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organization, in representing management it necessarily is representing the interests of residents. Because how can management have any interests in genuine conflict with the interests of residents? NCANPHA and CCCR of NC have had occasion to work very effectively together on matters of joint concern in the General Assembly.

CCCR of NC also links us to AAHSA, the American Association of Homes and Services for the Aging, the national organization of which NCANPHA is a part. AAHSA holds two important annual meetings, which I always attended as president of our organization, a practice which I believe continues, as it should. I have noted from the *Hotline* that Willie Johnson is scheduled, very appropriately, to attend this year's AAHSA annual meeting in San Francisco. Their annual meeting moves around the country. In San Francisco Willie will have an opportunity to attend a variety of meetings and workshops full of information designed primarily for administrators, but much of which is often informative for residents.

Just as important is AAHSA's spring meeting, which is always held in Washington, DC. It has some of the same substantive meetings as in the annual meeting. But its primary purpose for meeting in Washington is for attendees to break into small groups to go to the Hill and lobby legislators in reference to national legislation of interest to the industry. I found it immensely important to be a part of one of these groups. AAHSA maintains a vice president of CCRC operations at the Washington headquarters. He has always been very accessible and helpful to CCRC residents and their committees.

Our organization connects us to NaCCRA, the National Continuing Care Residents Association, of which we were a founding

member. This organization normally meets at the same time and place as AAHSA's national meeting. There representatives of communities throughout the country exchange experiences and ideas. Of course our presence is of value to us and to other state community organizations. As I indicated earlier, NaCCRA has a publication called *Life Line* which serves at a national level the role of our important *Hotline* in this state.

CCCR of NC also connects us to the North Carolina Coalition on Aging, at whose meetings Ivor Collins has effectively represented us for years. I observed in the current issue of the *Hotline* that Ivor reported to our board "the results of a ballot establishing priorities of the legislative causes most interesting to the organization." We need to be a part of this organization.

Finally, but far from least, CCCR of NC binds our state communities effectively to one another, enabling us in our annual, regional, and board meetings and in our vital *Hotline* to exchange ideas and experiences and to marshal our forces to consider in advance new and provocative concepts in our interest.

CCCR of NC was vital to the enactment of the bill that became Chapter 56, Article 64, in the North Carolina General Statutes, the law that gives us the protections we enjoy. That bill would not have become law had there not been an appropriate number of residents present at the committee hearings to make clear to legislators that there was a significant constituency to whom the bill was of utmost importance.

CCCR of NC was vital then. It is vital today. It will remain vital as far as I can see into the future.

*Harry Groves*  
Carolina Meadows

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means that any desirable geographical area will provide a number of choices.

One cannot dismiss the competition presented by the for-profit communities, which are also growing greatly, especially in or near large metropolitan areas. They also offer comparable facilities, amenities, and services, usually at competitive prices. One thing different about them is the remoteness of their management and governance boards from the community.

Perhaps what can distinguish our non-profit communities from those for profit and among ourselves will be the degree to which the desire of residents to participate in governance is recognized and given effect.

I know it sometimes is asked whether there is really any role for CCCR of NC now that the law protecting residents is in place. My answer to that question is that there surely is

a continuing role. CCCR of NC is our lifeline to the world.

It connects us to the Department of Insurance, to which the law has given a great role in our lives, making certain, among other things, that our communities' finances stay strong. The Continuing Care Advisory Committee to the Commissioner of Insurance is our direct link to the Department of Insurance. The president of this association has been a member of that small, important committee since the law directed its creation.

CCCR of NC connects us to NCANPHA (the acronym for the North Carolina Association of Nonprofit Homes for the Aging). The CEO of that organization is here and often attends many of our meetings. While NCANPHA represents management and may sometimes view issues of the communities from a somewhat different lens than does this

### RESIDENTS' VOTING RIGHTS ON BOARDS OF DIRECTORS

AN ONGOING CONCERN for many residents is the right to have resident members with voting privileges on their CCRCs' Boards of Directors. So often we hear that a resident board member cannot vote because of a "conflict of interest."

A North Carolina Statute defines what constitutes a conflict of interest for members of boards of not-for-profit CCRCs. It is Chapter 55A (North Carolina Nonprofit Corporation Act), 8-31. The definition in the statute, although somewhat wordy, clearly allows *any* member to vote under most circumstances and to vote on all issues that come before the board without such vote's being considered a conflict of interest. This may be a valuable resource for residents of not-for-profit CCRCs in their journeys to achieve voting rights for resident board members.

Statute Chapter 55A can be reached in its entirety on the Internet by entering <[www.ncga.state.nc.us/gascripts/Statutes/Statutes.asp](http://www.ncga.state.nc.us/gascripts/Statutes/Statutes.asp)>. At the web site under "Look-In" key in 55A. Scroll down to 8-31, and there you are.

*Hope Davis*  
Trinity Oaks

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Monday last, which reported that the North Carolina State Treasurer had been in New York the preceding Friday to speak to a conference on corporate governance.

All of this activity might suggest that it is time to rethink whether residents of continuing care communities should not have more to say about the method of getting on the boards of these nonprofits. Residents, unlike even larger shareholders, supply all of the operating funds for their communities and place their well-being, far beyond their finances, in the hands of the board.

The issue of the future of governance of nonprofit organizations has been opened in other areas. In the September–October issue of the *Harvard Magazine*, former Harvard University President Lawrence H. Summers stated: “I think it’s high time to think about whether a governance structure that was designed for a religiously oriented college centuries ago continues to be wise.”

I noted with interest in the current *Hotline* that Mel Zuck, reporting for the Central Region, stated that “Region Chairman Don Hasty had sent out a questionnaire to Board members asking for information about involvement by residents on the boards of directors of the various CCRCs.” Mel added, “There seemed to be no answer as to what would be done with that information.”

May I offer the suggestion that this vital information should be sought from all communities in the state, even if professionals should be needed fully to acquire this information.

It is obvious from what I have been saying that, in my view, it is high time that the role of residents in governance be rethought. The very beginning of such a study is the careful collection, as complete as possible, of what the current situation is in every community in the state.

I am not so sanguine as to suggest that the presence of residents on boards of directors resolves all resident complaints. Sometimes one hears that because the resident members on the board are selected by the board they can really not be independent. This complaint, justified or not, would be overcome if residents did not merely offer residents to be selected by the board but had the final determination of the choice of the resident members.

Resident board membership cannot solve all complaints about management. Most of those complaints relate to the failure of management to be open and forthright about the budget and ongoing financial issues of the community. It has been my experience in both Carolina Meadows and Ingleside that when management was completely open about the finances, reporting fully to the residents more frequently than yearly, and where residents had a very meaningful role in the budget preparation, the trust and support that management enjoyed increased enormously.

We know that this industry is experiencing impressive growth throughout the country. Here in North Carolina there are 63 existing continuing care communities, with seven new ones under development. A number of the existing 63 are busy upgrading their facilities and increasing their amenities. One assumes that boards are not only looking at the market today but, perhaps, are contemplating the demands of the oncoming baby-boomer generation. I think one thing that can be counted on is that the boomers will make more demands than have their elders generally. Currently the industry does not show a great variety of choices in terms of facilities or amenities, because today each is trying to match or outdo the others. The great statewide proliferation of communities even



Kevin McLeod addresses breakout session (photo by Myles Walburn).

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## Annual Meeting Report

THE ANNUAL MEETING of the CCCR of NC was held Thursday, October 26, 2006, at the Christ United Methodist Church in Greensboro. About 250 persons attended. After a pleasant social period, the meeting was called to order by President Willie Johnson at 10:30 AM. Susan Rhyne was recognized for managing registration. Others acknowledged were Matt Page, provider of membership services, Susan Williams, representing NCANPHA, and Marleen Varner, from Lakeland, Florida, vice president of the National Continuing Care Residents Association. Ron Ennis and Jan Kinlaw were present to represent the Entities Section of the NC Department of Insurance and offer assistance.

Past President Myles Walburn introduced the keynote speaker, Harry Groves, who had been instrumental in formulating and accomplishing the passage of many of the North Carolina laws that govern CCRCs, and was a member of CCCR of NC. He spoke

ment program in effect at Carolina Meadows. Two representatives from his department, substituting for David Fox, Investigator of Frauds for the Department of Justice, talked about scams against senior citizens. Denise Waters, Chaplain of Croasdaile Village, presented a talk on staying alive as long as you live. Kevin McLeod, Executive Director of Carolina Meadows, presented questions and answers about CCRC finances.

At the business meeting after these sessions, Walton Boyer gave the treasurer's report and proposed a budget for 2006-2007. After CDs had matured and more were purchased and all of our obligations were met we had a gain of \$2190.88 for the year. The budget for 2006-2007, which was adopted by a voice vote, proposes the expenditure of \$29,097.00. Allen Trelease, representing the committee to study smoking in CCRCs, made a report and offered a resolution asking that CCCR of NC commend the institutions that

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there is a vast difference between running the community and having a meaningful role in the decisions that affect, indeed, control the very lives of residents.

The laws of some states, North Carolina being one, have made an attempt to cause boards to be more responsive to residents by requiring that the board, or its designee, meet at least annually to report to the residents on the operation and finances of the community. This is, of course, desirable whether or not there is resident membership on the board.

When North Carolina General Statutes, Chapter 58, Article 64, was being considered in the General Assembly, some boards and some managers were very opposed to the law's intrusion into their governance and management. But in this state, for a variety of reasons, the opponents did not muster their opposition in time and the bill became law the year it was introduced, considered by those knowledgeable of the process to be a phenomenal achievement.

Among the communities that have a voting resident member, or members, on the board, the choice of that member, as with all other members of the board, is, without exception of which I have knowledge, made by the board. A few boards permit the residents to vote on a panel of offered board members, perhaps two or three, from which the board selects the voting member.

As to the other members of the board, residents customarily have no role in their selection. It is not clear why potential outside members should not have their names and qualifications submitted to the residents, or a committee of them, for vetting and comment. It might be argued that these potential board members, presumably distinguished in some way, would not wish their names commented on by residents. But one supposes that they

must have their qualifications commented on by members of the board. Why a distinction should be made as to residents, whose very being is in their hands, is hard to discern.

An interesting, and potentially important, very recent decision in the U.S. Court of Appeals for the Second Circuit is not unrelated to the matter of governance. That case was heard and decided by a U.S. District Court in 2005. The Securities and Exchange Commission is scheduled to comment on the decision soon. Back in 2003 the SEC had proposed a rule that would have given shareholders of publicly held corporations more power in director elections. Corporate lobbying groups helped to defeat that rule. This case was filed by the American Federation of State, County, and Municipal Employees' Pension Plan against the American International Group, the insurance giant. Briefly, here the pension plan shareholders are seeking more influence in the election of directors. They wish to have more influence in matters involving their investments. At the moment it is thought that the SEC may decide that the market needs a mechanism allowing shareholders to oversee their affairs and fiduciaries. The circuit court's ruling begins to establish a nominating process for shareholders to wage director election contests if they are unhappy with slates of directors that corporations put up. Should this case hold up before the SEC and on appeal, it would have immense implications for publicly held corporations.

The Sunday *New York Times* on October 22, 2006, reported that the Pension Plan has another string to its bow and is continuing to negotiate with the Defendant, pending the legal outcome of the case.

That the issue of greater shareholder control of boards of corporations is a lively one was noted in the *News and Observer* on



Even with the improvements in facilities, service and management, we still have distrust in some of our communities. Residents do not trust the decisions of management and management does not believe that residents are qualified to have opinions regarding operation of the community.

In view of the fact that the governance model is over a hundred years old, perhaps it is not inappropriate to examine it early in this, the 21st century.

The model for governance of the early continuing care communities came from the private nonprofit colleges and universities of the 18th century, like Harvard, in which the founders, who became the board, were small in number and the beneficiaries, the students, were large in number and transitory. The in loco parentis philosophy of caring for them was appropriate. The replacement of board members by the board became the norm, as did the formation of the rules of tenure and of distribution of powers on the board, which became a matter of their untrammelled determination.

But while the form and operation of the management and boards of directors of continuing care communities have, in many communities, as in colleges and universities, remained largely static from their creation, the characteristics of the beneficiaries, the residents, have changed significantly. Residents do not come as alms seekers, like the "inmates" of a century ago. They come as career-successful and financially successful persons willing to buy into a new way of life, but not necessarily content to give up all determination of the control of their lives.

In the last quarter century, some boards of directors, not all by any means, have met the restiveness of residents by opening up their membership to a resident, occasionally more,

sometimes to the resident who is president of the residents association, who often may have a voice but no vote on the board. An often heard comment of many boards has been that a resident on the board will represent residents but not the board. This is a charge that, when heard, requires elucidation. All board members should represent the interests of residents. Of course, the board must plan beyond the immediate needs of current residents, while still addressing those current needs and concerns. It seems fatuous to suppose that resident members of the board would be incapable of taking the longer view, while also speaking to the concerns of current residents.

Another argument against resident board membership sometimes heard is that residents on the board may learn some secrets of other residents, particularly that one is receiving financial help through the funds maintained for residents who may become in financial difficulty through no fault of their own. Of course, most communities seek to forestall this happening as much as they can through a careful analysis of an applicant's finances before admission to the community. But even then some few may experience financial difficulty before their life's end. The exclusion of residents as board members because they may be gossips is not very impressive. Determining who becomes eligible for financial aid is not a board decision. The board should set out the guidelines for such aid. But the selection of those needy persons is a management decision. A board should eschew micromanagement in this instance, as in others.

Do residents wish to manage, to run, their communities? Of course not. That is what residents pay their executive director and those he or she hires to do. The point is that

## From the President

THE 2006 ANNUAL MEETING and Exposition of AAHSA (American Association of Homes and Services for the Aging), "the aging-services event of the year," brought 8,000 participants from across the country to San Francisco in November. Presenters and participants addressed needs and challenges confronting providers of care, learned about products and services available for older adults, interacted with friends and colleagues, and in some cases earned Continuing Education credits.

Representing CCCR of NC, I had the good fortune to be one of the 123 resident participants in this program, with the theme "Live Your Story . . . Tell Your Story."

Although high-quality care and services are offered in most not-for-profit communities, there still exists "a doubting public, a critical media, and a skeptical Congress." Walter Cronkite, once proclaimed the "most trusted" public figure in America by a national poll, shared "vital insights into both history and trustworthiness" and assisted in an "examination of key elements of authenticity." The presentation by Mr. Cronkite, a 90-year-old consumer with more than 65 years of journalism experience covering almost every major news event with straightforward commentary, proved to be the highlight of the conference.

*Developing a Sense of Community*, the theme of the Consumer (resident) program, addressed three issues: the *celebration of diversity*, residents of varied backgrounds and with special needs; the *power of language*, thoughts, emotions, self-perception, and drives seriously impacted by visual and auditory messages; and the need for *control/impact*, ability to make decisions about care, etc. If finances are a problem in accom-



Willie with CCCR of NC Vice President Bob Wyatt at the Annual Meeting October 27 (photo by Maggie Kirk).

modating non-negotiable desires of residents, funding should be found.

*Diversity to Inclusion, An Organization's Journey*, was a session in which challenges of three communities were defined. It was acknowledged, in these communities, that "diversity is the joyful recognition that as human beings are all alike and at the same time we reflect a rich tapestry of differences. Affirming diversity provides an opportunity for us to accept all persons and value the variations among residents, clients, and staff. A good quote: "The true fabric of community is woven with diverse strands of character and culture."

Since members of CCCR of NC have expressed concern about smoking in CCRCs and those attending our annual meeting approved a resolution to move forward with developing a plan by which all CCRCs in the state may become smoke-free, the session on Establishing a Smoke-free Environment in Your Community was of interest. The panelists,

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executive directors from Michigan, Georgia, and Wisconsin, had been very aggressive in implementing the smoke-free plan in their communities. Board members and residents were made aware of the rationale for the plan. Civil right concerns were addressed. Consideration was given to changes needed in contracts in order to be in compliance. Cessation programs for smokers were provided, and support of residents was sought. Adequate notice was given as to the date of implementation.

Enforcement of the ban was crucial because there was no turning back after implementation. However, residents in all of the communities were supportive, some even becoming "vigilantes." Many family members appreciated the action taken because of their concern for the welfare of their loved ones. The positive outcome was that all residents experienced a more pleasant and wholesome environment, and some insurance companies gave consideration to lower rates as a result of the action taken. The negative outcome was that some residents defied management's decision and a few employees were terminated as a result of smoking in their cars parked on campus.

It is my hope that, as this issue is considered in our communities, the ban will be perceived as fostering communities in which we can live healthy and wholesome lives, as opposed to relieving us of our rights.

## Carol Woods's Approach to the Use of Tobacco

*Carol Woods as a workplace:* Carol Woods is a tobacco-free workplace. The use of tobacco of any kind is strictly prohibited by anyone other than residents and their guests anywhere on campus. The use of tobacco is also prohibited in any Carol Woods vehicles, both

In closing, I want to tell you about Andy Goodman, author of *Storytelling as Best Practice*. He helped us to explore why stories are such an effective tool and how best to build and benefit from a storytelling culture. His seven questions to sharpen your stories are: 1) Who is the protagonist? The story needs someone to drive the action. 2) What's the hook? Begin the story where the audience is. 3) What keeps it interesting? Predictable stories are boring. 4) Where's the conflict? There is no drama without conflict. Even comedies fall flat without it. 5) Have you included telling details? Good stories have just enough telling details to set the scene and people it with colorful characters. 6) What's the emotional hook? In return for their time, the audience wants an emotional experience that makes the time worthwhile. 7) Is the meaning clear? Your story should have a crystal-clear moral. So now, my friends, "live your story," "tell your story," and mail it to Sandy for inclusion in the *Hotline!*

As we approach the season of peace, joy, and love, may you experience many blessings.

Shalom,

*Willie Johnson*  
Croasdaile Village  
CCCR of NC President

on and off campus. Violators are subject to the Carol Woods disciplinary action policy.

*Carol Woods as a home for residents:* Carol Woods's intent is to support the Residence and Services Agreement that allows resident autonomy while simultaneously speaking to

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care communities, developers thought their people skills of handling congregations and experience with church budgets were readily transferable to continuing care communities.

Both the lay Christian and minister managers brought to their understanding of their work the philosophy that residents were to be cared for but were expected to have surrendered, along with their assets, any right to self-determination or management, once in the community.

Another large elder care industry that has grown somewhat in parallel with continuing care communities has been the nursing home industry. In time, many persons trained in its management provided a source of senior employees for continuing care communities. The philosophy of nursing home managers is that they are there to provide care to patients and that patients will have no role in the further direction of their own lives. It has been the common experience of continuing care communities that managers trained in the nursing home industry brought the philosophy of that industry with them, recognizing their duty to provide care as demanded by the residents' contract, but recognizing no right in residents to participate in management decisions. Although it is now common to draw managers from within the continuing care industry and from without, the nursing home philosophy remains common.

As Ingleside demonstrated, it was not uncommon for early members of boards of directors to finance from their own pockets the purchase of the property for the community and to continue to support it financially. While this model might vary somewhat for the hierarchical religions, like the Catholic and Episcopalian, it was common for other faith-based boards to recognize no superior to themselves in making the ultimate deci-

sions for the communities they had founded. A further common feature of these boards was that they were self-perpetuating, in that the board named the replacements for the departing members. Secular boards followed the same pattern. This governing feature of nonprofit boards is the norm today.

Many of the secular communities, although incorporated as nonprofit entities, were constructed by developers, who were remunerated in a variety of ways, sometimes by retaining ownership of the property, for which they received rent, sometimes by controlling the management and placing relatives in lucrative jobs, sometimes by arranging to sell out their interest to the community, which often handled the purchase by floating bonds.

Early communities really had no name for the service that they provided residents when they fell between independent living and the nursing component. These residents were retained in the community, sometimes in smaller accommodations than those they originally used, or they might go to the nursing component, though requiring fewer services than most of the patients there. As residents aged in place and as their numbers increased, many communities saw the need to provide on-site separate facilities for those residents, which have come to be called assisted living facilities.

As I have visited, and otherwise been contacted by, communities, I have become acutely aware that I seldom hear a complaint about the structures, the amenities, the services, or even the food. The most common complaints are about management and governance. Interestingly, in the current publication *NaCCRA Life Line* (NaCCRA being the acronym for National Continuing Care Residents Association), one reads in the President's Message the following:

early board did, our modern boards delegate to an executive director.

The women who shared in the conception of the Home were assigned the task, as volunteers, of its daily operations. Their title was "Board of Lady Managers" and they had control of "all domestic affairs."

The Lady Managers selected the residents, to whom was given the rather infelicitous name of "inmates." The home opened with only three residents, who turned over all of their assets to the Home in return for "life care." This surrender of all assets was quite common in the developing industry. Churches conceived of such surrender of assets to be not unlike the surrender of all worldly goods by one entering a nunnery or monastery. But very early on the industry found that this approach, while consistent with some Christian practices, became increasingly unpopular. While perhaps Christlike, it was not very consistent with capitalism, since the sums surrendered could vary significantly from person to person; all of whom would receive the same benefits. There was, also, an inherent fiscal unsoundness in the philosophy because it required very heavy dependence on the continued raising of funds outside the residents. You may know that one of the early faith-based communities, in California, attempting to follow this formula, became spectacularly bankrupt.

The very small number of residents to move into Ingleside initially is not evidence of the number of widows who fell within the criteria. But these "inmates" were women without surviving family members. Well into the latter twentieth century, and even today in some ethnic and social groups, it was long the norm for the children, or even collateral relatives, to assume the task of caring for impecunious or physically incapacitated elderly relatives. Countless are the families

where an unwed or widowed daughter considered it an expected obligation to move back home to care for her elderly parents.

In the case of Ingleside, as with other similar communities, it was only a matter of time before it was considered desirable to extend the availability of the community to other members of the faith, normally, of course, persons who were members of congregations of that area. It might be appropriate to refer to these residents as the genteel poor. This class of residents is not the norm today. The lack of assets is no longer generally acceptable. The philosophy of the communities has changed. A few, not many, faith-based or other nonprofit communities may consider some part of their outreach to extend to the poor. But the financing structure of modern continuing care communities demands at least a middle class financial background to contemplate residence in a community.

Nor did the early homes start with a nursing component. Taking on that duty usually followed the aging in place of their intake, who were mobile and generally healthy at the time of entry. Increasingly as initially mobile and healthy residents aged in place communities found the expansion of health services and a nursing component essential.

Just as the composition of the residents of these communities has changed, the skills and background of management have undergone a significant progression as the industry has aged.

As earlier indicated, many of the small communities initially were managed by amateur volunteers. Because the early communities were faith-based, with secular nonprofit communities being a later development, managers, now generally termed "executive directors," were often ministers. While they, of course, had no experience in managing continuing

the common health and safety needs of the community. Therefore smoking is permitted in individual residences but not in common areas. A resident who chooses to smoke must sign an amendment to the Residence and Services Agreement prior to moving to Carol Woods stating that he or she will assume responsibility for any damage resulting from

any incident that occurs as a result of the resident's smoking. The resident agrees to pay for the purchase and installation of an air-filtering machine or other necessary device in the apartment or cottage.

*Ivor Collins*  
Carol Woods



Shots from the Annual Meeting: top left, Registrar Susan Rhyne (right) assists participants at registration; bottom left, attendees listen to Harry Groves; right, CCCR of NC President Willie Johnson presents Past President Myles Walburn with an award for his support in the past year.



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<CCCRofNC.org>

**The CCCR of NC HomePage has been redesigned and revitalized—check it out!**

### Membership Application

One-year membership is \$5 for an individual, \$10 for a couple. Life membership is \$50 for an individual, \$100 for a couple. **Checks should be made payable to CCCR of NC and given to your community's CCCR of NC representative**, so he or she can keep an accurate tally of members. Please indicate whether you are a renewing or new member. If you are not sure who your community's CCCR of NC representative is, you may find out by contacting CCCR of NC President Willie Johnson, 2600 Croasdaile Farm Parkway, #A-328, Durham, NC 27705; e-mail <[williedjohnson@aol.com](mailto:williedjohnson@aol.com)>. If your community does not have a representative, mail checks to: CCCR of NC, c/o Page, 278 Bean Road, Mocksville, NC 27028. The form below is provided for your convenience.

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APPLICATION FORM (please print or type)

\_\_\_\_\_  
(Your name)

\_\_\_\_\_  
(Spouse's name, if applicable)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Status (please check one):  Renewal  New member

Enclosed is payment for (please check one):

One year:  \$5 single  \$10 couple      Life:  \$50 single  \$100 couple

### The Past, Present, and Future of the Continuing Care Industry

THE CONTINUING CARE COMMUNITY INDUSTRY, during its history, has changed significantly in its philosophy, its residents, its management, greatly in the laws under which it operates, but very little in its governance.

It is not often realized that this industry is over 100 years old. One continuing care community, Ingleside, in the District of Columbia, is, for instance, this year celebrating its centenary anniversary; and it was not the first retirement home with similar aims in the country. In many ways what has happened to Ingleside in the last hundred years is a prototype of the industry. It was faith-based, designed not to serve the affluent, very reliant on volunteers, informally managed but tightly governed. I refer to it in this presentation because I know it well and because my study of the industry has provided similar examples.

Ingleside was conceived by prominent men and women of the Washington City Presbytery. Its first name was "The Presbyterian Home of the District of Columbia." And, initially, it was meant to serve impecunious widows of Presbyterian ministers in the wider Washington Area, embracing nearby portions of Maryland and Virginia. Nevertheless, its early clientele was expected to be small. Fifteen prominent Presbyterian

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This article is the prepared text of the presentation by Harry Groves at the CCCR of NC annual meeting, October 26, 2006.



Harry Groves (photo by Roger Cannon)

men became the incorporators and the first Board of Trustees. They raised the money to purchase a house and took title in the name of the board—the ownership model common throughout the nonprofit continuing care community industry today. The board also undertook to perform all official and financial tasks related to the Home. Today, of course, while nonprofit boards make the ultimate decisions on the budget and major financial and other issues, much of what that