

What Is The CCCR of NC?

An organization of residents of continuing care retirement communities in the state. Its objective is to protect and further the interests and welfare of residents of CCCRs throughout the state.

How Did It Begin?

It was incorporated in 1988 under the leadership of Dr. Harry Groves, a retired law school dean who was concerned about our inadequate state laws covering CCCRs. Its first project was to win enactment of basic legislation for the licensing and regulation of such communities. This was achieved in 1989. The position of Manager of Continuing Care Retirement Facilities was created within the NC Department of Insurance. Currently Jeffrey A. Trendel is the Manager. He has jurisdiction over 47 facilities (housing 14,000 residents) across the state. There are six more CCCR facilities awaiting licensing at this time. The Department has recently reactivated its Continuing Care Advisory committee on which CCCR of NC is represented.

What Does It Do?

CCCR of NC monitors Federal and State legislative proposals that may impact on our communities and their residents. These include health care and long term health care insurance bills before Congress and the State Legislature; Federal and State tax proposals; major changes suggested nationally in health care and HMOs; and potential changes in Social Security and Medicare.

CCCR of NC encourages development of strong, effective resident associations in every retirement community across the state and active resident participation in the formulation of policies and programs that affect them. It seeks to support the fiscal soundness and effective management of all our communities. It strives to work closely with community administrators and boards of trustees (and with all other agencies and organizations concerned) to develop the best in safe, happy and productive retirement living.

Please Join Us Now

CCCR of NC Membership

Name(s) _____ Date _____

Mailing Address _____

_____ NC _____
City Zip Code

Your Retirement Community _____

Please check as appropriate: New Member Renewing Member

Individual

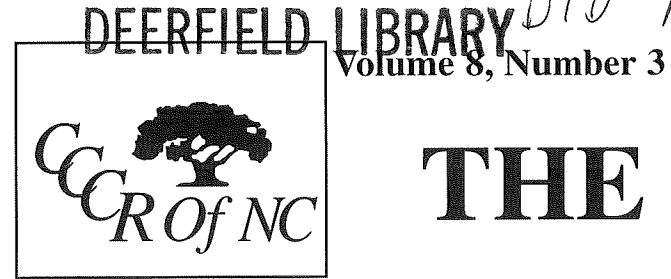
- One year \$5.00
- Life Membership \$50.00

Couple

- One Year \$10.00
- Life Membership \$100.00

Please make checks payable to **CCCR of NC** and give to your representative or mail to:
Management Services for Organizations
P. O. Box 1783
Salisbury, NC 28145-1783

FOR RECENT DERC MEMBERS WHO



DID NOT GET DELIVERY

May, 2002

THE HOTLINE

THE HOTLINE is published four times a year for the *Continuing Care Community Residents of North Carolina* (CCCR of NC), incorporated in 1988 "to further the interests of residents of continuing care residents communities in North Carolina.

Board of Directors Meeting March 20, 2002 at The Forest at Duke

Meeting was well attended by both representatives and guests from various CCRC's. Three new board members, Dr. Jay Buxton of Trinity Oaks, Florence Blakely of Croasdaile Village, and Lucy Cochcroft of Covenant Village were introduced.

President Koehnline reported that a new brochure has been authorized by the Executive Committee. Des Reilly, former editor of *THE HOTLINE*, is preparing it. Myles Walburn will represent CCCR of NC at the NaCCRA meeting in Washington, D. C. April 10 and 11. He noted that our annual meeting will be held on October 16 at Carol Woods. The theme will be "Working Together for Total Wellness." There will be a plenary speaker, an opportunity for lunch with special interest groups, and a business meeting. Duke University Center for the Study of Aging and Human Development is helping with planning. Turning over the gavel to the new officers will be part of the business session.

In answer to questions from the floor, President Koehnline stated that there is no legislation on the state agenda that particularly affects CCCR

of NC at this time, but we are ready when the next legislation comes, and there are approximately 14,000 CCRC residents in North Carolina. Vice President Don Hasty reported that currently we have 3374 members across the state and the number is growing.

Ruth Page from Management Services for Organizations (MSO), who had brought community membership printouts for representatives, was introduced. Don Hasty further noted that MSO recommends a once-a-year membership drive and that all dues go through the community representatives. There was consensus to this process. It was recommended that, although MSO prefers to get checks "in bunches," checks should not be kept too long since there are several steps through which they must go before they are deposited.

Continued next page

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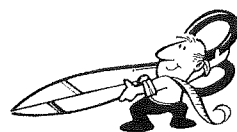
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Changes to four articles of the CCCR of NC's bylaws -- see following article.

Ivor Collins, Legislative Monitor and Lobbyist, shared a copy of a memorandum and reporting form from Robert J. Fitzgerald, Secretary, North Carolina Medical Care Commission, to Healthcare Facilities with Outstanding Commission Debt, regarding reporting community benefits. He stated that this is the nearest thing we currently have in the way of instructions for application for property tax exemption under G. S. 105-278.6A and encouraged residents to familiarize themselves with the form and how it is being used locally.

Ken Sell reported on plans that he is developing with Sterling Whitener for the May meeting, which will focus on the role of community representatives. This meeting will be held at Piedmont Center. Reservations for lunch should be made a week in advance.

Information sharing from the floor: (1) John Bowler of Belle Meade reported on residents' response to last year's boost in maintenance fees at that community. As a result, residents have hired an attorney to assist them in communicating with management. (2) Information from Carolina Meadows was shared regarding the recent statute that requires administrating boards to meet twice annually with residents for free discussions of financial matters based on Department of Insurance rules. (3) Frank Earnhardt from Piedmont Center spoke of the need to tighten up the law to clarify what data should be given to residents.



More Bylaw Changes

Articles voted on at the March Board Meeting now read:

Article 7. Members of the Board shall serve without pay, but may be reimbursed for reasonable out-of-pocket expenses incurred in forwarding the interests of the corporation, upon receipt of itemized expenses.

Article 10. The Treasurer shall keep all funds in bank accounts approved by the Executive Committee. The Treasurer shall disburse funds for items included in the approved budget as needed. Expenditures outside of the approved budget shall require prior approval by the President.

Article 11. Deleted.

Article 14 of the present bylaws (Article 13 of new bylaws). Bylaws may be amended by a majority vote of those members of the Board present and voting at a meeting called to include the purpose of amending the Bylaws.

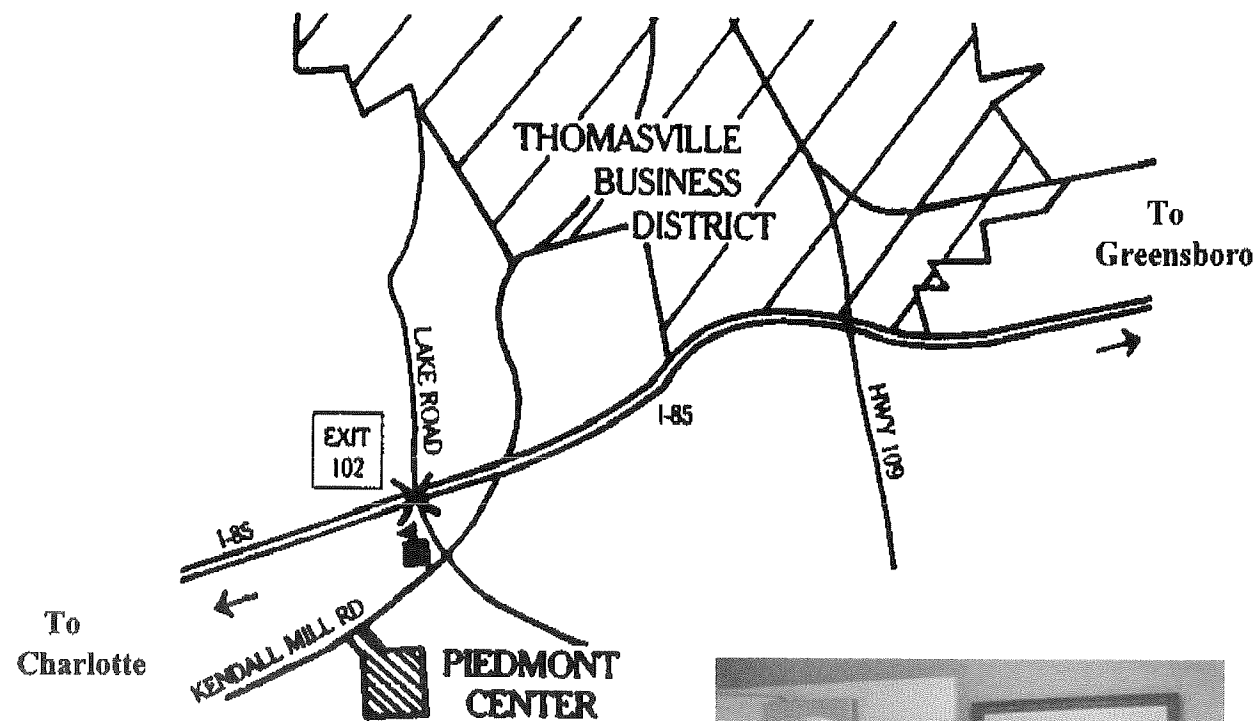
Note: Further revision remains to be done to bring the bylaws into conformity with the realities of an evolving organization. This will take place in the near future.

Confusing Acronyms Revisited!

The following list was compiled by Ivor Collins and published in the May 2001 issue of *THE HOTLINE*. In this article Des Reilly asked for other acronyms that might be confusing. One other has surfaced -- **CCRC (Continuing Care Residents Community)**. This is not, as some have thought, a miss spelling of our organization. It is where we live as opposed to **CCCR of NC (Continuing Care Community Residents of North Carolina)** the name of our organization.

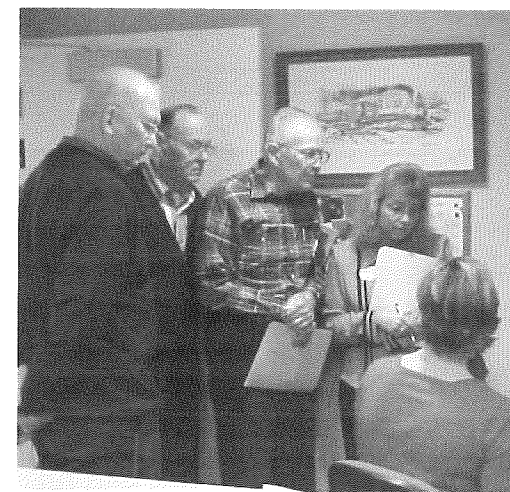
Board of Directors to meet at Piedmont Center May 15, 2002 at 10:30 AM

Everyone is invited to come and see how our Board operates. If you come you will have a chance to visit and compare notes with individuals from other CCR's. In order for things to run smoothly Piedmont Center requests that you make reservation prior to April 8th. Please provide your name and CCRC name so they can make your nametag. Contact Ken Sell at 336-476-5221, <ksell@northstate.net> or 421 Frank Circle, Thomasville NC 27360



From Greensboro/High Point: Take new Interstate 85 South (blue signs) towards Charlotte. Take Exit 102, Lake Road exit, and turn left at the top of the ramp. Go to the first stoplight and turn right at the light onto Kendall Mill Road. Continue approximately .5 mile. Piedmont Center is on the left.

From Lexington or Charlotte: Take new Interstate 85 North (blue signs) towards Greensboro. Take Exit 102, Lake Road exit, and turn left at the top of the ramp. Go to the first stoplight and turn right at the light onto Kendall Mill Road. Continue approximately .5 mile. Piedmont Center is on the left. If you get lost call (336) 472-2017.



Abernathy Center residents visits Piedmont Center earlier in the year.

Membership Totals as of 3/19/02

Abernathy Center	1	Piedmont Center	99
Aldersgate	120	Pines at Davidson	96
Arbor Acres	1	Plantation Estates	198
Belle Meade	219	Presbyterian Home	75
Carol Woods	129	Quail Haven Village	2
Carolina Meadows	408	Salemtowne	4
Covenant Village	206	Scotia Village	71
Croasdaile	164	Southminister	120
Cypress Glen	82	Springmoor	7
Deerfield	3	St. Joseph	58
Forest at Duke	196	Trinity Oaks	65
Friends Homes Guilford	30	Tryon Estates	234
Friends Homes West	205	Twin Lakes	72
Glenaire	202	Well Spring	160
Grace Ridge	56	Wesley Pines	11
Penick Village	41	Windsor Point	8
Pennybyrn at Maryfield	31		
		Grand Total	3374



Go get 'em

We can still use more members. The more of us, there are the more our legislator will listen and heed our suggestions.



Keeping Pace with the Race

by Ted Howell, MD

Is our world speeding by so fast that free time is harder to find? Are we spinning retirement cocoons for ourselves because of the pace of the race?

Based upon the expanding use of mood-lifting antidepressant drugs it might seem so. Recent

reports show that we are using the psychiatrist's couch considerably less and depending upon the family physician's prescription pad more and more. Wanting and needing the simpler life is often complicated by frustrating technology, and illness which puts more bumps on the rocky road. Having too little to do complicates things even more.

In a place like a continuing care community we can have a chance to help each other. We can talk to the lonely ones. First, we must find those who are quietly hiding, and it takes more than, "How are you today?" We have to penetrate imposed barriers to build a conversation about mutual interests before we get to the problems that need solving. This approach might decrease drug bills and successfully help someone stay at the "top of the heap." Be a friend, find a friend in need. It might help you feel better too.

Adapted from *Croasdaile Village Voice*

CCCR of NC TREASURER'S REPORT FOR MARCH 20, 2002

Summary of Checking Account Transactions December 31, 2001 through Feb. 28, 2002

Checking Account Balance December 31, 2001 \$ 14,178.21

RECEIPTS

Membership Dues	\$3,685.00	:
Interest Income	4.94	
Refund from Printer	<u>2,681.80</u>	
Total Receipts		<u>\$6,371.74</u>

\$ 20,549.95

DISBURSEMENTS

"Hotline" Expenses	\$ 2,120.39	
Board Meetings	265.89	
President's Expense	45.50	
Treasurer's Expense	132.70	
Legislative Monitoring	69.12	
Transferred to CD	<u>7,000.00</u>	
Total Disbursements		<u>\$ 9,633.60</u>

Checking Account Balance February 28, 2002 \$ 10,916.35

CERTIFICATES OF DEPOSIT

Date	Amount	Yield	Maturity
09/17/01	5,157.70	3.20%	03/18/02
10/16/01	3,020.23	2.23%	04/16/02
11/22/01	5,054.13	1.30%	05/23/02
01/22/02	7,000.00	1.75%	09/04/02

AAHSA: American Association of Homes & Services for the Aging.

FEMA: Federal Emergency Management Administration.

CCAC/DOI: Continuing Care Advisory Committee, (NC) Department of Insurance.

HMO: Health Maintenance Organization.

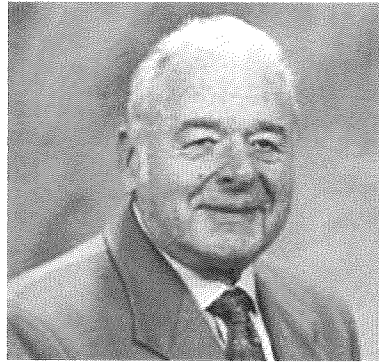
CCCR of NC: You must know that one!

NaCCRA: National Continuing Care Residents Association.

CEO, ED: Chief Executive Officer, Executive Director.

NCANPHA: NC Association of Non Profit Homes for the Aging.

AAHSA and NaCCRA MEETINGS



From April 8-10 nearly 900 members of the American Association of Homes and Services for the Aging (AAHSA) met at the Omni

Shoreham Hotel in Washington, DC. Each spring the meeting is held in this location to enable teams of people from different states to call on their representatives and senators on Capitol Hill. Their task is to inform their legislators of, and advocate for, specific issues important to older people. This year the teams were provided with Issue Briefs on nearly a dozen topics. Copies of this material are available on the AAHSA web site which is kept up to date.

The opening general session began with an address given by Mark Shields of CNN's "Capital Gang" and "Evans, Novak, Hunt & Shields." He gave a very humorous and irreverent review of US political history since World War I that was greatly appreciated by the large audience.

The rest of the day was spent in educational sessions. I attended one on "Changing Senior Markets and the Art of Strategic Planning." The leader was Elizabeth Barlott, senior manager, KPMG Senior Care Services Practices. I also attended one on "Alternative Risk Vehicles" describing what has been done by AAHSA and others in response to the escalating costs of liability and long term care insurance. The following day I attended a "Policy Forum on Home and Community Based Services" and a "CCRC Issue Forum."

A little over a year ago AAHSA moved into a

new office building only a block or two from the hotel, and I was pleased to tour the facility which includes dozens of pieces of art done by residents of CCRC's around the country.

On April 11 and 12 I attended the National Continuing Care Residents Association (NaCCRA) meeting at a CCRC in Falls Church, VA. In addition to North Carolina, there were state representatives from Connecticut, Florida, Maryland, Massachusetts, and Pennsylvania. The morning session was devoted to reports and changes in the bylaws, the most important of which was to create positions for three vice-presidents. (Later in the meeting I was named to one of those positions.) There was a good discussion on state organizations structure and support.

In the afternoon we heard a number of reports. First, George Eager, NaCCRA's legislative representative, commented on the current status of various bills of interest to CCRC residents. Next, a representative from Florida reported that the 83 CCRC's in the state have declined to 68 and three new ones are applying for licenses. Of those closing, three have filed for bankruptcy. Others have been converted to rental properties, are merging with other operations, or just ceasing operations. A representative from Maryland presented a paper on CCRC governance. He noted that CCRC residents lack a mechanism for formal appeal when their governing body proposes an action that residents feel is against their best interest. His paper proposed a mechanism that would address that need. He also distributed copies of Senate Bill 355, introduced in the State Senate in January, which would strengthen the existing law regulating CCRC's in Maryland

On the following day Harry Groves spoke on the imputed interest issue and pointed to the declining legal distinction between a life contract and property ownership. As an example he

Parish Nurse Program Begun at Piedmont Center

The Piedmont Center has employed a parish nurse, believed to be the first program in a North Carolina retirement community, although frequently employed by churches in our State. A Parish Nurse is a registered nurse with additional training in Spiritual Health and Healing. The concept of a parish nurse was begun in Illinois in 1984 and has spread nationwide.

Many medical articles have shown that religious involvement and spirituality are associated with better health outcomes. The parish nurse concept weaves the physical and spiritual aspects into a holistic approach to health.

Nurse Strickland believes that her job as a parish nurse has five components: (1) a facilitator to develop support groups, such as bereavement and sitting services. (2) a health educator to plan programs on glaucoma awareness, joint disorders, and the relationship between stress and health, etc. (3) a referral source to community services (4) a personal health counselor to discuss physicians directives, medications, blood pressure screening, and other health issues, (5) an interpreter of the relationship between faith, values, health and well being. She brings a wide background of experience to her new calling. She has served in the medical-surgical and obstetrics departments of a local hospital, has done occupational nursing, served as a home health care nurse and was a director of nursing in a nursing home. She did her parish nurse training at the College of Nursing, Medical University of Charleston, SC.

A residents' health cabinet is beginning to assess the health needs of our residents. A health cabinet is a committee consisting of residents from each area of our campus, administrative staff, and our spiritual life team (Chaplain and Parish Nurse). They help decide

the needs of the residents, wellness programs, health screenings, support groups, etc....They also help promote the idea of treating the whole person (not just the physical, but the spiritual, social and emotion needs as well).

The parish nurse position at Piedmont Center is a part-time position. It is funded on a three year declining scale by the Duke Foundation which has funded many parish nurse positions in churches around the State of North Carolina.

The parish nurse works under the supervision of the chaplain at Piedmont Center. Ramona feels a real calling to this emerging specialization of nursing practice. If you would like more information about this program you can e-mail her at <restrickland@novanhealth.org> or call her at 336-474-3655

Kenneth Sell,

Piedmont Center



Parish Nurse Strickland at work



Why Pennybyrn at Maryfield?

Maryfield, Inc., a Continuing Care Retirement Community, is embarking on a large-scale expansion of its community. The immediate focus of the expansion is the addition of 131 lake front apartments, 7 new cottages, a wellness center, a community center, 48 assisted living apartments, a 36-bed Alzheimer's community, a child development center, and an adult day care center.

A marketing research study indicated that "Maryfield" was identified primarily as a "nursing home" of "high quality." Although this spoke highly of our nursing home, skilled nursing represents only a part of our existing community...and an even smaller part of our future expansion. Therefore, it was determined that a new name would be the best way to build public awareness that we are so much more than a "nursing home," while at the same time keeping popular opinion that our services are and will remain "high quality."

Why "Pennybyrn"? The original home and guest house that sits on the 66 beautiful acres that Pennybyrn at Maryfield encompasses was built by George T. Penny in 1927. He called this estate "Pennybyrn". Therefore, the name "Pennybyrn at Maryfield" was chosen to honor the original owner and benefactor to the original Catholic Congregation of Sisters, known as the Poor Servants of the Mother of God, who established Maryfield in 1947.

Robert Gober,
Pennybyrn at Maryfield

Continuing Trends in Long-Term Care

was the topic for a speech by Susan Williamson, president and chief executive officer of the North Carolina Association of Non-Profit Homes for the Aging given at Friends Homes West. She noted that four major challenges will "influence your life and face administrators of retirement facilities.

On the horizon for CCRC's, Williamson said, are rising insurance costs, nursing staff shortages, conflicting governmental regulations, and the North Carolina state budget. The budget is required by the state constitution to be balanced but has a nine million dollar deficit for the coming year. Hence revenue sources must be found and traditionally, the speaker said later in answer to a question, "children, the elderly and the disabled take the hits when money gets short." Working together and because of their shared interests, NCANPHA and CCCRoFNC can solve these problems, she said, so that you will be able to continue to live the life you have chosen.

Responding to a question about intellectual stimulus for retirement community residents, Williamson advised use of the computers, Intenet, and mentoring of younger persons. She noted that libraries in our residential communities differ greatly. "When you've seen one continuing care community, you've seen one continuing care community," she said, adding that each community has its own personality.

Eleanor Dare Kennedy,
Friends Home West

described the revised contract offered to Carolina Meadows residents in 1997 in which a residents can share in realized property appreciation and can will interest to an heir.

Myles Walburn

Carolina Meadows

Note: Current issues before AAHSA are single-task training, nursing homes, Medicare, Social Services block grants, Older Americans Act (OAA), housing, and nurse training and recruitment. If you are interested in any of these issues check <<http://www.aahsa.org/>>, then click on "Contact Congress" and then click on "Issues and Legislation" or "Legislative Alerts and Updates." Here you can read about these issues and you can have your own input as well.

Our Web Site: cccrofnc.org

We have been keeping track of the number of "hits" on our web site (people who have stumbled on it by accident) and the number of real "visitors" we have had during the first three months of this year. It may surprise you to learn that during that time we have had an average of 1,904 hits and 160 visitors per month.

So far, our web site has had a rather passive role in our organization, but it could serve at least two important purposes. One would be to facilitate communication within our organization. *THE HOTLINE* has been the only way we have had to communicate with our total membership. It has been, and continues to be, an excellent resource. However, it is only published four times a year and is expensive to print and distribute. I believe our web site could increasingly be used to augment *THE HOTLINE* as a communication resource and, perhaps, in time become the primary means to communicate with our total membership. This would provide the total membership with more

frequent information (for example, about legislative matters, actions by the Board of Directors' etc.) at considerably less cost. *THE HOTLINE* could continue as an occasional publication.

A second purpose for the web site would be to explain our organization, its purpose and activities to people who aren't members, and to encourage people to join CCCRoFNC and even enable them to pay their annual dues on line.

Currently we have very little contact with organizations like ours in other states. A web site can be used to increase communication between all state organizations. Although, I believe CCCRoFNC has a longer history and record of accomplishments than many of the CCCRoFNC organizations in other states, we can all learn by sharing our ideas and experiences.

What changes do we need in our present web site to move in these directions? The site was extensively revised in January of this year and made easier to use. What other changes would you find helpful? Why has no one used the "Contact Us" feature? Would it be better to replace it with a bulletin board? Should any of the current sections be changed? In what way?

I invite your thoughts and suggestions. They can be made on the web site or to me, Myles Walburn, by mail at 247 Carolina Meadows Villa, Chapel Hill, NC 27517, by e-mail to <myba@mind-spring.com>, or by telephone at (919)967-6853. I look forward to hearing from you!

Myles Walburn

Carolina Meadows

Congratulations to Myles Walburn for being appointed as Vice presidents of NaCCRA and thank you for representing us there.

Lisbet Nielsen

A.A.A.D.D (Another Acronym)

They have finally found a diagnosis for my condition. Hooray!! I have recently been diagnosed with A.A.A.D.D (Age Activated Attention Deficit Disorder).

This is how it goes: I decide to wash the car; I start toward the garage and notice the mail on the table. OK, I'm going to wash the car, but first I'm going to go through the mail. I lay the car keys down on the desk, discard the junk mail, and notice the trash can is full. OK, I'll just put the bills on my desk and take the trash out, but since I'm going to be near the mailbox anyway, I'll pay these few bills first.

Now, where is my check book? OOPS, there is only one check left. My extra checks are in my desk.

Oh, there's the coke I was drinking. I'm going to look for those checks, but first I have to put my coke further away from the computer. Oh maybe I'll pop it into the fridge to keep it cold for awhile.

I head toward the kitchen and my flowers catch my eye, they need some water. I set the coke on the counter, and, uh-oh, there are my glasses. I was looking for them all morning. I'd better put them away first.

I fill a container with water and head for the flowerpots...aaaaaaagh!

Someone left the TV remote in the kitchen. We'll never think to look in the kitchen tonight when we want to watch television, so I'd better put it back in the family room where it belongs.

I splash some water into the pots and onto the

floor, I throw the remote onto a soft cushion on the sofa, and I head back down the hall trying to figure out what I was going to do.

End of the day. The car isn't washed, the bills are unpaid, the coke is sitting on the kitchen counter, the flowers are half watered, the checkbook still only has one check in it, and I can't seem to find my car, baffled because I was busy all day long I realize this is a serious condition and I'll get help, but first I think I'll check my e-mail ...!

Author: Unknown



Growing old is not all bad. In fact, it is good karma. Think about it. "I age. Therefore, I ... still ... am."

Make-up is the easiest way to appear younger. When asked your age, just make-up a number.

Remember, old folks are worth a fortune, with silver in their hair, gold in their teeth, stones in their kidneys, lead in their feet, and gas in their stomachs.

Some people, no matter how old they get, never lose their beauty--they merely move it from their faces into their hearts.

Falling - Why do we do it?

There are usually multiple factors that lead to a fall, or a tendency to fall repeatedly. The complex interworking of these factors makes each person's falling risk a very individualized matter. Your physician can be your first line of help in determining why you are falling, and in getting you referred to professionals who may be able to help to decrease your risk of falling in the future.

Factor 1: Age. As we get older there is a statistically significant increase in likelihood that we will have a fall.

Factor 2: Sex. Females are significantly more likely to fall than males.

Factor 3: Fall and medical histories. Individuals who have had a fall in the past year are significantly more likely to sustain another fall than a person who has not fallen in the past year. Medical issues that may affect balance are: Parkinson's disease, osteoporosis, amputation, diabetes, neuropathies, stroke, orthostatic hypotension, hip fracture, some heart conditions e.g., arrhythmias, loss of bladder /bowel control, depression, dehydration, recent unexplained weight loss or weight gain, and sleep disturbances.

Factor 4: Medications. Medications may influence falls in many ways. A few are listed here: taking more than four or five prescription medications, medicine to help you sleep or help you relax, antidepressants, fluid pills, pain medications, over the counter medications and herbs in combination with prescriptions (make sure you tell your primary physician and pharmacist about everything you are taking--not just the prescriptions).

Factor 5: Sensation. The ability to feel your feet contacting the ground is a key to control. You

are more likely to fall when your feet swell, you get dizzy or disoriented when you first sit up from lying down or when you stand up from a sitting position.

Factor 6: Diminished cognitive function. Cognition is defined as awareness with perception, reasoning, judgement, intuition and memory. A person with deficiencies in these areas may not be as aware of the safety factors or fall risks.

Factor 7. Vision and/or Hearing Problems. These sensory areas are key components of balance control when standing.

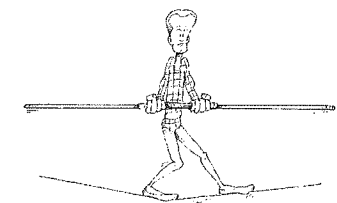
Factor 8. Physical Function. This area involves strength, coordination and postural control of the legs and trunk.

Clutter, blocked passagesways, torn linoleum, uneven floors, loose rugs, stairs without rails and spills on the floor are all hazards that if they are in your environment, can lead to falls.

Beverly Hasson PT, MHA

Gaston Memorial Hospital Rehab and Sports Medicine

Note: See Web site for more comprehensive article <cccrofnc.org>.



Do not try this at home

This is carrying un-cluttering too far.