing, reimbursements, that kind
8 of stuff, is an issue, so.

9 REPRESENTATIVE GINGRICH: Right. I
10 have one that is just doing beautifully,
11 relatively new in my district. You would all be
12 welcome to come down and look at that.

13 MS. MOODY: Thank you.

14 REPRESENTATIVE GINGRICH: It is just
15 phenomenal. And it just takes the Eden concept
16 even a little bit further because this is all
17 about maintaining value in your life, and the
18 human dignity of being productive, and knowing
19 you are on this earth for some reason.

20 MS. MOODY: Right.

21 REPRESENTATIVE GINGRICH: And the
22 Greenhouse concept takes that life up, but it's
23 a little expensive to get it started, number
24 one.

25 MS. GODFREY: Right. We are the big

1 H. You know, our nursing home, it is a big H,
2 like it was built in 1979, and we don't have a
3 lot of money to do a lot of the Taj Mahal type
4 of things.

5 And so, what we have done is taken a
6 Greenhouse concept. And all of our caregivers
7 are called caregivers. We don't have
8 hospitality aides and certified nursing
9 assistants any more; they are all called
10 caregivers. We clean toilets and make beds.
11 Everyone is trained to mop the floor. The
12 cleaning supplies are right there. So we work
13 it like we work our home --

14 REPRESENTATIVE GINGRICH: It's a
15 household type of thing.

16 MS. GODFREY: -- so it's not the
17 housekeeping department.

18 REPRESENTATIVE GINGRICH: Right.

19 MS. GODFREY: And we all serve the
20 elders' meals. We can go to the kitchen and
21 make them eggs, if we want to. Everyone is
22 trained to do that. So we are using the
23 Greenhouse concept with the caregivers.

24 REPRESENTATIVE GINGRICH: Yes, I
25 think it's great, and I was hoping that you were

1 all looking at that as well. Thanks.

2 CHAIRMAN MUNDY: All right, Mauree,
3 since you have raised the concept, you are going
4 to have to explain the Greenhouse concept a
5 little more.

6 REPRESENTATIVE GINGRICH: The
7 Greenhouse concept is -- Actually, it's the
8 physical plant more than anything else. It
9 takes this Eden Alternative, which is truly
10 based on the cycle of life. Not to sound corny,
11 but isn't it? Don't you look at it that way?

12 MS. GODFREY: (Nods affirmatively.)

13 REPRESENTATIVE GINGRICH: And there
14 should be some reward at the other end of life.
15 You know, it should be a good life. You should
16 be rewarded or still feel valued and be able to
17 live a productive life. It gets harder and
18 harder as your body limits you.

19 But that's where the Eden Alternative
20 was taking people in. As she is saying, their H
21 design, the way nursing homes were set up back
22 in the '70s, and '80s even, the physical plant
23 makes it difficult to make it a cozy home.

24 The Greenhouse concept takes it even
25 further. And it is a big home. It's built like

1 a house and everybody has their own bedrooms off
2 this wonderful central area of activity.

3 People, they make all of their own
4 meals. And these are skilled-care level
5 individuals. You should see the smiles on their
6 faces. Now, maybe all they can do is, you know,
7 take the carrots off the counter and put it in
8 the sink, but everybody is playing a role.

9 And it is family concept, the way
10 these gals were saying. Everybody is part of
11 that family. And it is just a totally different
12 attitude.

13 But you have to -- There are a few
14 buildings adaptable to that, so it's going to be
15 a future trend. Do you know what I am saying?

16 But the concept is excellent. In
17 fact, I would take this committee out to see one
18 and you would be flabbergasted. So some day, we
19 will do a field trip, Madam Chairman.

20 CHAIRMAN MUNDY: Sounds good to me.
21 Representative Brooks.

22 REPRESENTATIVE BROOKS: First, I want
23 to compliment all of you. It just sounds like a
24 wonderful, wonderful environment for our senior
25 citizens. And it's amazing just how we are so

1 many light years ahead of when my grandparents
2 were in centers like this. And so, it's
3 tremendous and I want to compliment all of you.

4 I wanted to ask you, in talking about
5 your clusters or your individual family units,
6 you talked about your staff and how they are
7 just individualized to those clusters. But did
8 you go a little further? Or do they operate
9 more like community neighborhoods where a
10 resident looks after a resident and they tend to
11 gravitate toward just those clusters?

12 MR. KAMMERER: In our building, in
13 our neighborhoods, there is a mayor of the
14 neighborhood. And any time there is a new
15 resident that is admitted, they greet the new
16 resident. They greet them with a vase with
17 flowers in there.

18 They also adapted -- One of the
19 difficult things that our elders were having is
20 that some of their peers, their close friends
21 were actively dying, so they came up with a
22 group of elders that will go and sit with them,
23 a resident, if they are actively dying.

24 So that they cluster, that there's --
25 In each neighborhood, there is different

1 clusters and different things that they do in
2 that neighborhood. There is one neighborhood
3 that every time I would walk by, I would say,
4 oh, you are sitting on your front porch. She
5 goes, well, that's what I did all of my life and
6 that's what I want to continue to do.

7 So they do group together. Our staff
8 was -- They were offered to go pick what
9 neighborhood they wanted to go on. And we would
10 kind of encourage them, if one neighborhood
11 didn't have a lot of talent, that maybe someone
12 had an interest with music or a hobby so that
13 they grouped together. But they come up and
14 they have their own little parties and meet like
15 that.

16 MS. MOODY: We have elders that look
17 out for one another in their particular
18 neighborhoods. It used to be that you have to
19 do a social history on an elder. We went into
20 their medical record and nobody ever knew about
21 the elder.

22 Now we do the elders' stories and so
23 we find out what their likes and their dislikes
24 are and their interests and those types of
25 things. And we find that we have paired those

1 elders up together and they will build a garden
2 together, or cut flowers, those types of things.

3 The other thing we did--this is where
4 the Department of Health regulations come in--we
5 have to -- We have paid feeding assistants. We
6 have an elder who wanted to assist her roommate
7 in dining because she wasn't able to feed
8 herself. So we put the elder in through our
9 feeding certification program so she was deemed
10 properly trained to feed so she could assist her
11 roommate in the dining rooms where they feed
12 them. So they do look after one another.

13 MR. KAMMERER: They do.

14 REPRESENTATIVE BROOKS: And that's
15 what I was wondering. Because, really, it
16 encourages relationships and friendships instead
17 of just like a skilled, you know, like a nursing
18 home setting where they may just eat together
19 and that's it.

20 MS. MOODY: Yes.

21 REPRESENTATIVE BROOKS: So the way
22 you are set up, it actually encourages, you
23 know, more of the use, way, before they had to
24 leave their home.

25 MS. MOODY: Yes.

1 REPRESENTATIVE BROOKS: I wanted to
2 also ask you, it sounds more like policy
3 changes, administrative changes, and different
4 things like that. The costs associated, is
5 there an enormous amount of cost transition
6 between the two different types of settings?

7 MS. MOODY: When we first started our
8 journey, obviously education is a big change in
9 the concept of, how are we going to run our
10 nursing home? Eliminating the hierarchy when
11 the administrator no longer makes the decisions,
12 the director of nursing does not write the
13 policy on things. As Bill pointed out, he goes
14 for the front line step, and they make the
15 decisions with their elders on what's best for
16 those particular elders.

17 Our original cost--because everybody
18 is used to being paid for everything, we paid
19 for all of the education--the very first year
20 and a half, cost us a hundred thousand dollars
21 in education.

22 Since then, as people are starting to
23 understand this concept, we didn't lose a lot of
24 staff.

25 They would have said, they don't want

1 any part of this. They want to be told what to
2 do. They won't set schedules. They want to
3 show up at six and go home at 2:30. They don't
4 want anything, that commitment.

5 However, as you have heard, once
6 those people get an idea, where you are hiring
7 people for the right reason, and they are
8 staying for the right reason now.

9 We are not paying for meetings any
10 more. There are a lot of volunteers. They
11 bring their families in to get to know their
12 elders and having relationships, and they'll
13 have picnics together, and things like that. So
14 we don't pay for those types of things any more;
15 it's just a given, and they want to do it.

16 So initially for us, we paid for all
17 of that education. I don't know if we had to,
18 but it's just the way we did it. Again, single
19 proprietorship, one nursing home, mom and pop,
20 we committed to take those profits and put it
21 into education so that they would understand it,
22 so. And it paid off.

23 MS. GODFREY: And we gave every
24 committee -- The dog committee, the cat
25 committee, we gave them \$500 for start-up costs.

1 And families, that they had a hundred dollar
2 start-up cost to go adopt some animals from the
3 shelter and so forth.

4 And now they do all their own fund
5 raising. This summer, we are having music in
6 the park, every Wednesday, throughout June and
7 July. And we are having bands come in, in our
8 front lawn. And so, even families are selling
9 hot dogs and popcorn, raising money for their
10 family and their pets and whatever they want to
11 do.

12 REPRESENTATIVE BROOKS: Again, I want
13 to applaud you and thank you for doing a good
14 job.

15 MS. MOODY: Thank you.

16 MS. GODFREY: Thank you.

17 CHAIRMAN MUNDY: Representative
18 Hennessey.

19 REPRESENTATIVE HENNESSEY: Thank you,
20 Madam Chairman.

21 Inevitably, you must have some people
22 that come in that don't like the setting once
23 they are there. A husband and wife comes in and
24 maybe the wife loves it, but the husband -- We
25 tend to get cantankerous, once we get older. It

1 hasn't happened to me yet, but. At least my
2 wife tells me that it's -- I don't think it
3 happened to me, but my wife tells me it's
4 starting to happen.

5 How do you deal with that? I mean,
6 do you manage to bring these people around? Do
7 they get to stay there for a while? I know you
8 can't do this, because it's fairly expensive,
9 but if you can't have them there for a month or
10 two months or three months to see if they would
11 fit in.

12 But it would seem to me that it's
13 inevitable, when somebody is going to be
14 obstinate, and say, I didn't like the purple
15 carpet or I didn't like the blue walls or
16 whatever, how do you deal with that? Do you
17 invite them to leave? You know, what's the
18 synergy that goes on?

19 MR. KAMMERER: What we do if we have
20 a resident that is not happy in our building
21 because they don't like cats, they may not like
22 dogs --

23 REPRESENTATIVE HENNESSEY: Allergies
24 or fear?

25 MR. KAMMERER: Well, the allergies,

1 we have never had anyone have --

2 REPRESENTATIVE HENNESSEY: Okay.

3 MR. KAMMERER: -- with adverse
4 reaction to any of the animals, because of the
5 air circulation in the building and the way that
6 we clean our rooms. And the animals don't go
7 where they are not wanted. They are not going
8 to go into a resident's room that is not going
9 to feed them. They know what resident is going
10 to feed them.

11 But what we do if someone is
12 unhappy--and that has happened--we just assist
13 him with finding another facility for them. We
14 are fortunate enough that I am in an area where
15 there is quite a bit of nursing homes, so. That
16 there is a nursing home.

17 We try to have them come and tour the
18 building before they come in, to make that
19 decision. And I encourage them to come in on
20 off-shifts on weekends and just walk in the
21 building and walk around. And I encourage them
22 to visit other buildings before they come in.
23 But we have had that where they weren't happy
24 and we just assisted them in locating another
25 facility where they would be happy at.

1 MS. MOODY: Either that or you try to
2 work with them. I mean, there are always
3 cantankerous people in the world. And believe
4 me, as you get older and your body starts
5 falling apart, there is more reason to be
6 cantankerous.

7 And we have one lady in particular,
8 we just can't make her happy. We try to find
9 out what it is that brings small joy to her
10 life. And she likes to sew. So we brought her
11 own personal sewing machine in and we fit it in
12 a little corner of our home and now she makes
13 our hipsters, which are little like wrestler
14 knee pads that we put inside boxer shorts, so
15 that if our elders end up on the floor, they are
16 not going to break a bone, hopefully.

17 So she sews those. And that's makes
18 her happy because she is contributing, she is
19 giving back. And she has got her sewing machine
20 and it keeps her busy for half the day so she is
21 not bored. So you try to find little things
22 that you hope will make them happy.

23 Fishing season. Fortunately the
24 weather has finally broke and that cantankerous
25 old man who complained all winter long, you

1 know, is now happy because he goes out fishing
2 in our pond every morning.

3 The senior project, one of our staff
4 member's kids, who built an elevated worm farm
5 so that this elder can go out in his wheel chair
6 and get his fishing pole and can reach the worm
7 farm and bait his own hook and fish so he's
8 happy now.

9 CHAIRMAN MUNDY: How about if they
10 are not happy in the neighborhood or on the
11 street that they are in, can they move --

12 MS. SEIDERS: Yes.

13 CHAIRMAN MUNDY: -- around the
14 facility to try to find a niche for themselves?

15 MR. KAMMERER: Yes.

16 MS. GODFREY: They can put an add in
17 our newspaper, seeking a roommate who smokes.
18 You know, not that they smoke in the room or
19 anything. But, you know, they can put an add in
20 and ask for a particular roommate if they want
21 to. Or, yes, they can move. And they have the
22 freedom to do any of this.

23 MS. MOODY: I like to watch T.V. and
24 stay up late, you know, whereas their roommate
25 doesn't like to do that. So, as Cindy said,

1 they will advertise in our weekly newsletter and
2 say this is what they are looking for.

3 MS. SEIDERS: We had a situation,
4 Representative Hennessey, where we had one of
5 our elders, her husband lived in another part of
6 the campus. And he did not like the animals, he
7 did not like Eden Alternative at all, and he
8 kept telling us that he wanted her to move. She
9 looked at him, and said, I am not moving. If
10 you don't like it, don't come visit me.

11 And, you know, of course, his staff,
12 we were a little worried about that. And she
13 said, don't worry about it. He has been that
14 way his whole life. Don't worry about it. I
15 can handle it. And so, he would get angry, but
16 he always kept coming. You know.

17 So it does depend. You do have some
18 people that don't want the animals, they don't
19 want to see the children; they have had children
20 their whole lives, they have lived on a farm.
21 They just want to be left alone. Okay, we honor
22 that.

23 CHAIRMAN MUNDY: Representative
24 Watson.

25 REPRESENTATIVE WATSON: Thank you

1 very much, Madam Chairman. And to each of you,
2 terrific. I mean, it's just wonderful to
3 listen, and to think about growing old, and
4 maybe there is a place for me. I will be the
5 cantankerous woman.

6 REPRESENTATIVE HENNESSEY: Yeah, but
7 somebody who polished it up as a concept, you
8 know, in that 25 or 30 years, it will be ready
9 for you then.

10 REPRESENTATIVE WATSON: And that's
11 what I am hoping for. Yeah, and I'll be happy,
12 I really will. But I would love the animals, so
13 we are good there; it is just people.

14 But very seriously, having spent time
15 and being involved in my own community, and as
16 deputy administrator for my county, when we
17 built what we call our Neshaminy Manor Home, and
18 worked in the Alzheimer's, how do you care, in
19 skilled nursing, 24/7, regardless of setting,
20 for the resident who -- of a dementia, falling
21 out? What I would call the really difficult,
22 not because they want to be.

23 I made a joke to begin with. That
24 is, we are cantankerous when we sort of know
25 that we are and we choose to be. But for the

1 person that something else has taken over their
2 mind and they are very difficult in a regular
3 setting, or the settings we have had before,
4 where do you put them? And they really are not
5 good at sharing a room because they are going to
6 disturb the other individual.

7 When I think of your setting and I
8 listen to what you say, I am with you a hundred
9 percent. But then I think of some of the ones,
10 the folks that I used to know, and would have
11 trouble, it's just really hard to care for them
12 period. Not of their own fault, but that's why
13 they ended up in a 24/7 skilled facility to
14 begin with. And how in the world --

15 It isn't something that in some
16 cases--and certainly we think of
17 Alzheimer's--that always being able to pet the
18 cat, or whatever, or have a sewing machine,
19 certain things will take care of. How do you
20 manage? Or do you not serve those individuals?
21 How can you manage that?

22 MS. MOODY: We have a specialized
23 dementia unit, so there are 32 elders that live
24 in that particular area of our home. But I
25 think this is where relationships come into

1 play, with regard to them actually finding out
2 more about this particular elder.

3 An elder is probably, as we have
4 identified or noticed, is calling out for some
5 reason. Are they in pain? So we need to make
6 sure that they are not in pain. Are they
7 hungry? Are they cold? And once you take care
8 of the basic needs. All right? And you find
9 out if there is anything going on.

10 And a lot of times, we find out that
11 they are in pain and we just weren't treating it
12 because they couldn't holler out that they were
13 in any kind of pain. So you try to identify the
14 differences with relationships.

15 And then what we have noticed is a
16 cat can crawl into this elder's lap and this
17 elder will pet the cat because there is some
18 innate knowledge of knowing, you know, that
19 there is an animal there that is keeping them
20 comfortable. I don't know if you guys probably
21 have experienced the same thing.

22 MS. SEIDERS: But it really is the
23 relationship that the staff have with that
24 particular resident. And that's what Eden is
25 about, it's the relationship between the staff

1 and the residents and knowing something about
2 that resident.

3 And then a staff that may be
4 particularly closer to that resident will go and
5 work with that resident and make sure that they
6 are okay, meeting their basic needs. Are you in
7 pain? Are you cold? Are you hungry? And then
8 they know something about that resident based on
9 their background and they will work with them.

10 To give you an example, I had a
11 resident who I knew and I would always go up and
12 say hi to her. And this one day I walked up to
13 her, and I said, hi. How are you doing? And
14 she goes, not very good. And I said, what's the
15 matter? She goes, it's you. I went, okay.

16 So I backed away because I knew that
17 she was upset. Not more than ten seconds later,
18 a staff person that she is very, very close to
19 walked up to her, embraced her, kissed her on
20 the cheek and she was happy as could be. I came
21 back ten minutes after that and she was just
22 fine and she could be with me.

23 But there is that relationship that
24 you have with residents. I have relationships
25 with certain residents who they may be having a

1 bad day and I can walk into the room, their face
2 will light up and they are happy to see me. And
3 that's what happens with our residents that have
4 dementia, you want to get that staff person in
5 there that has the relationship with them.

6 MS. MOODY: And it needs to be
7 consistent. They need to see the same staff
8 members every day --

9 MS. SEIDERS: Yes.

10 MS. MOODY: -- every night. And
11 that's what we have. We have consistent
12 staffing so they know what to expect. And every
13 day it's the same faces, it's the same people.
14 And when there is a change in the elders, that
15 staff member knows automatically that there is
16 something wrong.

17 REPRESENTATIVE WATSON: May I have
18 one follow-up question?

19 CHAIRMAN MUNDY: Sure.

20 REPRESENTATIVE WATSON: Thank you.
21 And that gets to the staff. And I was thinking
22 about that. And each of you have described
23 something that I have been thinking about. This
24 is a great way. And I understand your numbers,
25 when I was reading through, have come down on

1 staff retention.

2 And it would be a better place to
3 work and a nicer place to work, but at the same
4 time, in building -- My perception has always
5 been--and I am not a nurse, by training, so I
6 don't know--but my perception has been in the
7 other, kind of the austere setting that it used
8 to be. One thing that that guaranteed was a
9 certain distance that became, I think for many
10 staff, their way of dealing because they were in
11 a nursing facility, 24/7, where that person will
12 leave that facility when they die.

13 Now you have put, for your staff,
14 they have a lot more personal involvement with
15 the individual. Do you provide additional
16 training? Because I think that, in a sense, you
17 have lifted that kind of distant cover that many
18 use to help them deal with folks.

19 Because essentially it's just like
20 being in certain units in a hospital, where you
21 are going to work with folks who are terminal as
22 opposed to, for the most part, if you work--you
23 know, we are making generalizations here--but
24 with the infants, and it's rather wonderful and
25 positive to be in the birthing center of the

1 hospital versus to work in the terminally ill
2 section.

3 So how do you manage? Because you
4 have done a good thing. But how does your staff
5 manage? How do you manage your staff?

6 MS. GODFREY: Our staff has actually
7 embraced the dying process. They will go in
8 there. Other elders will go in when someone was
9 dying.

10 It used to be, in the olden days, we
11 would close all of the doors and then the
12 funeral home would come and we wouldn't let
13 anyone know that anybody died in the nursing
14 home. Well, how crazy is that?

15 And the elders actually said to us, a
16 few years ago, why are you doing that? We know
17 what happened. She didn't show up for breakfast
18 this morning. You know, they are people and
19 they know what is going on.

20 So we have now embraced the whole
21 thing. Our Eden families will put a rose on the
22 bed.

23 That it used to bother them, that we
24 would put someone back in that bed, to occupy
25 that bed maybe the next day, so we leave the bed

1 empty for 48 hours with some kind of symbol that
2 the Eden family has decided on.

3 Our Eden family each made a square
4 for our shroud. So now our elders leave the
5 building with a shroud over them. So they are
6 actually embracing it. And they feel better
7 when they can go in the room and hold that
8 elder's hand as they are passing. And so, it's
9 been great, as a circle of life.

10 MR. KAMMERER: It's during the
11 training process, during orientation when they
12 first come on board that we train them and teach
13 them on how to deal with the death and dying of
14 our elders.

15 We also allow our staff to go to the
16 viewings, if they are having a viewing and it's
17 during the day. Or if it's that they are
18 working 3 to 11, we give them the time off to go
19 to the viewing to deal with that.

20 We even hold viewings in our
21 facility, in our chapel area that we have had
22 family members, who enjoy, and said, this was
23 their home, this is what they used to do years
24 ago. Can we hold the viewing there? And we
25 allow that to happen.

1 CHAIRMAN MUNDY: Could you describe
2 the training that your staff receives, not only
3 in terms of death and dying but just general
4 training that helps them deal with the residents
5 in the Eden Alternative manner?

6 MS. MOODY: We changed our
7 orientation. And the very first day that new
8 staff come into our home, we do an Eden retreat.
9 And the full eight hours is spent on Doctor
10 Thomas's philosophy of care, what we have done,
11 how we are supposed to treat our elders in our
12 home. So the whole first eight hours is spent
13 just learning about Eden and our philosophy.

14 And then from there, after they have
15 received their traditional orientation, your
16 basic kind of Department of Health's kind of
17 stuff, the rest of the education that they get
18 is at the family meetings. They hold family
19 meetings once a month, and they invite the
20 elders, and the staff come, and they just talk
21 about the issues.

22 And it is usually elder centered.
23 You know, it may be a roommate problem. It may
24 be somebody is depressed. It may be somebody is
25 unhappy. It may be they are planning a picnic.

1 Whatever it is. And so, they learn about the
2 philosophy.

3 Of course, monthly newsletters go out
4 all the time, talking about different topics as
5 it relates to Eden. Once you get it from the
6 heart and you are treating the human spirit, it
7 just pretty much comes natural.

8 What the issue is now is just
9 everything that we have got to change because we
10 have got to keep up with the changes that are
11 taking place with the Eden Alternative.

12 Dress code policy. You know, we
13 don't have this institutional dress code policy.
14 Everybody can wear pretty much what they want as
15 long as they look professional. So
16 administration has to write those things. Well,
17 it's okay to do this. All of our name badges
18 got changed. Now we are all caregivers.

19 You know, so just keeping up with the
20 changes that are moving, and the empowered staff
21 are moving a lot more quickly than we are
22 because they can do it and we have to write it,
23 so.

24 MR. KAMMERER: Before we offer the
25 position, we also invite them to spend a day

1 with us before we offer them the position
2 because we want to make sure they are right for
3 us and we are right for them.

4 Because it's very difficult to
5 un-train what -- If you hire a CNA, who was a
6 CNA for 20 years, and they are used to getting
7 the elders up every morning at 7:00, and you are
8 going to turn around and tell her that Mrs.
9 Jones wants to get up at 10:00 and she wants her
10 shower at noon every day, I mean sometimes they
11 can look at you a funny way. What? Are you
12 nuts?

13 But we offer them to stay and walk
14 around the neighborhoods. And, unfortunately,
15 they can't select what neighborhood they can
16 work at because we have to put them where the
17 vacancy is. But when we post it, they bid on
18 the neighborhood that they want to work in
19 instead of the position.

20 So it's difficult, but that's -- We
21 do something similar. We break ours out in
22 four-hour increments, with the training of Eden,
23 just to break it up. Because you still have
24 those regulations, that you have to do infection
25 control, in-servicing, and all of that kind of

1 thing for orientation. But that's the way we do
2 it.

3 CHAIRMAN MUNDY: Now, I understand
4 that you have partnerships with local schools.
5 Could you describe, are they elementary, high
6 school, college?

7 MR. KAMMERER: All three. The local
8 day cares, we have a partnership with them where
9 they come in once a week because we do not have
10 day care offered on our campus. We are looking
11 at doing that because that's an important part
12 of Eden, is having the children come in.

13 CHAIRMAN MUNDY: I would think your
14 employees would be very grateful for that as
15 well.

16 MR. KAMMERER: Yes, they would. But
17 we allow our employees to bring their children
18 as long as they are well behaved. And so,
19 during the summer, you will see all of their
20 children there, so they are grateful for that.

21 And high schools, they have their
22 senior projects that they have to do, so they do
23 it at our facility.

24 And then the colleges, it's very
25 limited with the colleges. But they have to do

1 their volunteer hours for their college degrees,
2 so we have to partnership with three colleges in
3 our area. Because we are fortunate enough to
4 have so many colleges around, that they come and
5 do their volunteer hours.

6 And the local Boy Scout groups and
7 Girl Scout groups, they have their projects they
8 have to do. They came and labeled all of our
9 trees and all of our plants. So when our elders
10 are going through the walking trail and by the
11 pond, they get to know what the names of the
12 trees are, they know what blueberries they can
13 eat, what the strawberries are, and the planters
14 down there. So we do it with all groups.

15 MS. GODFREY: We are very lucky that
16 our Eden ambassador, which is a title that we
17 just gave this young woman who works in our
18 home, has a secondary education, elementary
19 education. And so, she is very much into
20 educating, and also in the elementary schools,
21 so she went down and built relationships with
22 some of the teachers down there.

23 And so, what they have done is we'll
24 go down with our bus because the school doesn't
25 have the funds, apparently, for the bus to come

1 up to the nursing home. So we will go down with
2 our bus and load the kids on, and they will come
3 up to the nursing home and do different events,
4 or their own particular school project that the
5 teachers actually worked with, with our Eden
6 ambassador.

7 So then, what we find as a result of
8 that, because they have built some relationships
9 with our elders, then when it is time for them
10 to do their senior project, they want to come
11 back in the nursing home and build projects
12 there, so.

13 But this is an actual -- courses that
14 they have taken, the initiative to try to get
15 out to our home, to get to know the elders, and
16 what things were like, you know, back when the
17 elders were younger and some other things. So
18 that has worked out really well. We are in our
19 third year.

20 CHAIRMAN MUNDY: How about Masonic
21 Village?

22 MS. SEIDERS: We partner with
23 Elizabethtown High School and Elementary School
24 and also Elizabethtown College. During the
25 summer, we have a huge youth volunteer program

1 so most of our children that are in the high
2 school will come and volunteer.

3 We also have a children's home on our
4 grounds where we are home to 40 children. They
5 adopt the grandparents and they come down and
6 spend time.

7 And then we also have a day care
8 where our day care, the teachers will bring the
9 children up and we will have different programs
10 on a variety of neighborhoods throughout the
11 week. So our residents really do enjoy our
12 young people very, very much.

13 Also, as Bill said, we partner with
14 our college. The Elizabethtown College, we have
15 a number of students that will come and do
16 volunteer work. They will also do their
17 internship. We partner with them and the
18 sociology department, so we have a lot of social
19 work students come in and do their internship
20 with us.

21 CHAIRMAN MUNDY: And my last question
22 would be--and I realized you folks are all
23 nursing homes--are you at all familiar with the
24 Eden at home concept, where Eden Alternative has
25 home care division, I guess? No?

1 MR. KAMMERER: No.

2 CHAIRMAN MUNDY: I figured that you
3 wouldn't. We are going to have to try to find
4 somebody who does that and have more information
5 about that.

6 MS. GODFREY: Could I just say one
7 more thing, please?

8 CHAIRMAN MUNDY: Sure.

9 MS. GODFREY: With that at home
10 concept, you know, we all understand what
11 everyone is trying to do. You know, with making
12 things more equal and so forth. But what we are
13 finding, with some of our elders who are coming
14 from home, that the social life -- Because it's
15 not just a nursing home any more that's an
16 institutional home, because we are an Eden home,
17 that our elders really are blossoming when they
18 get through the doors because of their
19 relationships with the staff and with other
20 people.

21 And, yes, everyone wants to stay in
22 their home. They don't want to give up their
23 possessions. You know, it's more cost
24 effective, sometimes, if they don't require a
25 lot of care in their home. But the social end

1 of things has really changed. Because even
2 though they think they are going to the old
3 folks home, once they get there and understand
4 it, they can play five hundred and work in the
5 garden and do all of these things, we are
6 finding that they are much happier than just
7 being at home alone.

8 So I don't understand the Eden
9 concept at home, but we do understand that they
10 are blossoming when they come through the doors
11 of an Eden home.

12 CHAIRMAN MUNDY: That certainly
13 sounds wonderful. Representative Hennessey.

14 REPRESENTATIVE HENNESSEY: Thank you,
15 Madam Chairman. Can you guys give us an idea of
16 who your clients are? Who can afford to do
17 that, to live there? And do you accept
18 Medicaid, Medicare? Do people have to
19 supplement it?

20 I see like the apartment rate
21 schedules, you know, for a husband and wife is
22 twenty-two hundred dollars a month. Is that
23 just -- That sounds pretty reasonable, but is
24 that just for the space or does that include all
25 the care that they get on a regular basis?

1 MS. GODFREY: Well, that's not our
2 home.

3 MS. SEIDERS: That's mine.

4 MS. GODFREY: And I think you have
5 got a lot of different levels of care.

6 MS. SEIDERS: That's mine. We have
7 multiple levels of care. We have retirement
8 living, which is independent living, and those
9 individuals pay for that.

10 Now, as you go through the continuum
11 of care, if you would run out of money living in
12 our residential area, our skilled care, our
13 assisted living, we take care of that. And so,
14 we donate anywhere from ten to probably 15
15 million dollars a year, in what we call
16 fraternal care. So that if someone runs out of
17 money, we will take care of them. We do not ask
18 them to leave; they stay there with us.

19 REPRESENTATIVE HENNESSEY: Now, when
20 they come in, you take a lump sum upfront that
21 you invest to sort of offset that care, that
22 cost?

23 MS. SEIDERS: It depends on how our
24 residents come in. Some of our residents come
25 in automatically into skilled care and they may

1 not have any money. That's okay. We will take
2 them anyway.

3 Some of them come into retirement
4 living where they will pay an entrance fee.
5 They choose to come in and live that way and
6 it's somewhat independent. So that money is
7 then taken and it does help offset for
8 individuals who don't have any money; but that's
9 not primarily what it's for.

10 When you talk about Eden at home, our
11 medical director is very, very emphatic about
12 our residents that live in independent living or
13 retirement care, that they stay at home as long
14 as they possibly can. So if they want to bring
15 in outside nursing staff to stay at home, that's
16 what they do.

17 But that, what you are looking at, is
18 our independent or retirement living section.
19 And that's when someone chooses to sell their
20 home, come in. And they come in that way and
21 it's called continuum of care. So that if they
22 would get sick, they would come down to the
23 skilled care. And if they would stay there and
24 they run out of money, they stay there. We do
25 not ask them to leave.

1 REPRESENTATIVE HENNESSEY: The
2 reimbursement rates, are they adequate?

3 MS. SEIDERS: No.

4 REPRESENTATIVE HENNESSEY: I assumed
5 that was going to be the answer. Well, go
6 ahead. Take your shot. Tell us what --

7 MS. SEIDERS: We are not at all. I
8 mean, it --

9 REPRESENTATIVE HENNESSEY: -- rate
10 are you doing there?

11 MS. GODFREY: Well, we are 85-percent
12 Medicaid reimbursed. So our people come in
13 mostly on Medicare for a couple of weeks until
14 they no longer need skilled care and then
15 Medicaid picks up.

16 So the reimbursement rates are not
17 adequate. They get everything -- We pay for
18 everything, from our reimbursement rate, 24
19 hours a day. All right?

20 We figured it out. It's four dollars
21 and thirteen cents an hour to provide all of
22 their activities, all of their meals, all of
23 their gardening, all of their fishing, all of
24 their everything their whole entire life.

25 So the reimbursement rates are not

1 adequate in our home. Because we are for
2 profit, we rely on Medicaid for almost all of
3 our elders.

4 MS. MOODY: And that story about, you
5 know, the granny tax and taxing the private pay
6 and all of that, I mean it's really true. We
7 have seen our private pay increase. They have
8 spend-down now. Okay? We used to have 25-,
9 28-percent private pay elders. We are paying
10 more than what the state is reimbursing us. So
11 they were the ones that were actually helping
12 us --

13 REPRESENTATIVE HENNESSEY:
14 Supplement.

15 MS. MOODY: -- yes, supplement. You
16 know, be able to pay for the new carpeting that
17 we needed and the increases for the staff and
18 those kinds of things.

19 I mean, yes, it's great to work in
20 this kind of a nursing home. But if you can't
21 pay a little bit above minimum wage? You know,
22 they have to make a living, too, so. And the
23 staff members have to drive to Conneautville,
24 which there is not a real big population base,
25 as far as bringing in staff members, so they are

1 hit by the increase in gas prices and food costs
2 and so forth.

3 In fact, I think the Governor just
4 said now that there was going to be a no cost of
5 living increase with our budget this year. And
6 I have sent e-mails to maybe some of the folks
7 in this room, that said, hey, please take a look
8 at this. You know, we are doing this
9 voluntarily. We want to change the life of our
10 elders. It is an endeavor that we want to do
11 because it's the right thing to do. But, gee,
12 you know, pay us for what it is that we are
13 doing.

14 REPRESENTATIVE HENNESSEY: But in
15 terms of the reimbursement rates, Medicaid will
16 pay you the same as they will pay anyone who
17 uses --

18 MS. GODFREY: A bad nursing home.

19 REPRESENTATIVE HENNESSEY: What's
20 that?

21 MS. GODFREY: Yes, a bad nursing
22 home. One who chooses not to do this, yes.
23 There is no pay for performance or pay because
24 you have taken this initiative or anything else.

25 REPRESENTATIVE HENNESSEY: Thank you.

1 Thanks, Madam Chairman.

2 CHAIRMAN MUNDY: Other questions from
3 committee members?

4 (No response.)

5 CHAIRMAN MUNDY: Well, we thank you
6 very much. It's been very interesting hearing
7 about this. And we do commend you for you
8 voluntarily entering into this concept and
9 trying to make the lives of the elders better.
10 Thank you.

11 MS. SEIDERS: Thank you.

12 MR. KAMMERER: Thank you.

13 MS. GODFREY: Thank you.

14 (At or about 10:45 a.m., the hearing
15 was concluded.)

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C E R T I F I C A T E

I, Roxy C. Cressler, Reporter, Notary Public, duly commissioned and qualified in and for the County of York, Commonwealth of Pennsylvania, hereby certify that the foregoing is a true and accurate transcript of my stenotype notes taken by me and subsequently reduced to computer printout under my supervision, and that this copy is a correct record of the same.

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Dated this 28th day of May, 2008.

Roxy C. Cressler - Reporter
Notary Public

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