A $100 million project designed to remake Jewish Senior Life’s Brighton campus will radically shift the focus of the long-term care and senior housing organization, its chief executive says.

Fourteen new Green House long-term care residences, each designed to house a dozen residents, will stand at the heart of Jewish Senior Life’s self-reinvention, CEO Daniel Katz said.

Scheduled to begin rising on Jewish Senior Life’s 75-acre campus in the second half of 2015, the Green House residences will largely replace the organization’s current nursing home, a 30-year-old, 362-bed high-rise known as the tower.

Jewish Senior Life hopes to raise $25 million to augment borrowing to finance the project. It has raised $14.5 million in a quiet phase of a capital campaign and hopes to amass $19 million to $20 million before it kicks off a public drive, Katz said.

Founded in 1920, Jewish Senior Life employs 1,032 full- and part-time staffers, ranking 28th on the 2014 RBJ 75 list of the region’s largest employers. Its annual revenues exceed $55 million.

The Green House initiative is part of a reorganization and refocusing of Jewish Senior Life’s services that has been in the works for a decade, Katz said.

Guided by research that showed a need for community-based services, the organization has concentrated on keeping elders out of nursing homes.

As part of the community-based thrust, Jewish Senior Life plans to reduce the number of beds for long-term care by 28 and convert some tower beds currently housing skilled nursing residents to short-term transitional care.

Community-based programs it has developed or expanded over the past decade include a home-care service, a licensed adult day care program, a handyman service for elderly homeowners and a house calls program that sends Jewish Senior Life’s staff geriatrician to elderly patients’ homes on a regular basis.

The Green House initiative is not strictly a home-based program. By aiming to make the organization’s residential skilled nursing facilities more home-like, however, it fits into the community-based services drive, Katz said.

Meant in many ways 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.

By contrast, Jewish Senior Life’s high-rise nursing home—like most 20th-century skilled nursing facilities—was conceived and built to conform to a medical model of long-term care, Katz said.

Green House facilities follow principles laid out by William Thomas M.D., an Ithaca geriatrician whose ideas gave birth to the Eden Alternative and Green House movements.

Appalled by stifling conditions in nursing homes where he worked as a young doctor, Thomas spent several decades pro-
moting the idea that elders in skilled nurs-
ing facilities who are given a degree of autonomy are happier and stay healthier than those treated like hospital patients and made to adhere to rigid schedules arranged for the convenience of the staff.

Two non-profits, the Brighton-based Eden Alternative and the Virginia-based Green House Project, promote Thomas’ ideas.

Both provide staff training and support to nursing homes. The Green House Project also guides nursing home organizations through Green House construction projects, providing financing and design advice and other support.

While the Green House initiative is an important construction project for Jewish Senior Life, Katz said, “the real focus (is) a transformation of the way we deliver care.”

To encourage the organization’s culture change from a medical model to the Eden Alternative, Jewish Senior Life staff members have been working with Green House Project trainers for some months.

In the medical model of skilled nursing care, rules and defined procedures ensure that a facility’s services run smoothly but often dishearten fragile residents, Katz said. Residents all eat at the same time, for example.

In Green House residences, elders have more control over their meal choices, can eat when they want to and sometimes can help in meal or snack preparation. They are similarly allowed leeway in structuring and directing their own daily activities.

In the Green House/Eden Alternative model, Katz said, residents “do what they want when they want it” as much as possible.

All Green House unit staffers will at minimum have certified nursing assistant credentials, and all will be cross-trained to do every job. As much as possible, they will be assigned to work in individual Green Houses, attending to the same residents. Also planned is a significant increase in the staff-to-resident ratio—two-thirds more than the current level.

Attitude is more important than sheer
numbers and as important as certification, Katz said. The “person-centered” Green House/Eden Alternative model is not for everyone.

“Some CNAs are more regimented, more tied to routines,” he said. “To work in a Green House environment, they should be more independent and flexible.”

Certified nursing assistants are more highly paid than the aides usually responsible for most of the direct contact with and care given to elders in nursing homes, Katz said. But the higher cost of hiring additional direct caregivers and paying them more would be offset by having Green House CNAs take care of housekeeping chores, eliminating the need for a separate housekeeping staff.

“We are very excited about the Jewish Senior Life development,” said Susan Frazier, vice president of operations for the Green House Project.

At its anticipated completion in 2016, Jewish Senior Life’s Green House initiative will join 162 Green House Project-certified long-term care facilities operating in 31 states.

Other facilities such as Rochester Regional Health System’s Wegman Family Cottages are built close to Green House Project specifications and espouse similar philosophies but are not officially affiliated with the Green House or Eden Alternative organizations.

Protocols for dealing with dementia patients that follow ideas mapped out by the British social psychologist Thomas Kitwood in many ways match Thomas’ ideas and are being applied at a number of U.S. nursing homes, Eden Alternative CEO Christopher Perna said.

Such facilities currently account for a tiny fraction of more than 15,000 officially certified U.S. nursing homes that were counted by the Kaiser Family Foundation as of 2011. But more are coming.

The Green House Project is working with nursing home operators around the country to develop some 100 new Green Houses.

Calling the Green House model “a revolution in long-term care,” the Robert Wood Johnson Foundation gave the decade-old movement a push with the award in 2005 of a $10 million, five-year grant.

In 2012, the foundation, which focuses on health care, awarded the Green House Project an additional $3 million in a grant set to run through 2016.

The foundation also has given grants totaling $2.1 million to several organizations to fund studies evaluating the Green House model’s effectiveness. Studies done so far have found that Green Houses make for healthier and happier residents and cut job stress for front-line caregivers.

Currently, 18 certified Green House nursing homes operate in New York—two run by St. John’s Home in Rochester and 16 run by Northeast Health in Cohoes. Manhattan-based Jewish Home Lifecare plans 24 New York City Green House residences and two in Westchester County.

As reported by the Rochester Business Journal last month, St. John’s Home has been stymied in a plan to build eight more Green Houses in Rochester suburbs. The Centers for Medicare and Medicaid Services has refused to let it put the satellite long-term care facilities under the same license as its Rochester facility, which has more than 400 beds.

Because Jewish Senior Life’s Green Houses will rise on its main campus, they will automatically come under the organization’s Medicare license, Katz said.

But a number of skilled nursing facilities around the country hoping to mount Green House developments are, like St. John’s Home, blocked by current CMS policy, Frazier said.

As the movement takes root, she and Perna said, public demand is likely to persuade the agency, which controls a majority of U.S. nursing home payments, to re-examine that policy.

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