

Citizens Academy - Cedarbrook



First, what is a Nursing Home / Skilled Nursing Facility?

- Long-term Care for those that require 24 hour assistance with activities of daily living, and or constant supervision, and or disease management.
- Short-term Care for those that just spent time in the hospital and need assistance with strengthening via therapy and/or disease management and/or other skilled nursing services.
- Housekeeping/laundry, maintenance, social services, activities, faith services, volunteers, rehab, dining services and administrative and other facility support services. It takes every department working together and working effectively to run a facility!



Typical Medical Conditions of residents in a nursing home

- Functional disability requiring 24 hour care needs – any of the following types of conditions must be certified by a physician who indicates those conditions necessitate skilled nursing care.
 - Cognitive Impairment Diagnoses (Alzheimer's, Other Dementia, Brain Injury, Stroke)
 - Respiratory Diagnoses (COPD, Pleural Effusion, Pneumonia, Asthma, Sleep Apnea)
 - Cardiac Diagnoses (Congestive Heart Failure, High Blood Pressure, Coronary Artery Disease)
 - Additional Comorbidities (Renal Insufficiency/ Dialysis, Orthopedic/ Surgical Conditions, Pressure Ulcers)



The PEOPLE that live in nursing homes

- Parents and Grandparents – lived their lives the right way and brought up good children.
- Factory workers / Steel workers – they literally built this County, State, and Nation.
- Veterans – they Protected this Country.
- Teachers, nurses, doctors, professors – you cannot always plan for what life brings you.



Difference between Personal Care, Assisted Living, and Skilled Nursing

- Skilled Nursing / Nursing Homes – provide the most medically complex level of care, operate under the most stringent regulatory standards, and offer generally much higher staffing ratios than Assisted or Personal Care.
- Assisted Living – “AL” can provide *some* similar services to skilled nursing, but not at the same acuity level in general. Certain personal accommodations must be available.
- Personal Care – often less personal accommodations than assisted living and skilled nursing services are not outlined in “PC” regulations but may be offered as additional services.
- Summary – residents in AL and PC often can still maintain a much higher level of independence and require less services than a resident in skilled nursing due to less clinical complexity. At this point, Medicaid only pays for skilled nursing but that may change in the future. Regardless of level of care, there are great facilities out there at each level of care.



Rating Nursing Homes

- Surveys – PA Department of Health surveys skilled nursing facilities based on CMS regulations and PA state regulations.
- Regulations – Nursing Home Industry is one of the most highly regulated industries in the United States.
- CMS Star System – Survey Rating, Staffing Rating, Quality Measures.
 - Formula = Survey Star rating first, modified by staffing rating if staffing is 1 or 5 stars, modified by quality measures if quality measures are 1 or 5 stars. It is an imperfect system, but consumers often use this criteria.



Who pays for nursing home stays

- Private Pay – room and board for those that have extensive assets.
- Long-term Care Insurance – it makes sense for some but we do not often see it.
- Medicare A – a “skilled” stay following a hospital stay – i.e.. intense OT, PT, ST, or IV meds, or a wound vac.
- Managed Care “A” – same criteria as Medicare A
- Medicaid – long-term stay for those that financially qualify.
 - Realities of Medicaid Under-Funding at a state and national level.
 - Realities of nursing home finance.



Medicaid – 90% of our population

- Eligibility – if net assets are less than \$2,400 or \$8,000, depending on income and status, one may be eligible for Medicaid.
- Medicaid benefit – state requires resident's income to pay for care, subject to certain caps.
- All costs of care are then covered.
- Certain asset exclusions (i.e. The home and other assets) may be available for a surviving spouse in the community and/or if the resident is deemed to be in a "short-term" stay.



False Stigma of Nursing Homes

- **Misperceptions** – it's where you go to die, they just leave you in bed, it smells like urine all the time, you can never see the outside world again, rampant abuse, etc.
- **Realities**
 - It's where you go to Live another phase of life in an environment that is imbued with a sense of community and safety.
 - Combats chronic social isolation among seniors. It is very difficult to be bored at nursing homes like Cedarbrook!
 - Provides a level of independence and security that many seniors cannot receive at home and other care settings.



Quality of Life at Cedarbrook (non-Covid)

- Life Enrichment – full activities/entertainment schedule.
- Faith Services – 3 chaplains
- Volunteerism – Auxiliary, Second Wind Dreams, individual volunteers (200 volunteers)
- Active Social Services
- Long-term staff in every department that creates a family environment. Nearly 800 in-house employees and nearly 200 contracted employees work at Cedarbrook!



Cedarbrook Allentown and Fountain Hill

- County-owned – one of 17 Counties left in the state operating nursing homes. The Counties value quality and service as the organizational model.
- Mission – serve a population that is highly complex, largest dementia population in the County, and 90% Medicaid, which is much higher than typical MA % in the industry.
- Staffing – staff at greater levels than typical in this industry, rated as “Above Average” by CMS.
- CMS Star System – rated as “Above Average” in every category.
- **Quality of Care** – highly rated despite challenges of Medicaid underfunding and the high cost of care of a large dementia population.



Challenges at Cedarbrook (typical of the industry)

- Adapting to new reimbursement systems – Medicare PDPM now and Community Health Choices in Jan 2020.
- Reimbursement is generally very stagnant overall.
- Industry shortage of nurses with a lot of the workforce retiring without adequate replacement numbers and a newer generation of staff with different needs, such as flexible scheduling and part-time rather than full-time desires.
- More Medically complex residents – residents that would be managed in the hospital 10 years ago are now often in a nursing home.
- Aging physical plant.



Covid-19 Pandemic Struggles – local and national

- A pandemic that hit the elderly very hard.
- The nation was completely unprepared for it.
- Early struggles were PPE and testing shortages and just the lack of knowledge with frequent (understandable) guidance changes.
- Study after study show that when a local area have rising cases and outbreak, that translates right into the nursing homes.
- Lehigh Valley was hit very hard in both the spring and winter. Lehigh and Northampton Counties have a higher per capita infection rate than the Philadelphia and Pittsburgh regions.



Why the Cedarbrook Future is Still Bright

- A large renovation project – new 240 bed wing at the Allentown campus and already incorporating Covid research into HVAC systems.
 - Continued building improvements at the Fountain Hill Campus.
 - A Community that Cares – a County that supports its most vulnerable population that dedicated their lives to making this nation a better place in all their own ways.
 - Dedicated employees – longevity and consistency of staff that is generally not found in healthcare.
- Opportunities to leverage our size and economies of scale to find new ways to serve our community.



Admission to Cedarbrook

- Contact Cedarbrook for a tour or admission inquiry.
- Jackie Mistiszyn
Director of Business Development (Marketing and Admissions)
Office: 610-336-5669
Cell: 484-661-8475
JackieMistiszyn@lehighcounty.org
- Admission criteria is based on bed availability, clinical review, and financial/insurance resources.
- CB Allentown – 610-395-3727 and CB Fountain Hill 610-691-6700

