

Chapter 21

Assisted Living and Nursing Home Issues

Heather M. Porreca*

Jennifer Reeves*

Area Agency on Aging

Denver Regional Council of Governments

SYNOPSIS

- 21-1. Introduction
- 21-2. Long-Term Care Facilities
- 21-3. Six Key Steps to Selecting a Good Assisted Living Residence or Nursing Home
- 21-4. Conclusion
- 21-5. Common Acronyms
- 21-6. Resources
- Exhibit 21A. Residents' Rights
- Exhibit 21B. Assisted Living and Nursing Home Checklist
- Exhibit 21C. Colorado Area Agencies on Aging Regions

21-1. Introduction

The purpose of this chapter is to provide information to help you select an appropriate assisted living residence or nursing home for yourself or your loved one. In this chapter, we provide:

- ▶ A description of the Ombudsman Program;
- ▶ An overview of the long-term care options in Colorado;

- ▶ A description of the type of care that is provided at assisted living residences and nursing homes;
- ▶ Factors you should consider when evaluating and selecting an assisted living residence or nursing home; and
- ▶ Resources to help you select an appropriate resident-centered care setting.

Selecting an appropriate long-term care facility for yourself or a loved one can be confusing and stressful. The selection process is challenging because it often occurs at a time of crisis, sometimes without time to prepare. Additionally, most people are not familiar with the available long-term care options, the services that are provided, or the rights and legal protections that are available to residents of assisted living facilities or nursing homes. We will refer to the people who live in assisted living residences or nursing homes as “residents” to reflect that for most individuals the long-term care facility is their home.

The Ombudsman Program is an important resource as you choose the long-term care facility that best meets your needs. It is a free, nationwide advocacy program for residents of assisted livings and nursing homes who might feel powerless and vulnerable. Every long-term care facility in Colorado has an ombudsman assigned to visit and investigate complaints from family and residents. Ombudsmen are required to visit assisted living residences at least once every three months and nursing homes at least once a month. Long-term care ombudsmen are responsible for educating residents, family members, and care providers about the rights that residents have been granted under federal and Colorado law. (A complete list of residents’ rights appears at the end of this chapter as Exhibit 21A.) Ombudsmen are resident advocates who take the perspective of residents when resolving issues. Their work is funded by federal grants under the Older Americans Act. They are frequent visitors to assisted living residences and nursing homes, and are trained to identify issues affecting resident rights. Ombudsmen are ideally suited to provide information to consumers when selecting long-term care facilities.

21-2. Long-Term Care Facilities

Long-term care facilities are broadly divided into two groups: assisted living residences and nursing homes. Smaller assisted living residences are also referred to as personal care boarding homes or simply PCBHs. In this chapter, we will use the term “assisted living residences” or “assisted livings” to include personal care boarding homes and assisted living residences.

Assisted Living Residences

An assisted living residence is a residential community that provides room, board, and at least the following services: personal care services, protective oversight, social care, and regular supervision available on a 24-hour basis. Personal care services include a physically safe environment, supervision, and assistance with activities of daily living (often referred to as ADLs) such as medication administration, bathing, dressing, and toileting. Protective oversight includes monitoring the needs of residents to ensure that they receive

the services and care necessary to protect their health, safety, and well-being. At a minimum, staff at assisted livings must be present at all times. Some assisted living residences, known as secured facilities, also have locked doors to prevent residents with dementia from leaving the building. Some assisted living communities specialize in providing care to residents with dementia, who tend to wander. These communities may identify themselves as secured or locked environments.

There are more than 600 assisted living residences in Colorado. There are approximately 350 assisted living residences in the Denver metro area alone. Assisted living residences range in size from 3 to 274 residents. The smaller assisted living residence may have a home-like aspect, whereas the large assisted livings have amenities such as common areas, dining rooms, theaters, libraries, and spa-like facilities. The most common reasons for admission to assisted living residences are medication management; eating, bathing, and dressing assistance; and the need for supervision without requiring the skilled nursing care available at nursing homes.

Assisted living residences with more than three residents who are not related to the owner of the facility are required to be licensed by the Colorado Department of Public Health and Environment. Facilities that accept Medicaid payments must also be certified by the Colorado Department of Health Care Policy and Financing. In Colorado, assisted living residences are surveyed by the Colorado Department of Public Health and Environment at least annually. The results of the survey are available to the public and accessible on the Colorado Department of Public Health and Environment website. (See section 21-6, "Resources.")

Staffing

Staffing at assisted living residences and nursing homes differs in relationship to the needs of the residents. Assisted livings often try to provide a home-like environment while providing 24-hour non-medical supervision. In smaller homes, it is common for the owner to be directly involved with resident care. Larger communities, by contrast, have an administrator who is responsible for the overall management and daily operations of the facility, and various staff members provide direct resident care.

Assisted living residences are required to have at least one staff member onsite whenever residents are present, 24 hours a day. There are no state-mandated staffing requirements or staff-to-resident ratios for assisted living residences. Rather, an assisted living residence must employ the type and number of care providers necessary to operate the home in compliance with Colorado Department of Public Health and Environment regulations. However, if the facility accepts Medicaid, the federal government requires a staffing ratio of 1 staff member to every 10 residents during the day, and 1 staff member to every 15 residents at night. The staffing ratio for a secured environment is one staff member to every six residents. Staffing at assisted living residences generally includes Qualified Medication Administration Persons (QMAPs), whose responsibility it is to distribute medication to residents. There has been an increase in assisted living residences having either a Licensed Practical Nurse (LPN) or Registered Nurse (RN) on staff. They typically are given the title "wellness coordinator." They oversee the medication program and the QMAPs. As of

November 1, 2008, all assisted living communities are required to have on site at all times at least one staff member who has been trained in cardiopulmonary resuscitation (CPR) and first aid. They are also required to have training in lift assistance.

Nursing Homes

Nursing homes, sometimes called skilled nursing facilities, provide skilled nursing care, rehabilitative services, or health-related care and services to chronically ill individuals, including those with chronic mental illnesses. Many nursing homes also offer short-term care (often called respite care), extended care rehabilitative services, and special locked units or neighborhoods for people with Alzheimer's disease or other types of dementia. Some nursing homes have expertise in caring for individuals with brain injuries, behaviors that occur after a stroke or as a result of dementia, wound care, drug and alcohol addictions, or specific diseases such as multiple sclerosis or various mental illnesses. Many people mistakenly think that nursing homes only provide care to elderly adults, but nursing homes serve people, regardless of age, who have chronic illness and need long-term care. It is not unusual to have young residents who have suffered brain injuries, or who are morbidly obese, living in the same facility with elderly residents who have dementia, chronic obstructive pulmonary disease, or who are mentally ill.

There are over 220 nursing homes in Colorado, 93 of which are located in the Denver metro area. They range in size from 30 to 240 residents. Nursing homes, like assisted living residences, are inspected or surveyed annually by the Colorado Department of Public Health and Environment (CDPHE). Additionally, the CDPHE may enter the facility at any time to investigate complaints that are made by residents, families, ombudsmen, members of the public, or anyone concerned about the care residents are receiving at the nursing home. The CDPHE survey results and complaint investigations are required to be posted within the nursing home and available for public inspection at any time.

The trend in nursing homes and assisted livings is to move away from an institutional model to a resident-centered model of providing care. Facilities associated with the Eden Alternative or the Pioneer Network, or identifying themselves as embracing "culture change," are most likely to meet the needs of the residents as individuals rather than forcing the resident to fit into the needs of the nursing home staff and administration. A nursing home or assisted living that emphasizes culture change views life in a nursing home as a time of continued growth. Culture change facilities work to empower the resident to take control over his or her care and believe that spontaneity and creativity are ways to reduce boredom and depression. (See section 21-6, "Resources," for more information about culture change. The Eden Alternative website has a list of Eden-certified communities in your area.)

Like assisted living residences, nursing homes vary in size and type of amenities available. Some nursing homes have large common areas, private dining rooms appropriate for family gatherings, recreational facilities, libraries, gardens, and small general stores. Facilities may also offer use of their transportation vehicles to take residents to medical treatments and social outings. Nursing homes are required to meet all the care needs of the resident, including health, social, and recreational needs. The social worker should be an internal advocate for residents living in nursing homes. Loved ones should know the administrator, director of nursing, social worker, and the resident's CNAs by name and by face.

The Centers for Medicare and Medicaid Services offer ratings for nursing homes nationwide on the Nursing Home Compare website. This can be a useful tool during the process of selecting a nursing home. See section 21-6, “Resources.” The rating system gives each nursing home a rating between one and five stars. Nursing homes with five stars are considered to have above-average quality, while nursing homes with one star are considered to have quality that is below average. The ratings are based on the health department inspections, staffing, and quality indicators such as the prevalence of pressure sores on residents’ bodies or changes to residents’ mobility.

Staffing

Staffing at nursing homes is more standardized to meet the regulatory requirements of the state and federal governments. Staff are divided into departments that are responsible for meeting the needs of the residents. Nursing homes are required to have a nursing home administrator who is responsible for the overall operations of the facility. The nursing home administrator must be licensed by the State of Colorado and identified by the initials “NHA” after his or her name. The name of the administrator and medical director are available at the Colorado Department of Public Health and Environment’s website. (See section 21-6, “Resources.”)

All medical care at the nursing home must be provided under the supervision of a physician. Each facility is required to have a medical director, a physician who formulates and directs overall policy for medical care in the nursing home. The director of nursing (DON) supervises nursing services and must be a registered nurse; he or she is responsible for supervising the entire nursing staff, including nursing supervisors and certified nurse aides. Nursing supervisors are either registered nurses or licensed practical nurses. Their responsibility is to supervise the care that is provided during the shifts for one section or unit of the nursing home facility.

Certified nurse aides (CNAs) provide most of the personal care for residents, including assistance with bathing, eating, dressing, and assisting the resident in and out of bed. CNAs comprise about 80 to 90 percent of the nursing staff and perform some of the most difficult and strenuous work done in nursing homes. They must complete a state-approved training and competency evaluation program. Colorado requires certified nurse aides to have at least 75 hours of training. It is not unusual to see temporary or agency-certified nurse aides or licensed practical nurses at nursing homes. Nursing homes should strive to have consistent staffing with minimal use of agency or temporary staff. CNAs provide the majority of direct care to the resident; thus, it is important that residents and their families become familiar and comfortable with their care providers.

21-3. Six Key Steps to Selecting a Good Assisted Living Residence or Nursing Home

In this section, we discuss how to select the right facility that will be the best fit for you or your loved one. These issues include identifying the individual’s needs, knowing what to look for in a facility, observing and talking with residents and staff, becoming informed about the facility’s management, understanding the payment schedule, and reviewing the contract or admission agreement.

We suggest that you contact your local Ombudsman Program when starting your facility search; contact information is provided at the end of this chapter. Ombudsmen are required to visit assisted living residences quarterly and nursing homes monthly, so your local ombudsman will be able to assist you in finding a facility that best fits your or your loved one's needs.

Step 1: Identify your needs or the needs of your loved one.

How old are you or your loved one?

When contacting facilities, it is important to ask up front if they have an age requirement. Some assisted living residences only accept people who are 65 or older. However, there are facilities that serve a younger disabled population as well. Most nursing homes accept residents regardless of age if the facility can meet their care needs.

What size facility is appropriate for you or your loved one?

Assisted living residences can range from 3 to 274 residents. Nursing homes range from 30 to 240 residents. Generally, larger facilities offer more amenities and services to the resident.

What geographical area would you or your loved one prefer?

For some individuals, the location can be the determining factor when selecting a long-term care facility.

What level of care do you or your loved one require?

This is vital in determining whether a person is appropriate for an assisted living residence or nursing home. Ask yourself the following questions: Are you or your loved one incontinent of bladder or bowel? Can you get in and out of bed without assistance (transfer)? Are you able to walk without assistance (ambulate)? Do you require a special or therapeutic diet (usually ordered by a doctor)? Does your loved one have a history of wandering or become physically or verbally combative?

Do you or your loved one have special needs?

Ask yourself: Is your loved one in a motorized wheelchair? Does your loved one have a gastric feeding tube (G-tube)? Does your loved one require bariatric care (obesity)? Nursing homes typically provide a special/therapeutic diet; however, assisted livings are not required by regulation to provide this service. Similarly, some nursing homes do not have the wide door openings, lifts, or beds required to care for morbidly obese residents. If your loved one is insulin dependent, verify that the assisted living community will manage and administer the insulin injections.

What facility is going to be the best fit for you or your loved one?

Some communities specialize in caring for a specific population, such as individuals with Alzheimer's disease or dementia, multiple sclerosis, mental illness, or brain injury. If a person has been diagnosed with Alzheimer's disease or dementia, it sometimes is necessary to place the individual in a secured assisted living residence or a secured unit in a nursing home. This is usually determined with the guidance of a physician.

How will you or your loved one pay for the long-term care needs?

Both assisted livings and nursing homes accept a variety of payment sources, including Medicaid, Medicare, long-term care insurance, and private pay. It is important to note that Medicare pays for long-term care only under specific circumstances. (See Chapter 2, "Medicare.") Medicaid assisted livings are referred to as alternative care facilities (ACF).

Step 2: Know what to look for when you visit the prospective facility.

We advise that you visit prospective facilities at least twice. The first visit should be scheduled with the admissions office. The second visit should be unannounced, perhaps in the evening. You need to know what to look for when you make your visits. Here are a few things to consider:

Is the facility clean?

Does the facility appear to be clean? Do you smell any odors? You should not smell urine in any long-term care facility. This indicates a lack of attentiveness from the staff.

Get permission to view a resident's room, bathroom, and shower.

Is the room clean, comfortable, and home-like? Do you observe personal photos, mementos, or furniture? Are the closets adequate? Will you or your loved one share a room? Is there space for toiletries and personal items? Does the bathroom have grab bars and an easily accessible shower?

Do the residents have privacy?

Is there access to a telephone in a private area? Is there space to meet with family and friends?

Can you easily find posted instructions on how to contact the local ombudsman, the county health department, adult protection services, and the Medicaid office (if applicable)?

Step 3: Observe and talk with residents and staff members.

Are the residents clean and well groomed?

Are the residents up and active during the day?

Are residents engaged in activities and interacting with one another? Ask to see the activities scheduled for the month. Pay attention to the number of activities that are offered during the weekends. Residents often comment that there is not enough to keep them busy over the weekend.

How is transportation provided?

Does the facility provide transportation to and from medical appointments? Does the facility provide transportation to outside activities?

Visit with the residents.

Ask the residents about the care they receive. Ask if they would recommend the facility to others.

Try to visit during a meal and look at the dining area.

Does the posted menu reflect what the residents are eating? Are the residents served their meals promptly? Are staff attentive and offering residents assistance?

Observe interaction between residents and staff.

Do residents respond well to the staff members? Do staff members seem to respect and enjoy the residents? Are staff members wearing their identification badges? Ask if the nursing home or assisted living community participates in culture change principles of resident-centered care. This should be reflected in resident-staff interaction. Do staff members appear hurried or rushed? Does the nursing home appear to have adequate staffing? Nursing homes are required to post in a public place the number of Certified Nurse Aids, Licensed Practical Nurses, and Registered Nurses on duty for every shift. During your visit, verify that the posting is accurate.

How do the staff members address the residents?

Does the staff address the residents with respect? It is usually not appropriate to address adults as “honey” or “sweetie.”

Do staff members respect the residents’ privacy?

Are the staff members knocking on the resident’s door and waiting for a response before entering? Are privacy curtains pulled and/or doors closed when providing personal care to the resident?

Is water available at the residents’ bedsides?

Are cups available and can residents easily get a drink of water?

Does the staff respond promptly to requests for assistance?

A request for assistance should be responded to within a few minutes. Are call lights within the resident’s reach? Some assisted livings do not have a call light system; however, staff must respond promptly to residents’ needs.

Ask about the staff training.

How much training does each staff member receive? Who provides the training? Does the staff receive training specific to the needs of the community it serves, such as multiple sclerosis, Alzheimer’s disease or dementia, or mentally ill residents? Ask about the staff turnover rate. Ask if the facility utilizes a consistent staffing method. Consistent staffing is a scheduling practice where the same care providers work with the same residents so that the staff can anticipate the residents’ needs. If an assisted living community, ask if the staff is up to date on their CPR and first aid training.

Do the staff members acknowledge your presence?

If you are visiting without a tour guide, someone should tactfully inquire about your presence at the facility. This is an informal, yet effective, security measure.

What does the facility do to promote resident-directed care or culture change?

Do residents get up and go to bed when they want to? Are residents involved in their own care planning? Are there open dining hours? Is the facility Eden-certified?

Step 4: Become informed about the facility's management and administration.

Is the long-term care facility licensed?

If you are considering an assisted living, it is important to know if the facility is licensed. Any facility providing care to three or more unrelated adults must be licensed by the state. All nursing homes are licensed by the state and federal government. Licensing information is available on the Colorado Department of Public Health and Environment website, listed in section 21-6, "Resources."

Read the most recent state survey.

Assisted living residences and nursing homes are inspected every year. The comprehensive inspection is known as a survey and is conducted by the Colorado Department of Public Health and Environment. Facilities are required to make the survey available to residents and visitors, and it is also available online at the Colorado Department of Public Health and Environment's website (see section 21-6, "Resources"). Contact your local Ombudsman Program to help explain the facility's survey.

Is the facility locally owned or part of a large national organization?

It is useful to understand the ownership of the facility. This could reflect how responsive the facility will be to your concerns or complaints.

How long has the administrator been at the facility?

Beware of frequent changes in key administrative positions or ownership, including the administrator or executive director, director of nursing, and social worker. Contact your local ombudsman for information regarding staff changes.

Step 5: Understand the facility payment system.

Understand the daily rate.

Some assisted livings offer a "menu" of services that detail costs associated with each service provided. Other assisted living residences will assess residents and assign them a "rating" and base the cost of services on where they fall in a spectrum. For nursing homes, ask to see an itemized list of the daily charges and clarify the billing procedures for additional items such as incontinence pads, toothpaste, rubber gloves, and tissues.

What types of payments are accepted?

The most common types of payment are Medicaid, Medicare, long-term care insurance, and private pay. It is crucial to know that Medicare will cover rehabilitation only. (See Chapter 2, "Medicare.")

Can you use your own pharmacy?

Some assisted living residences will charge an extra monthly fee if the resident chooses to use a different pharmacy. This should be explained at the resident's admission. Nursing home residents have the right to purchase pharmaceuticals from the pharmacy of their choice, but they must ensure that they are delivered in a timely manner.

Step 6: Read the contract or admission agreement completely and thoroughly.

Remember: this is a binding legal document. Arbitration clauses are becoming more common in admission agreements. By signing an arbitration agreement, you are waiving your right to sue the facility if you are not satisfied with the care your loved one receives. Consult with an attorney if you have questions.

Review the facility admission policy.

It is very important to review the facility's admission criteria/policy. This policy should include what resident care a facility can and cannot accommodate. Prior to admission, the facility should conduct an admission assessment to identify the care needs of the future resident.

Understand the facility discharge policy.

Just like the admission policy, it is vital to understand the facility discharge policy. Discharge practices are regulated by state and federal regulations. This policy should explain how and why discharge notices are issued and clearly state that the notice must be in writing. Ask the question: Under what circumstances could my loved one be asked to leave?

Read and understand all facility policies and procedures.

These may include a bed-hold policy, termination clause, the type of transportation that will be provided and at what rate, therapeutic diets that are offered and at what rate, emergency protocols, and evacuation plans. Some facilities will ask relatives of potential residents to assume responsibility for expenses that are not paid in full by the resident. Before agreeing to be held financially liable, you should consult an elder law attorney.

21-4. Conclusion

Selecting a long-term care facility is a challenging process. In conjunction with the steps outlined here, the Ombudsman Program is an important resource available to assist you and your loved one in the selection process. The service is free to residents and their families. Ombudsmen help ensure the health, safety, welfare, and rights of residents living in long-term care facilities, and all complaints are kept confidential. If a problem does develop after admission, you can contact your local ombudsman for assistance and information.

21-5. Common Acronyms

AAA. Area Agency on Aging.

ACF. Alternative Care Facility.

ADL. Activities of Daily Living.

ALR. Assisted Living Residence.

CNA. Certified Nurse Aide.

DON. Director of Nursing.

LPN. Licensed Practical Nurse.

PCBH. Personal Care Boarding Home.

QMAP. Qualified Medication Administration Persons.

RN. Registered Nurse.

SNF. Skilled Nursing Facility.

21-6. Resources

Colorado Culture Change Coalition

www.coculturechange.org

State Ombudsman

Colorado State Ombudsman

Disability Law Colorado

455 Sherman St., Ste. 130

Denver, CO 80203-4403

(303) 722-0300

(800) 288-1376

<https://disabilitylawco.org/ombudsman-program-seniors>

Denver Regional Council of Governments — Area Agency on Aging (DRCOG)

Ombudsman Program for Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson counties

1290 Broadway, Ste. 100

Denver, CO 80203

(303) 455-1000

www.drcog.org

Colorado Department of Public Health and Environment (CDPHE)

Health Facilities and Emergency Medical Services Divisions
4300 Cherry Creek Dr. S.
Denver, CO 80246-1530
(303) 692-2000
(800) 866-7689
(303) 691-7700 (TDD)
health.facilities@state.co.us
www.healthfacilities.info
www.colorado.gov/cdphe

The Eden Alternative

(585) 461-3951
www.edenalt.org

The Pioneer Network

(585) 287-6436
www.pioneernetwork.net

Nursing Home Compare

www.medicare.gov/nursinghomecompare

Alzheimer's Association — Colorado Chapter

455 Sherman St., Ste. 500
Denver, CO 80203
(303) 813-1669
(800) 272-3900 (24-hour Helpline)
(866) 403-3073 (TDD)
www.alz.org/co

The National Consumer Voice for Quality Long-Term Care

1001 Connecticut Ave. NW, Ste. 632
Washington, DC 20036
(202) 332-2275
info@theconsumervoice.org
www.theconsumervoice.org

* This chapter was previously written by Ayodele Labode, J.D., M.S., and Heather M. Porreca.

Exhibit 21A.

Residents' Rights

When it becomes necessary for a person to enter a long-term care facility, it shall be the responsibility of all the staff at the facility to promote and protect the following rights of the person.

1. The right to be treated with respect and dignity.
2. The right to privacy, including communication by mail or phone.
3. The right not to be isolated or kept apart from other residents.
4. The right not to be sexually, verbally, physically, or emotionally abused, humiliated, intimidated, or punished.
5. The right to be free from neglect.
6. The right to live free from involuntary confinement or financial exploitation, and to be free from physical or chemical restraints.
7. The right to have personal possessions secured.
8. The right to voice grievances and recommend changes in policies and services.
9. The right to receive 30-days' notice of transfer or discharge, which must include reason, effective date, location, and appeal rights.
10. The right to reasonable use of the telephone.
11. The right to have visitors and the right to privacy during such visits.
12. The right to information about the rights, services, and rules, communicated in an understandable language.
13. The right to make decisions and choices regarding care and treatment in the management of personal affairs, funds, and property.
14. The right to exercise choice in attending and participating in religious activities.
15. The right to be reimbursed at an appropriate rate for work performed on the property for the benefit of the administrator, staff, or other residents in accordance with the resident's care plan.
16. The right to 30-days' written notice of changes in services provided by the facility, including, but not limited to, changes in charges for any or all services.
17. The right to have outside advocates, including members of community organizations whose purpose includes rendering assistance to the residents.

18. The right to wear clothing of the residents' choice.
19. The right to choose to participate in social activities.
20. The right to receive services in accordance with the resident agreement and care plan.

Exhibit 21B.
Assisted Living and Nursing Home Checklist

Step 1: Identify your needs or the needs of your loved one.

- How old are you or your loved one?
- What size facility is appropriate for you or your loved one?
- What geographical area would you or your loved one prefer?
- What level of care do you or your loved one require?
- Do you or your loved one have special needs?
- What facility is going to be the best fit for you or your loved one?
- How will you or your loved one pay for the long-term care needs?

Step 2: Know what to look for when you visit the prospective facility.

- Is the facility clean?
- Get permission to view a resident's room, bathroom, and shower.
- Do the residents have privacy?
- Can you easily find posted instructions on how to contact the local ombudsman, the county health department, the adult protection services, and the Medicaid office (if applicable)?

Step 3: Observe and talk with residents and staff members.

- Are the residents clean and well groomed?
- Are the residents up and active during the day?
- How is transportation provided?
- Visit with the residents.
- Try to visit during a meal and look at the dining area.
- Observe interaction between residents and staff.
- How do the staff members address the residents?
- Do staff members respect the residents' privacy?
- Is water available at the residents' bedside?
- Does staff respond promptly to requests for assistance?
- Ask about staff training.
- Do the staff members acknowledge your presence?
- Does the facility promote resident-centered care or culture change?

Step 4: Become informed about the facility's management and administration.

- Is the long-term care facility licensed?
- Read the most recent state survey.
- Is the facility locally owned or part of a large national organization?
- How long has the administrator been at the facility?

Step 5: Understand the facility payment system.

- Understand the daily rate.
- What types of payments are accepted?
- Can you use your own pharmacy?

Step 6: Read the contract or admission agreement completely and thoroughly.

- Review the facility admission policy.
- Understand the facility discharge policy.
- Read and understand all facility policies and procedures.

Exhibit 21C. Colorado Area Agencies on Aging Regions

COLORADO AREA AGENCIES ON AGING REGIONS

**1 Robert (Bob) Held, AAA Director
Single Entry Point (SEP)**

Northeastern Colorado Association of Local Governments
231 Main Street, Suite 211
Fort Morgan, CO 80701
Phone: 970.867.9409
Fax: 970.867.9053
Email: rbheld@necalg.com
Website: www.NortheasternColorado.com
Northeastern Region
Counties: Logan, Morgan, Phillips, Sedgwick, Washington, Yuma

2-A Lynda Meyer, AAA Director

Larimer County Office on Aging
Larimer County Human Services
2601 Midpoint, Suite 112
Fort Collins, CO 80524
Phone: 970.498.7750
Fax: 970.498.7605
Email: meyerle@co.larimer.co.us
Website: www.larimer.org/seniors
Northeastern Region
Counties: Larimer

**2-B Eva Jewell, AAA Director
Single Entry Point (SEP)**

Weld County Area Agency On Aging
P.O. Box 1805
315 C. N. 11th Ave.
Greeley, CO 80631
Phone: 970.346.6950
Fax: 970.346.6951
Email: EJewell@co.weld.co.us
Website: www.co.weld.co.us
Northeastern Region
Counties: Weld

3-A Jayla Sanchez-Warren, AAA Director

DRCOG Area Agency on Aging
1290 Broadway, Suite 700
Denver, CO 80203
Phone: 303.455.1000
Fax: 303.480.6790
Email: jswarren@drcog.org
Website: www.drcog.org
Northeastern Region
Counties: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson

3-B Sherry Leach, AAA Director

Boulder County Area Agency on Aging
P. O. Box 471
3482 North Broadway
Boulder, CO 80306
Phone: 303.441.3570
Fax: 303.441.4550
Email: bcaaaa@bouldercounty.org
Website: www.bouldercountyaging.org
Northeastern Region
Counties: Boulder

4 Joe Urban, AAA Director

PPACG Area Agency on Aging
15 South 7th Street
Colorado Springs, CO 80905
Phone: 719.471.2096
Fax: 719.471.1226
Email: jurban@ppacg.org
Website: www.ppacg.org
Southern Region
Counties: El Paso, Park, Teller

5 Terry Baylie, AAA Director

East Central Council of Governments
P. O. Box 28
128 Colorado Avenue
Stratton, CO 80836
Phone: 719.348.5562, ext. 5
Fax: 719.348.5887
Email: tbaylie@prairiedevelopment.com
Website: ecaaa.tripod.com
Northeastern Region
Counties: Cheyenne, Elbert, Kit Carson, Lincoln

**6 Melody Dowell, AAA Director
Single Entry Point (SEP)**

Lower Arkansas Valley Area Agency on Aging
P.O. Box 494
13 West Third St Room 110
La Junta, CO 81050
Phone: 719.383.3166
Fax: 719.383.4607
Email: melody.dowell@state.co.us
Website: www.oterogov.com
Southern Region
Counties: Baca, Bent, Crowley, Kiowa, Otero, Prowers

7 Mike Espinosa, Program Coord.

Pueblo Area Agency on Aging
Southern Region
2631 E. 4th Street
Pueblo, CO 81001
Phone: 719.583.6120
Fax: 719.583.6323
Email: espinosam@co.pueblo.co.us
Website: www.co.pueblo.co.us
Southern Region
Counties: Pueblo

8 Frances Valdez, AAA Director

South-Central Colorado Seniors, Inc.
P.O. Box 639
1116 3rd Street
Alamosa, CO 81101
Phone: 719.589.4511
Fax: 719.589.2343
Email: francesv@qwestoffice.net
Website: No website
Southern Region
Counties: Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache

9 Christina Knoell, AAA Director

San Juan Basin Area Agency on Aging
P.O. Box 5456 (451 Hot Springs Blvd.)
Pagosa Springs, CO 81147 – Western Region
Phone: 970.264.0501
Fax: 1.888.290.3566
Email: christinaknoell@sjbaaa.org
Website: www.sjbaaa.org
Counties: Archuleta, Dolores, LaPlata, Montezuma, San Juan

10 Eva Veitch, AAA Director

Region 10 League for Economic Assistance & Planning
300 N. Cascade Ave., Suite #1
Montrose, CO 81401 – Western Region
Phone: 970.249.2436
Fax: 970.249.2488
Email: eveitch@region10.net
Website: www.region10.net
Counties: Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel

11 Dave Norman, AAA Director

Associated Governments of Northwest Colorado
P.O. Box 20000-5035
510 29 1/2 Road
Grand Junction, CO 81502 – Western Region
Phone: 970.248.2717
Fax: 970.248.2702 or 970.248.2849/2883
Email: dave.norman@mesacounty.us
Website: <http://humanservices.mesacounty.us/AdultServices/teplate.aspx?id=168>
Counties: Garfield, Mesa, Moffat, Rio Blanco, Routt

12 Erin Fisher, AAA Director

Northwest Colorado Council of Governments
Alpine Area Agency on Aging
P.O. Box 2308, 249 Warren Ave.
Silverthorne, CO 80498 – Western Region
Phone: 970.468.0295
Fax: 970.468.1208
Email: aaa12@nwccog.org
Website: www.nwccog.org
Counties: Eagle, Grand, Jackson, Pitkin, Summit

13 Steve Holland, AAA Director

Upper Arkansas AAA – Southern Region
139 East 3rd Street
Salida, CO 81201-2612 – Southern Region
Phone: 719.539.3341
Fax: 719.539.7431
Email: stephen.holland@uaacog.com
Website: www.upperarkansasareaaagencyonaging.org
Counties: Chaffee, Custer, Fremont, Lake

14 Veronica Maes, AAA Director

Huerfano/Las Animas Area Council of Governments
d/b/a South Central Council of Governments AAA
300 South Bonaventure Avenue
Trinidad, CO 81082 – Southern Region
Phone: 719.845.1133
Fax: 719.845.1130
Email: vmaes@sccog.net
Website: www.sccog.net
Counties: Huerfano, Las Animas

SUA STAFF CONTACT LIST

TODD COFFEY 303.866.2750	LEIGHANNA KONETSKI 303.866.3056
MARY DWYER 303.866.2768	BURGI RUFFATTI 303.866.3635
ROCHELLE HAYES 303.866.2845	PEGGY SPAULDING 303.866.2867
AUDREY KREBS 303.866.2846	CANDISE WINDER 303.866.2651

FOR PUBLIC DISTRIBUTION USE ONLY - REVISED 12/02/15

