

Chasson says she is not unsympathetic to the problems faced by the industry. For example, she realizes that the homes are having a hard time finding qualified staff. She also agrees that some residents' family members are too demanding. But she disagrees that the inspectors are too aggressive.

And despite the recent changes, she still feels that the system is not adequately punishing problem homes. "Part of the problem with the new system is that they are not implementing it like they should," Chasson says.

Her group plans to continue pushing for more aggressive action from the state. They want a system to allow the state to revoke a home's license and send in a temporary manager, thus avoiding the problem of moving residents to a new home. This idea has won the support of both Flaherty and the nursing home industry, although a bill that would have created it, SB 731, stalled in committee during the 1991 session of the General Assembly.

In addition, advocates want the ombudsmen—federally funded nursing home monitors who operate in 18 regions that cover the entire state—to have more input into the penalty process. In the meantime, Chasson has a new motto—"no more task forces."

State officials don't seem to share her urgency. McDaniel says it is unfair to judge the state's ability to weed out problem homes by the number and level of fines.

In many cases, she thinks the state should use a carrot rather than a stick and help homes resolve their problems before they ever make it to the penalty stage. "My philosophy is, if a home is basically doing a good job and providing essentially good care and has a minor problem, then we need to work in a consulting role to try and help them take care of that and not race in there with a penalty," she says. "Negative reinforcement is not the best way to change behavior." □◡□

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Turning Around an Ailing Home: The Fritts Prescription

In 20 years as an Air Force pilot, Allen Fritts learned to make snap decisions and live with the consequences. But Fritts says leading a squadron of KC135-A Tankers on a mission to refuel supersonic jets over the North Atlantic is nothing compared to the challenge of running a North Carolina nursing home.

"This is a lot more challenging," says Fritts. "There's nothing repetitive about being a nursing home administrator. It's something new every day. You learn something every day. If you don't, you're getting behind."

But the task Fritts has taken on is a difficult one, even by nursing home standards. In November 1990 he worked out a lease-purchase agreement to take over Jolene's Nursing Home in Salisbury. The owners had been convicted of Medicaid fraud and were facing revocation of

their license by the state. By April 1991, Fritts and partner Linda Howard had assumed full ownership of the ailing home.

The challenge was to transform Jolene's from a problem spot for state regulators to a place where residents

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could live out their last days with as much peace and comfort as possible. The changes were as basic as a new name, Brightmoor, and as complex as the thick, black notebook Ronnie Hawkins, the on-site administrator and a registered nurse, developed to reorient nursing staff to appropriate policies and procedures.

But Fritts says it all boils down to a basic philosophy about how to operate a nursing home. "If your orientation is toward providing quality of life things for your patients, I don't think you can help but succeed," says Fritts. "Of course there's the business side, but in order to be successful you have to take care of people, and I think that's where the orientation has to be."

Putting that philosophy into practice meant major changes at Brightmoor, and heavy losses during the first year of operations. Staffing has been increased by 50 percent, and Fritts has added two rehabilitation therapists. The goal is to get people who are physically able up and out of their rooms. Residents who are active physically and socially tend to be healthier and happier, Fritts says. "We try to convince them they want to be involved in the activities," he says. "We try to provide a wide range of activities. All of that leads to a healthier, happier resident in the facility."

One measure of how active patients are is whether they go to the dining room at meal time. When Fritts and Hawkins took over, only about a quarter of the home's patients were going to the dining room to eat. Now the count is as high as 95 percent, and illness is the only acceptable excuse for absence. "The previous owner tried to

keep them as quiet as possible," says Fritts, "in bed and out of sight."

Fritts had retired from the military and taken over as administrator of his parents' nursing home in Lexington under a lease arrangement when he learned of the opportunity at Jolene's. He wanted to expand his holdings and saw an opportunity at Jolene's, despite the well-documented problems the home was having.

Quality of care had slipped to unaccept-

Allen Fritts, co-owner of Brightmoor nursing home.



Mike McLaughlin

ably low standards while the owners were on trial for fraud. The instances that led to potential license revocation were basic examples of poor care—like untreated bedsores and patients lying on dirty bed linens. General management had deteriorated, and because of staff shortages, the home had to rely on nursing pools for temporary employees. “No matter how qualified they are, you’re probably not going to get the same commitment as you would from people working here day in and day out,” says Fritts.

Part of the problem is the sheer volume of work that must occur to keep a nursing home operating properly. For example, many nursing home patients are incontinent. In some instances, bed linens might have to be changed up to 10 times a day, says Hawkins, so it may not be that unusual for an inspector to find dirty bed linens.

The best case scenario is to get dedicated staff on board who come to know the residents and care about them, but with job requirements like bathing patients and changing bedpans, retaining staff is not easy even at well-run homes. To keep workers on the job at Jolene’s, Fritts says, salaries had been swollen to above-market rates. The result was a deep hole that Fritts had to address immediately by seeking an increase in Medicaid reimbursements and cutting salaries by approximately 2 percent.

Fritts also put the home on a purchasing diet. For example, one name brand nutritional supplement was costing the home about \$1.50 per serving. Hawkins was able to purchase a different brand of the same beverage for only 62 cents. “My philosophy is, ‘If you need it, use it, but don’t waste it,’” says Hawkins, who started at the home as director of nursing and later was promoted to administrator.

Still, there were areas where additional money *had* to be spent. Medical supplies were low, and there was the need for new equipment such as reclining geriatric chairs for the patients. “We had to order COD when buying groceries because the home was behind in paying its bills,” says Fritts.

There also were structural changes to make the operation more efficient, such as merging two laundry operations into one and consolidating two separate kitchens. Still, the new owners finished the year about \$100,000 in the red. “We’ve paid attention to quality of care, rather than the bottom line,” says Fritts.

Fritts is hoping that by running an efficient home that puts the needs of patients first, the bottom line will take care of itself. So far he seems to be on the right track. Although the certification team cited several deficiencies in its initial inspection after the takeover, Brightmoor is fully certified and licensed and has not been penalized in more than a year of operations. Before the ownership change, the home had received \$8,395 in penalties in three-and-a-half years, the third highest total in the state (see Table 3, p. 36 for more).

The turnaround reflects a major investment of both resources and energy. It also represents successful negotiation of the rules and regulations governing nursing homes. Fritts says he doesn’t mind strict rules regarding patient care. “I understand that you have to regulate to the worst facilities,” he says.

Still, he finds frustration in the way the state-federal partnership works out in practice. Federal certification requirements and state licensing regulations should be dovetailed so that they do not contain different guidelines for the same practice or procedure, Fritts says. “A lot can be combined to make things simpler,” he says. For example, federal certification requires doctor visits at 30, 60, and 90 days after admission of a patient and every 60 days thereafter. The state only requires doctor visits every 90 days.

Fritts also suggests that the state needs to find a way to reward homes for exemplary performance and not just point out the problems. “The negative things are always pointed out,” Fritts says. “They could have a little less emphasis on some of those things. Right now there’s a mindset that no matter how well you do, they’re going to come and find something wrong.”

—Mike McLaughlin