No medical model for Green House homes

More flexible schedules may make residents healthier, happier

By MIKE COSTANZA

ew residences designed to give senior citizens alternatives to traditional nursing homes are being built in Rochester.

Meant to be the antithesis of nursing homes, Green House long-term care facilities accommodate no more than a dozen residents in home-like surroundings designed around kitchen and living areas.

"It would be very much like you’re living in your own house," said Rebecca Priest, administrator of skilled services for St. John’s Home, a Rochester senior services provider.

St. John’s Home opened two Green House residences in Penfield in early 2011.

The presence of the 10-bed homes could reflect a significant shift in the way the Rochester area’s seniors receive skilled nursing care, especially in the future. Jewish Senior Life, for example, plans to break ground on another 14 Green House residences in 2015.

Skilled nursing facilities provide medical treatment, meals and other residential care to those who are unable to live independently.

“They need 24-hour nursing support and help with activities of daily living,” explained Priest, whose non-profit provides a total of 475 skilled nursing beds in the Rochester area.

Daily activities include bathing, eating and other basic tasks that most of us perform regularly without assistance. Traditional residential facilities, which make up the vast majority of those that serve seniors in the United States, generally follow the medical model of care.

“The medical model is kind of like a hospital,” said Daniel Katz, CEO of Jewish Senior Life.

Local facilities generally reflect that model. As in many hospitals, rooms often lie along corridors that lead to nursing stations.

Staff members, who are segregated by function, treat, cook for, feed and arrange social functions for residents or care for them in other ways. The seniors who live in these facilities often share rooms with others and eat, socialize or engage in other activities when they want to.

“People rise when they want to, go to bed when they want to, eat when they want to,” Perna explained. “Elders can actually participate in activities that are personally meaningful to them, that create real purpose in their lives.”

A Green House home provides the same services to its residents as a traditional skilled nursing facility, including medical dining areas. Residents can join together to prepare meals, socialize or engage in other activities when they want to.

HSE attorneys Ross Lanzafame and Rich Yarmel.

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St. John’s had hoped to build additional Green House residences but was stymied by the Centers for Medicare & Medicaid Services. The federal agency recently ruled that the non-profit would need a separate license and a full complement of administrators for each new home it built. It had already secured town and state approvals to build a 20-bed skilled nursing residence in Henrietta and was completing site work on the six-acre parcel.

The amount of legal and administrative costs that are required ... makes it impossible for this organization to pursue more community-based Green Houses,” Priest said.

The roadblock still belongs to the senior services provider in the long run. “This is a less costly labor model than traditional homes,” Priest said of St. John’s Green House homes. “Even those beds in Penfield are set at about a 2 percent less margin in variable costs than our traditional homes.”

While the CMS ruling sets back the Green House plans, it will not kill long-term care facilities from converting their new homes. “We … try to work through the issues that may come with them,” D’Andrea said. "We have programs that could offer them support, if they're getting to the point where they're feeling burned out."

These kinds of steps appear to be working for local non-profits and businesses. Home aide relief and turnover at VNS, for example, is 27 percent, Burgen said. By contrast, a 2007 study by the non-profit Community Health Services Foundation showed HHA turnover rates in the United States of up to 49 percent. Agencies that care for seniors recognize that more must be done to ensure enough direct-care staff to do the job today and in the future.

“As a community, we need to do a better job of promoting these types of careers and to show that there are career ladders for these types of workers,” Kettell said. Mike Costanzo is a Rochester-area freelance writer.