

# Manor Park mulling change in care model

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Calling it a “moral imperative,” Manor Park Executive Director Alan Hale says the nonprofit continuing care facility is looking toward newer models of care for nursing home residents.

One possibility Hale and his 21 board members are leaning toward is called household, which as the name implies, offers residents a more home-like environment as opposed to the current medical model — four wings with a nurses’ station in the center and often semi-private rooms.

Households would have 10-20 residents tops, a living room with a fireplace, resident kitchen and even a garage in front for curb appeal, Hale said, adding the board should make a decision on its direction by September.

Manor Park will use Topeka, Kan.-based consultants Aging Research Institute to get financial projections and help determine if Manor Park should remodel current facilities or build new ones. Aging Research Institute has worked with Manor Park for many years, Hale said.

Hale recently took seven of 21 board members to Manhattan, Kan., to visit Meadowlark Hills Retirement Community, which has been operating households for 10 years. “Households are a much-improved version of nursing homes that reduces the size of the nursing homes to an average of 100 beds to a much smaller home of between 10 and 20 beds,” he said. “The whole point is to make the home feel like the house they once lived in.”

“The physical environment influences the visitor, the worker and the resident,” Hale said.

The second difference between nursing homes and households is the operating culture.

Residents are made the center of activity and feel like they have purpose and value. Staff is trained to be “empowered and led by their own elected leader,” and to be responsive to residents, Hale said.

“You don’t have to call the director of nurses to do something,” he added.

The board saw two versions of a household — one a remodel of an older nursing home and one that has operated for a year. Four different board members went to different household models in Kansas in July 2008, so 11 have seen it firsthand, Hale said.

Along with Meadowlark Hills, Manor Park officials have been to Parkside Homes in Hillsboro, Kan., Asbury Homes in Newton, Kan., and The Cedars in McPherson, Kan.

“Households are relatively unheard of in Texas,” he said. “There is an alternative version called greenhouses that generally follow the same concept, except for the number of residents in the home. Greenhouses are limited to 10 residents. Households are anywhere from 10-20 residents,” Hale said.

“As a rule, larger homes with 15-20 residents can operate more efficiently as to labor expenses,” he said. “It is critically important that the provider be able to afford the new culture.”

Board member Steve Castle said the panel has been looking at different sites of home for two years. “We want to look at what’s going on in other places and make it less institutional,” he said.

Kansas Association of Homes and Services for the Aging President and CEO Debra Zehr said household nursing homes started in her state about six years ago. Out of 320 facilities, seven or eight have built free-standing households.

In Kansas, many buildings were built in the 1960s or 70s, but Zehr said that doesn’t mean they can’t move forward with the concept of person-centered care. But the transition can be difficult.

“Old habits die hard and it’s a process. It’s not just one day. It takes work, time and attitude (changes). Those who have put in work and continue to do the work have found it rewarding, not just for residents, but staff. Turnover goes down. It’s more holistic. They’re doing the kind of thing they wanted to do, which is make a difference in the lives of people in a more full way,” Zehr said.

Director of Long-term Care/Administrator of Livingston County Center for Nursing and Rehabilitation Frank Bassett made the conversion from traditional nursing home to household about five years ago. The facility had two separate 184- and 130- bed nursing homes.

Livingston County began its master planning process in spring 1998. After 20 months, officials decided to close the two nursing homes and start anew. The new-look Livingston County Center for Nursing and Rehabilitation opened Dec. 3, 2005.

“Our model synthesizes the best of what we saw (from other facilities),” Bassett said. “If you draw an “X” on a sheet of paper and transect it from top to bottom, you have the design of our neighborhoods. Each leg is a 12-bed family unit. The central line is the main street. Each half of that “X” is what we call a household.

“Within that household, there are 24 residents comprising two 12-bed family units. At the center of the (X) is a dining room and household kitchen. The furthest distance any resident has to travel to a social or dining space is at most 60 feet,” Bassett said.

Residents have Internet access and there is a sitting room within the living room that allows family to visit outside resident rooms. Nursing stations were eliminated, the dining room was set up with a fully functioning independent kitchen with steam wells built into the counters. Meals are served family style and there are “alternate” dining experiences for residents such as sandwiches and scrambled eggs done to order. “That’s not done every day, but often enough so residents experience normalcy,” Bassett said.

Residents are also empowered through neighborhood councils, a food committee in every neighborhood where they talk about the dining experience, things they enjoy and things they would like to improve, Bassett said.

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