9th Annual Forum on Post-Acute, Long-Term Care, and Assisted Living Facilities

Program Handouts

Thursday, June 12, 2025

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9th Annual Forum On Post-Acute, LTC & ALF

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The Program

7:00 AM — **REGISTRATION OPENS**

7:30 AM – 8:25 AM — **BREAKFAST PRODUCT THEATER, SPONSORED BY SK LIFE SCIENCE**

Xcopri in Long-Term Care
Tariq Gheith, MD
Epileptologist

08:30 AM – 9:30 AM — ***Quick & Easy Wins to Help Your Bottom Line***

Thomas Annarella, BS, LNHA
Valley Hi Nursing & Rehabilitation, Administrator

9:30 AM – 10:30 AM — ***Panel Discussion: Your Biggest Risks & How to Address Them***

Thomas Annarella, BS, LNHA
Valley Hi Nursing & Rehabilitation, Administrator

Lorena Amarillo BA, CDP, DCS
Montclair Senior Living, Executive Director

Brian Kramer, MBA, RPh (Moderator)
Forum Extended Care Services, President

10:30 AM - 11:00 AM — **BREAK / VENDOR EXHIBITS**

11:00 AM – 12:00 PM — ***Civility in the Workplace During Turbulent Times***

Bette Lawrence-Water, MS, CPC
Spectrum Strategic Solutions,
Principal Consultant

12:00 PM – 12:55 PM — **LUNCH PRODUCT THEATER, SPONSORED BY LUNDBECK**

Clinical Perspectives: The First and Only FDA-Approved Treatment of Agitation Associated with Dementia due to Alzheimer's Disease
Jarret Helstern,
APRN

1:00 PM – 2:00 PM — ***How Can I Be Prepared for Emergencies?***

Lorena Amarillo, BA, CDP, DCS
Montclair Senior Living, Executive Director

2:00 PM – 3:00 PM — ***Cover Your Care: Keep Yourself & Your Facility Out of Trouble***

Meredith Duncan, BS, JD
Polsinelli, Attorney

3:00 PM – 3:30 PM — **BREAK / VENDOR EXHIBITS**

3:30 PM – 4:30 PM — ***Unified Leadership Mindset: Transforming Challenges into Opportunities***

Margaret van Steenderen, BA, MBA
Lead Development Coach, SLGM LLC

4:30 PM — **CLOSING REMARKS, DISTRIBUTION OF C.E. LINK, RAFFLE DRAWING & ADJOURNMENT**

Course Descriptions & Learning Objectives

Quick & Easy Wins to Help Your Bottom Line
Speaker: Thomas Annarella, BS, LNHA

Course Description:

Key topics for this session include understanding easy ways to positively impact the balance sheet. Participants will learn how to use a multi-departmental approach and identify easy "wins" in areas that can be easily overlooked. Perhaps just as importantly, attendees will learn to determine how some short-term wins can negatively impact the bottom line in the long run.

Learning Objectives:

- Identify key areas that impact the bottom line without sacrificing quality and staffing.
- Gain understanding of which initiatives should be avoided because they may save in the short-term but have long-term negative impacts to the community.
- Utilize strategic leadership and peer influencing for community change.

Panel Discussion: Your Biggest Risks & How to Address Them
Speakers: Thomas Annarella, BS, LNHA; Lorena Amarillo, BA, CDP, DCS; Brian Kramer, MBA, RPh (Moderator)

Course Description:

Experienced leaders share their perspectives on the most pressing risks facing their sectors today—and the innovative strategies they're using to mitigate them. Panelists include skilled nursing and assisted living veterans with unique insight into the challenges faced by long-term care and senior living. This course is designed to foster dialogue, spark new ideas, and equip providers with actionable insights to strengthen their operations and safeguard the well-being of those they serve.

Learning Objectives:

- Identify at least three key risk areas currently impacting different long-term care settings, including skilled nursing, assisted living, and group home environments.
- Describe specific risk mitigation strategies implemented by panelists in their respective organizations.
- Engage in critical reflection on their organization's current risk profile and consider new strategies for improvement.

Course Descriptions & Learning Objectives

Civility in the Workplace During Turbulent Times
Speaker: Betty Lawrence-Water, MS, CPC

Course Description:

Though a 50-minute training presentation on workplace manners and courtesy may seem like overkill, the reality is: rudeness in the U.S is an epidemic costing the industry millions a year. Demonstrating why our society advances in knowledge and technology, it loses basic social values affecting the bottom line.

Learning Objectives:

- Identify and distinguish between civil and uncivil behaviors in workplace settings, and how these behaviors can manifest during high stress workplace situations
- Demonstrate effective communication techniques that promote civility, constructive feedback, and conflict de-escalation through active listening, understanding, and the role of forgiveness
- Techniques for applying soft skills and enhancing interactions and relationships with others

How Can I Be Prepared for Emergencies?
Speaker: Lorena Amarillo, BA, DCP, DCS

Course Description:

Key topics include understanding different types of emergencies, knowing your specific role in a crisis, and staying informed about emergency protocols and communication systems within your facility. Personal preparedness, such as having a plan for family communication and maintaining access to emergency supplies, is just as important as knowing evacuation procedures and how to shelter in place. We'll also address the mental and emotional demands of responding to emergencies, including strategies for resilience and recovery.

Learning Objectives:

- Think G.R.E.E.N.
- Identify and describe common types of emergencies that may impact long-term care facilities and explain the corresponding facility-specific protocols and communication systems.
- Demonstrate an understanding of individual roles and responsibilities during various emergency scenarios, including personal preparedness strategies and techniques to support emotional resilience and recovery.

Course Descriptions & Learning Objectives

Cover Your Care: Keep Yourself & Your Facility Out of Trouble
Speaker: Meredith Duncan, BS, JD

Course Description:
Documentation is an important element in the delivery of quality healthcare services. However, ensuring accurate, comprehensive and timely documentation can be a challenge in the day-to-day operations of long-term care. In a litigious and ever-shifting landscape, staff face potential liability in their everyday work. Documentation can make the difference between demonstrating competence, quality, and compliance or finding yourself in hot water with lawsuits, deficiency or violations.

Learning Objectives:
- Identify how liability arises for long-term care providers.
- Utilize strategies and best practices to develop and maintain documentation to defend against liability concerns.
- Understand how your documentation can mitigate or prevent liability by using examples high risk.

Unified Leadership Mindset: Transforming Challenges into Opportunities
Speaker: Margaret van Steenderen, BA, MBA

Course Description:
You'll learn how to reframe problems, lead with clarity, and build strong, trust-based
relationships that support your team through change. We'll cover how to stay focused on what you can control, draw out new ideas from team members, and keep moving forward even when things get tough.

Learning Objectives:
- Apply strategies to reframe challenges as opportunities for team and organizational growth.
- Strengthen leadership skills through self-reflection, relationship-building, and intentional goal setting.
- Use principles of resilience and a growth mindset to work effectively during change, stress, or disruption.

Continuing Education Credits

Welcome to the 9th Annual Forum on Post-Acute, LTC & ALF. Enjoy a day of learning with quality programming, dynamic speakers, and a forum to exchange ideas, share information, and earn 6 free continuing education credits.

Nursing: This program has been approved for six hours of continuing education credit by the Illinois Board of Nursing, and approved sponsor of continuing education by the Illinois Department of Professional Regulation.

Administrators: This program has been approved for six hours of continuing education credit by the National Continuing Education Review Services (NCERS) of the National Association of Long-Term Care Administrator Boards (NAB) – Approval # 20260611-6-A113593-IN.

Get your link/QR code for CE before you leave: A QR code will be provided to attendees at the close of the event; use it to submit your CE request. Your license number and a valid email address are required.

Upon successful form submission, an email containing your PDF certificate will be sent within 24 hours to address provided. Note: if unable to locate in your inbox, please check any spam/junk folders.

Quick & Easy Wins to Help Your Bottom Line

Thomas Annarella, BS, LNHA
Valley Hi Nursing & Rehabilitation
Administrator

Thomas Annarella is the Administrator of Valley Hi Nursing and Rehab in Woodstock, IL, the McHenry County owned nursing home. Valley Hi is a 2016 Bronze National Quality Award winner and a 2023 Silver National Quality Award winner through the American Health Care Association. Thomas earned his Bachelor's degree in Health Care Administration from Southern Illinois University in 2000 and has been a licensed nursing home administrator since 2002.

He also works with Jordan Healthcare Group, a consulting firm offering a wide range of support services to long term care communities. Thomas has been active with the Illinois Health Care Association for almost 20 years and is currently, Chair of the IHCA Board and the Chair and founder of the IL Leaders Program. He also serves on the Administration and Finance Committee, Public Policy Committee, and the Legal Task Force Committee, as well as various subcommittees.

Thomas was recognized in 2015 by *Provider Magazine* as one of the year's Top 20 To Watch and graduated from the American Health Care Association's Future Leaders Program.

Agenda

- Introduction
- Current financial headwinds
- Staffing and census
- Easy wins
- Temptations to avoid
- Questions

Introduction – what is the point?

- Too many communities are having financial difficulties and the current climate shows no signs of improvement– but the problem is that most of them think census and staffing are the answer.
- That is ONLY PART of the answer – and not the easy solve either.
- In a world of chaos and constant change – what can we do?

Current financial headwinds

- We have all seen the numbers . . .
  - By 2033, demand for primary & specialty physicians will exceed supply by a range of 54,100 to 139,000 physicians – Association of American Medical Colleges 2024
  - Illinois faces an estimated shortfall of nearly 15,000 nurses by 2025 + a deficit of 6,200 physicians by 2030 – Crain's 1-2024
  - Nursing Home PT shortage is expected to grow 63% by 2027 – McKnight's LTC News 3-2025
  - 45.5% of providers say workforce challenges hinder quality of care – Skilled Nursing News 2-2025
    - 45% say they expect challenges to get worse in the coming years while rapidly rising acuity is occurring

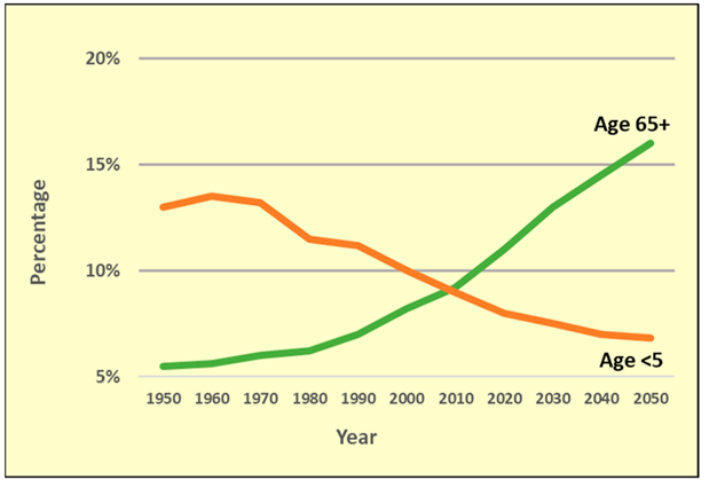
Current financial headwinds - demographics

Demographics matter – Boomers turn 61–79 this year

- ❑ Adults 65–74 currently are the largest cohort in the 65+ demographic
- ❑ Adults 75–84 are the second largest
- ❑ However; now there is an even more rapidly growing segment: 100+

- ❑ Each of these groups has different wants and needs – a challenge for healthcare providers
  - ❑ Median retirement savings for Boomers is far less than their parents, a mere $202,000 and >40% of those 55–64 years old have no retirement savings at all

- ✓ Per McKnight's 4-2025:
  - ✓ Silver Tsunami – Americas 85+ will increase by more than 553,000
  - ✓ Caregiving Americans age 45 to 64 will decline more than 539,000



Staffing and census

- Does the perfect balance exist?
  - Case mix
  - Staffing levels
    - 5-star
    - IL staffing minimums
    - Fed staffing rule

- Do you know your numbers?
- Is your PBJ reporting timely and accurate?

Easy wins – control the controllables

- **Beyond staffing and census, there is a lot community leaders can do to positively impact the bottom line:**
  - Contract management
  - Supply management
  - Labor management / scheduling
  - Leveraging your EMR
    - PDPM revenue tools
  - Technology management = time management
  - Incentive management (Medicaid)
  - Business Office management

Easy wins – contract management

- Two types of contracts to have control over
  - Business / commodities
  - Managed care / third-party payors

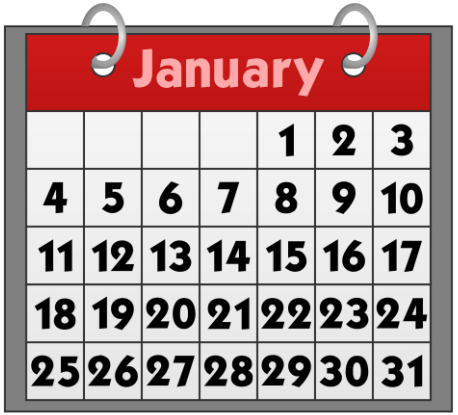
- Both have unique challenges
- Think win/win
- Know your metrics inside and out
- Know when it’s time for a check-in / re-negotiate
- Lifetime contracts are killers
- Are you in the “best pricing book”?

Easy wins – supply management

- Who manages the supply process:
  - Inventory
  - Ordering
  - Supply delivery
  - Supply cost capturing (all inclusive rates?)
- A lot of supplies are lost to:
  - Expiration
  - Non-use / changes
  - Not properly tracking
  - Theft
- **Supply management needs to be viewed strategically / globally**

Easy wins – labor management & scheduling

- Who controls the schedules in your communities?
  - Centralized vs decentralized
  - Digital vs Excel
- How much money is lost to poor schedule management?
  - Extra time / staying late
  - Call-offs being replaced at a premium
  - Agency being first call
  - Staff not willing to work down (when they are “short” but not below minimums)
  - Trades affecting OT
  - Employees making changes that benefit them and not the team / community



Easy wins – leveraging your EMR

- How much do communities really leverage their EMRs?
  - VERY LITTLE

- Data analytics and now even predictive analytics
- PDPM tools
  - Are you capturing all potential revenue?

- Equipment integrations can create efficiencies and eliminate transcription errors, as well as allow for real-time patient care

Easy wins – technology management

- How old are your systems and equipment? Are you losing efficiencies?
- Growth of AI
  - Data-based
  - Chatbots
  - Chat GPT
  - Server / Sweeper / Mopper bots and other robotics
  - AI based treatments and therapies
- AI is not going to take your job; but someone who knows how to leverage it will

Easy wins – incentive management (Medicaid)

- For Medicaid providers, there is an opportunity to affect your rate, but you have to be proactive
  - Quality incentive payment
  - CNA Tenure incentive payment

- County Nursing Homes – CEA rate
  - Cost-based reimbursement, your cost reports matter

Easy wins – business office management

- Revenue cycles
- Billing
- Collections
- Data accuracy
- Early and often communication with families
  - Private pay expectations
  - Medicaid application follow-up (includes annual recerts)
  - Medicaid patient liability collection

Temptations to avoid

- Every organization, when faced with bottom line concerns, looks to make cuts – beware, what may seem like an easy win can have *significant* negative impacts down the road:
  - Quality
  - Reimbursement
  - Regulatory
  - Organizational health
  - Etc.

Temptations to avoid

- It is far too easy to cut things now that hurt you later:
  - Support staffing
  - Training budgets
    - Usually first to go and the first impacts seen down the road
  - Leadership / team building events
    - Leadership is an art – it must be intentional
  - Food and supply quality
    - More than 25% of Nursing Homes Slash Food Spending Below $10 / Day – McKnight's 4-30-2025 (looked at over 10,000 cost reports)
      - Some operators spending as little as $4 - $6 ppd (nutritionally inadequate, unappetizing, or inedible)
      - 50% of all nursing homes in the US sped less than $12.03 ppd
      - Food-related citations have tripled since 2021
  - Building maintenance and equipment replacement (deferred maintenance)
  - Special events

Temptations to avoid – focus on training & leadership development

- The first to get cut – the biggest impact on the bottom line both ways!
  - Quick savings
  - Long-term loss of quality team members
  - Long-term organizational health impacts
  - Long-term quality impacts
  - Turnover / burnout of good leaders
    - Why do DONs leave?
    - What about Administrators?
  - Survey cycles / CMPs
- IT CANNOT BE STATED MORE CLEARLY – INTENTIONAL LEADERSHIP & STAFF TRAINING IS ESSENTIAL TO SUCCESS AND SHOULD NOT BE CUT UNLESS THERE IS NO OTHER OPTION LEFT

Closing thoughts

- The bottom line needs to be managed at all times or it will manage you
- Control the controllables
- Know your contracts
- Vendor relationships matter (win / win)
- Be strategic, a scalpel is always better than a hand grenade
- Regulatory compliance IS a bottom-line item
- There is not a better way to control costs than to manage risk – but that would not fall under the “quick and easy” wins

Closing

- Thoughts? Questions?
- Don’t forget Leadership, Accountability, and Presence

Panel Discussion: Your Biggest Risks and How to Address Them

Thomas Annarella, BS, LNHA
Valley Hi Nursing & Rehabilitation
Administrator

Lorena Amarillo, BA, CDP, DCS
Montclair Senior Living
Executive Director

Moderator: **Brian Kramer MBA, RPh**
Forum Extended Care Services, President & CIO

Learning objectives

- Identify at least three key risk areas currently impacting different long-term care settings, including skilled nursing, assisted living and group home environments.
- Describe specific risk mitigation strategies implemented by panelists in their respective organizations.
- Engage in critic al reflection on their organization’s current risk profile and consider new strategies for improvement.

Staffing Shortages

- How are you dealing with short-staffed shifts?

- Are there any new or different methods you're using to address shortages or staff retention?

Resident Safety

- What is the most common health / safety risk you see in LTC residents today?

- How are you alleviating these risks, particularly when residents are elderly, developmentally disabled, or have cognitive impairment?

Regulatory Compliance

- What is your biggest regulatory concern right now?

- What protocols have you put in place to reduce your exposure?

Reputational Risk

- What do you see as the biggest risk to your facility's reputation?

- What changes have you implemented as a result?

Summary

- How do you identify your priorities in identifying and mitigating risk for your facility?

Any additional questions?

Thank you!

Civility in the Workplace During Turbulent Times

Bette Lawrence-Water, MS, CPC
Spectrum Strategic Solutions
Principal Consultant

Bette Lawrence-Water is an adjunct Master of Public Health Lecturer at Benedictine University in Lisle, where she teaches courses in Leadership, Cultural Competency, and other subjects. With over 25 years of experience as a nonprofit leader, Bette has spearheaded global, national, and regional initiatives to enhance health disparities and community health.

As the Past President of the AIM Center for Independent Living, Inc, in Illinois, she has made significant contributions to improving health outcomes. Bette serves on numerous boards and councils and has been recognized by prestigious organizations such as the American Heart Association and Johns Hopkins University Delta Omega Public Health Honor Society.

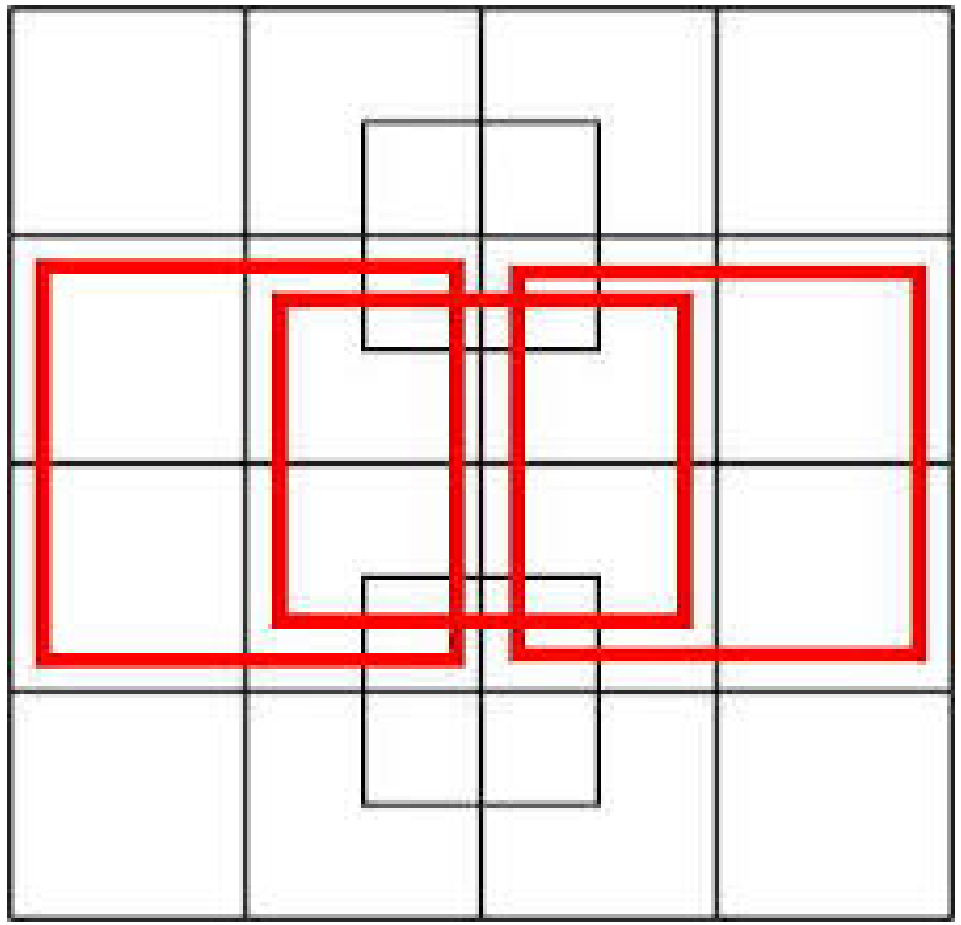
She is passionate about "paying it forward" and has initiated community health projects in Ghana, Asia, and other regions. Bette is a founding member of the Our Lady Maternal Health Care Foundation Health Center, which aims to reduce death and illness rates caused by racial disparities. She holds a Master of Science degree in Leadership from National-Louis University and has certifications in Coaching, Conflict Management, and Workplace Bullying.

Civility in the Workplace: Creating a Respectful and Productive Work Environment

Presenter: Bette Lawrence-Water, MS, CPC
Principal Consultant, Spectrum Strategic Solutions
MPH Lecturer – Benedictine University

June 12, 2025

How many boxes?



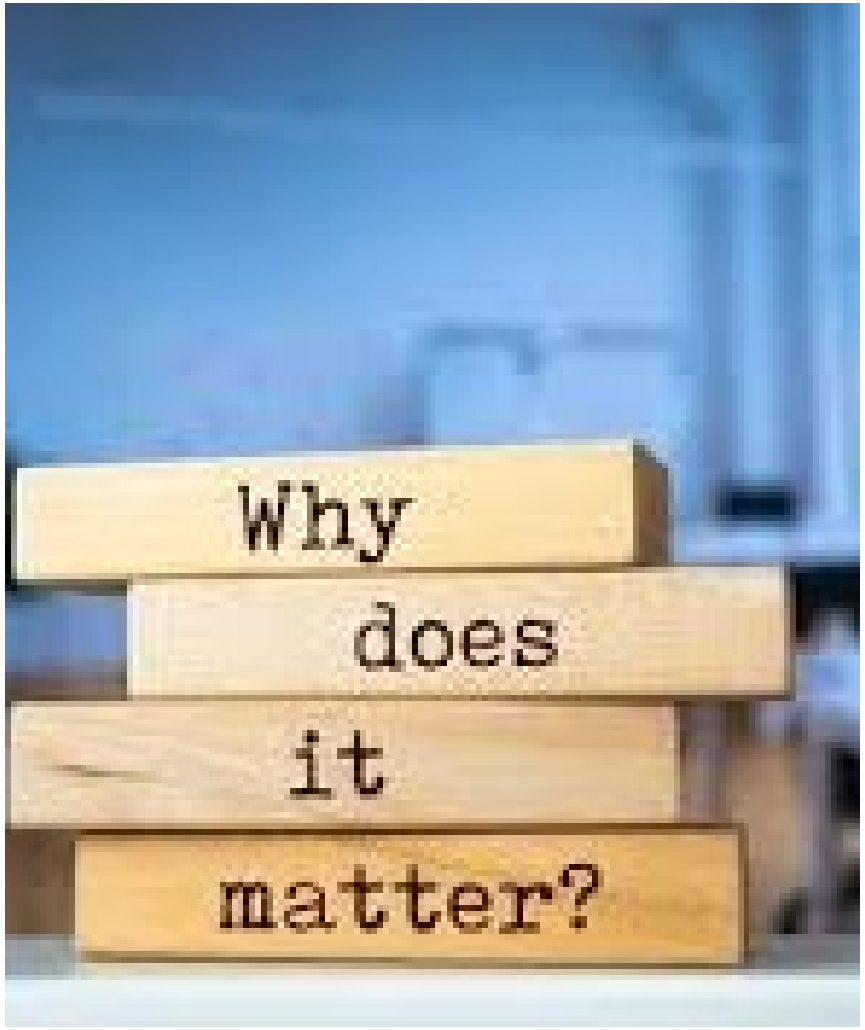
Today's Objectives

Introduction to Civility

- **Definition:** Civility is behavior that is respectful, considerate, and polite.
- **Importance:** Sets the foundation for a positive workplace culture.

Why Civility Matters

- **Workplace Harmony:** Reduces conflicts and misunderstandings.
- **Employee Engagement:** Increases motivation and job satisfaction.
- **Company Reputation:** Enhances public image and attracts talent.



Typical Causes of Incivility

Stress and Overwork:
High-pressure environments can trigger rude behaviors.

Lack of Awareness:

Some individuals may not recognize uncivil behavior.

Cultural Differences:
Misunderstandings due to diverse backgrounds.

Effects of Incivility

- **Mental Health**: Increased stress and anxiety among employees.
- **Performance**: Lower productivity and higher error rates.
- **Turnover:** More employees leaving the organization.

Skills for Civility

1

Communication: Active listening and clear expression.

2

Empathy: Understanding and sharing others' feelings.

3

Conflict Resolution: Addressing issues constructively and calmly.

Practicing Civil Behavior

- **Encouragement:** Praise and acknowledge civil behavior.
- **Feedback:** Provide constructive feedback on incivility.
- **Modeling:** Leadership demonstrating respectful behavior.

Systematizing Civility in Organizations

Policies and Training: Develop and implement guidelines on civility.

Onboarding Programs: Introduce civility as a core value from day one.

Regular Workshops: Offer trainings on emotional intelligence and respectful communication.

Create a Culture of Civility!

Leadership Involvement: Leaders must engage actively in fostering civility.

Inclusive Environment: Promote diversity and inclusion.

Open Communication: Encourage dialogue and feedback.

Benefits of Fostering Civility

- **Improved Well-being:** Better mental health for employees.
- **Enhanced Collaboration:** More efficient teamwork.
- **Increased Innovation:** Safe environment to share ideas.

Case Study – Successful Implementation

- **Organization Example:** Brief detail of Starbucks, a company that successfully implemented civility practices.
- **Outcomes Observed:** Tangible improvements in morale and productivity.

In Conclusion

- **Recap: Civility** enhances workplace environment, reduces conflicts, and drives productivity.
- **Call to Action:** Encourage all employees to commit to civil behavior.
- **Closing Thought:** Civility is foundational for success and employee and consumer well-being.

THANK YOU

Any Questions?

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let's Connect!

Bette Lawrence-Water, MS, CPC
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Spectrum Strategic Solutions
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Mobile: 630.417.3322

How Can I Be Prepared for Emergencies?

Lorena Amarillo, BA, CDP, DCS
Montclair Senior Living
Executive Director

Lorena Amarillo, the Executive Director at The Montclair Senior Living and Memory Care, leads a team of dedicated professionals in providing high-quality care and services to seniors. A Certified Dementia Practitioner and Dementia Connection Specialist, she is also a Certified Trainer with the American Red Cross. With these skills and experience, she has developed expertise in management, dementia care, and teaching, which enable her to ensure the safety and well-being of both residents and staff. Her goal is to create a supportive and inclusive environment where seniors can thrive and live their best lives.

Lorena holds a Bachelor of Arts from Knox College.

How Can I Be Prepared for Emergencies?

From Panic to Prepared:
Building Your Emergency Toolkit

Lorena Amarillo, CDP, DCS

Who am I?

- Certified Dementia Practitioner
- Dementia Connection Specialist
- 10 years + in healthcare : SNF, AL, IL, MC
- 9 US states
- Policy and procedure creation/revisions

AGENDA

- Why Emergency Preparedness Matters
- What It Means for Healthcare Professionals
- Types of Emergencies
- Goals of Emergency Preparedness
- THINK GREEN
- FrameworkInstitutional Plans & Codes
- Supplies & Evacuation
- Infection Control & Psychological Support
- Recovery & Next Steps

Why it matters

- **Continuity of Care:** Preparedness ensures critical care doesn't stop.
- **Protection of Vulnerable Populations:** Plans prioritize those most at risk.
- **Resource Management:** Prevent staff, supply, and equipment shortages.

Why it matters to us as individuals

- **Coordination & Communication:** Clear plans = better teamwork.
- **Reducing Morbidity & Mortality:** Speed and clarity save lives.
- **Protecting Staff & Infrastructure:** Training prevents chaos and supports resilience.

Why it matters to us as individuals

- **Protect Yourself:** Know your role and risks.
- **Protect Your Licenses:** Act within your scope and follow guidelines.
- **Protect Your Mental Health:** Stay prepared, not panicked.

Types of Emergencies in Healthcare

- Natural Disasters: hurricanes, earthquakes, floods
- Pandemics/Infectious Diseases
- Active Shooter Situations
- Power Outages
- Medical Emergencies

Code Red: Fire

R.A.C.E. Protocol:

- **R**escue anyone in immediate danger.
- **A**larm – Pull the fire alarm and call emergency services.
- **C**ontain – Close doors to prevent fire spread.
- **E**xtinguish or evacuate – Use a fire extinguisher if trained and safe to do so.

- Know fire exits and do not use elevators.
- Evacuate or shelter based on facility protocol.

Code Blue: Medical Emergency

What it means: A patient, visitor, or staff member is experiencing a life-threatening medical condition (e.g., cardiac arrest).

What to do:

- Call for help and provide location clearly.
- Initiate **Basic Life Support (BLS)** if trained (CPR/AED).
- Clear the area to allow the code team space.
- Provide any relevant medical information or observations to the responders.

Code Black: Bomb Threat

What it means: There has been a threat or discovery of a possible explosive device.

What to do:

- Stay calm. Do not use mobile phones or radios in the vicinity (risk of detonation).
- If receiving the threat (e.g., phone call), document:
  - Exact words
  - Background noise
  - Caller's voice description

Notify supervisor/security immediately.Await further instructions; evacuate only when ordered.

Code Silver: Active Shooter

What it means: An armed individual is threatening lives within the facility.

What to do:

Follow lockdown procedures as trained.

Run: If there is a safe path to escape, leave the area immediately.

Hide: If escape is not possible, lock or barricade doors, turn off lights, silence phones.

Fight: As a last resort, and only if your life is in imminent danger, attempt to incapacitate the attacker.

Tips for All Emergency Codes:

THINK GREEN

Goals of Emergency Preparedness

- Protect **patients, staff, and visitors**
- Ensure **continuity of care**
- **Limit damage** and **accelerate recovery**

Think G.R.E.E.N

- G: Get to Safety
- R: Respond Appropriately
- E: Emergency Supplies
- E: Engage with those under your care or working with you
- N: Notify and Nestle (communicate and comfort)

Personal Preparedness for Healthcare Workers

- Protect yourself
- Follow the plan
- Do what you can

Natural Disasters

- Let’s Play a Game!

JEOPARTY!

Natural Disasters · $200

Defined as a rotating column of air that extends from a thunderstorm to the ground.

⬅ BACK TO PANEL

Natural Disasters · $400

Not likely to occur in the state of Illinois, but described as a powerful, rotating storm characterized by strong winds, heavy rainfall, and the potential for significant damage.

⬅ BACK TO PANEL

Natural Disasters · $600

Described as a sudden shaking of the Earth's Surface caused by the release of energy in the Earth's crust.

⬅ BACK TO PANEL

Natural Disasters · $800

Described as an overflow of water onto normally dry land caused by rainfall or overflowing rivers.

⬅ BACK TO PANEL

Natural Disasters · $1000

Freezing, Frigid, or bone chilling temperatures or scorching, sizzling or baking temperatures

⬅ BACK TO PANEL

Institutional Emergency Plans

- Hospital Incident Command System (HICS)
- Evacuation vs. Shelter-in-Place
- Communication Systems (phones, radios, internal alerts)

Emergency Codes and What They Mean

- Code Red: Fire
- Code Blue: Medical Emergency
- Code Black: Bomb Threat
- Code Silver: Active Shooter
  (Customized to your facility)

Communication During Emergencies

Chain of Command: Who reports to whom
Internal vs External Communications: Clarity is key
Use of Alert Systems: Texts, alarms, overhead paging

Supplies and Resources

- **Emergency Kits/Go Bags:** Include basics like water, first aid, ID
- **Stockpiling:** Medications, food, flashlights
- **PPE Access:** Especially during pandemics or outbreaks

Evacuation Procedures

- **Know Routes:** Maps and signs
- **Accountability:** Who’s with you? Track patients and team
- **Transportation Logistics:** Especially for immobile or dependent individuals

Shelter-in-Place Protocols

- **Safe Zones:** Pre-identified areas
- **Patient Care:** Continue meds, comfort, nutrition
- **Manage Supplies:** Ration if necessary

Infection Control in Emergencies

- **PPE Usage:** Don’t wait to gear up
- **Isolation Protocols:** Limit cross-contamination
- **Precaution Types:** Airborne vs. contact

Psychological Preparedness

- **Stress Management:** Acknowledge emotions
- **Support Resources:** Know what's available
- **Debriefing & Counseling:** Normalize post-event reflection

Scenario-Based Training

- **Tabletop Exercises:** Walk-throughs of hypothetical events
- **Mock Drills:** Practice for fire, active shooter, etc.
- **Lessons Learned:** Document and improve

Team Roles During an Emergency

- **Nurses & Doctors:** Clinical care and triage
- **Security:** Safety enforcement
- **Admin & Support:** Communication, coordination

Legal and Ethical Considerations

- **Consent:** When and how it applies
- **Triage Decisions:** Who gets what care, when
- **Patient Rights:** Uphold dignity and autonomy

Technology and Emergency Tools

- **Electronic Medical Records (EMRs):** Know what to do during outages
- **Backups:** Paper logs or digital redundancy
- **Mobile Tools:** Communication apps and emergency contacts

Post-Emergency Recovery

- **Reopen Safely:** Reassess structure and protocols
- **Incident Reviews:** What went well? What failed?
- **Continuous Improvement:** Update policies

How You Can Prepare Today

- Join trainings and drills
- Know your emergency contacts
- Keep emergency items at work and home

Emergency Preparedness Toolkit

- FEMA Mobile App
- CDC Resources
- Local Emergency Contacts
- Personal Go Bag Checklist
- Facility Evacuation Maps
- Staff Roles & Responsibility Card

Summary and Key Takeaways
Recap of most important points

- **Think G.R.E.E.N.**
- **Protect Yourself**
- **Prepare Yourself**
- **Breathe.**
- **Ask for Help** — you're not alone in an emergency.

Thank you

For questions or more information, feel free to reach out!

Lorenaa@montclairalmc.com

Cover Your Care: Keep Yourself and Your Facility Out of Trouble

Meredith Duncan, BS, JD
Polsinelli, Attorney

Forum 50 YEARS+
EXTENDED CARE SERVICES

Meredith Duncan is a litigator at heart, advocating for clients before government regulators, administrative law judges, and courtrooms alike. She focuses mainly on the compliance and operational issues facing health care providers, including long-term care providers, senior housing entities, and hospitals, handling all aspects of provider practice.

Meredith appears regularly before regulatory agencies, including the Centers for Medicare and Medicaid Services, the Office of the Inspector General, the Department of Healthcare and Family Services, the Illinois Department of Public Health, and the Illinois Department of Professional and Financial Regulation. Meredith also has significant experience with Medicare, Medicaid, and Managed Care Organizations, assisting clients with payer relationships and responses to reimbursement disputes, audits, and appeals.

Meredith holds a BS in Business Administration from the University of Missouri-Columbia and earned her JD from Chicago-Kent College of Law at the Illinois Institute of Technology.





Cover Your Care - Keep Yourself and Your Facility out of Trouble

Presented By: Meredith Duncan

What a law firm *should* be.

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Where does liability come from?

Duty (du·ty) *noun*

1. a moral or legal obligation; a responsibility
2. a task or action that someone is required to perform

A duty can be created by

- statute
- promise or representation
- industry standard

And, a duty can be difficult to get rid of……

The Liability Equation

Duty + Failure to Carry Out Duty = Liability

Meet the Reasonable Person

The "***reasonable person***" is a *hypothetical* individual who approaches *any situation* with the *appropriate amount of caution* and then *sensibly takes action*.

It is a standard created to provide courts and juries with an *objective test* that can be used in *deciding whether a person's actions constitute negligence*.

The Reasonable _____?

- Reasonable ***person***
- Reasonable ***administrator***
- Reasonable ***nurse***
- Reasonable ***care aide***
- Reasonable ***doctor***
- Reasonable ***facility***

What's reasonable?

To comply with your policies.

To meet the industry standard (i.e., what others do).

To meet the regulatory requirements.

And, to do these things consistently

Liability – O - Meter

Causes of liability

- Human error
- Failure to follow a care plan/physician orders
- Failure to assess and/or document same
- Failure to document care
- Failure to follow policies / making exceptions
- Failure to address warning signs
- Failing to listen to that “little voice”
- Failure to fire poor staff
- Hiring the wrong staff
- Admitting the wrong resident

Every Dog Gets One Bite

- Once you know that your dog bites, you need to take action
  - What if you ***know*** that a resident is exhibiting a behavior?
  - What happens if you have ***heard*** that a caregiver has done something wrong?
  - What if you ***suspect*** that staff are using social media to post about the facility and residents?

Standard is what you "**knew or *should have known***"

- There are benefits to a zero tolerance policy.
- You can't ignore a dog that growls all the time.

Keep in Mind

Hindsight is always 20/20.

If you didn’t document, it wasn’t done.

Benefits of Good Documentation

- It is a contemporaneous record of what occurred
- More reliable than individual memories
- Created pursuant to policy/procedure/training
- Can corroborate other information about an incident, event, etc. based on other documents and individual recollections
- Can be used to demonstrate good facility administration too.

Most Common Problems With Documentation

- Non-existent
- The reality / documentation gap
  - Speculation
  - Best case scenario driven
  - “No one will read this, right?”
  - No one does read it.

Record Retention

- Depending on the type of document, there are laws that dictate how long you need to keep it.
- If you have reason to believe that the document could be the subject of litigation – DO NOT DESTROY IT! Keep it until you have discussed the destruction of the document with counsel.

Documentation

The Good, the Bad, and the Annoying

Defensive Documentation

Smart admissions

Do you have application materials?

- Financial disclosures
- Behavioral incidents
- Prior falls
- Prior placements
- Other risk areas

If something is disclosed, you can plan for it.

If the application denies all prior issues/behaviors, you can prove the resident/family never disclosed anything to you.

Admissions Contract

Admissions may be a time of optimism, but it's never too early to prepare for the inevitable

Documentation is the key to success

Verbal assertions and promises are unreliable

Get it in writing!

- POA Forms
- Medicaid application information
- Insurance policies

Contact information

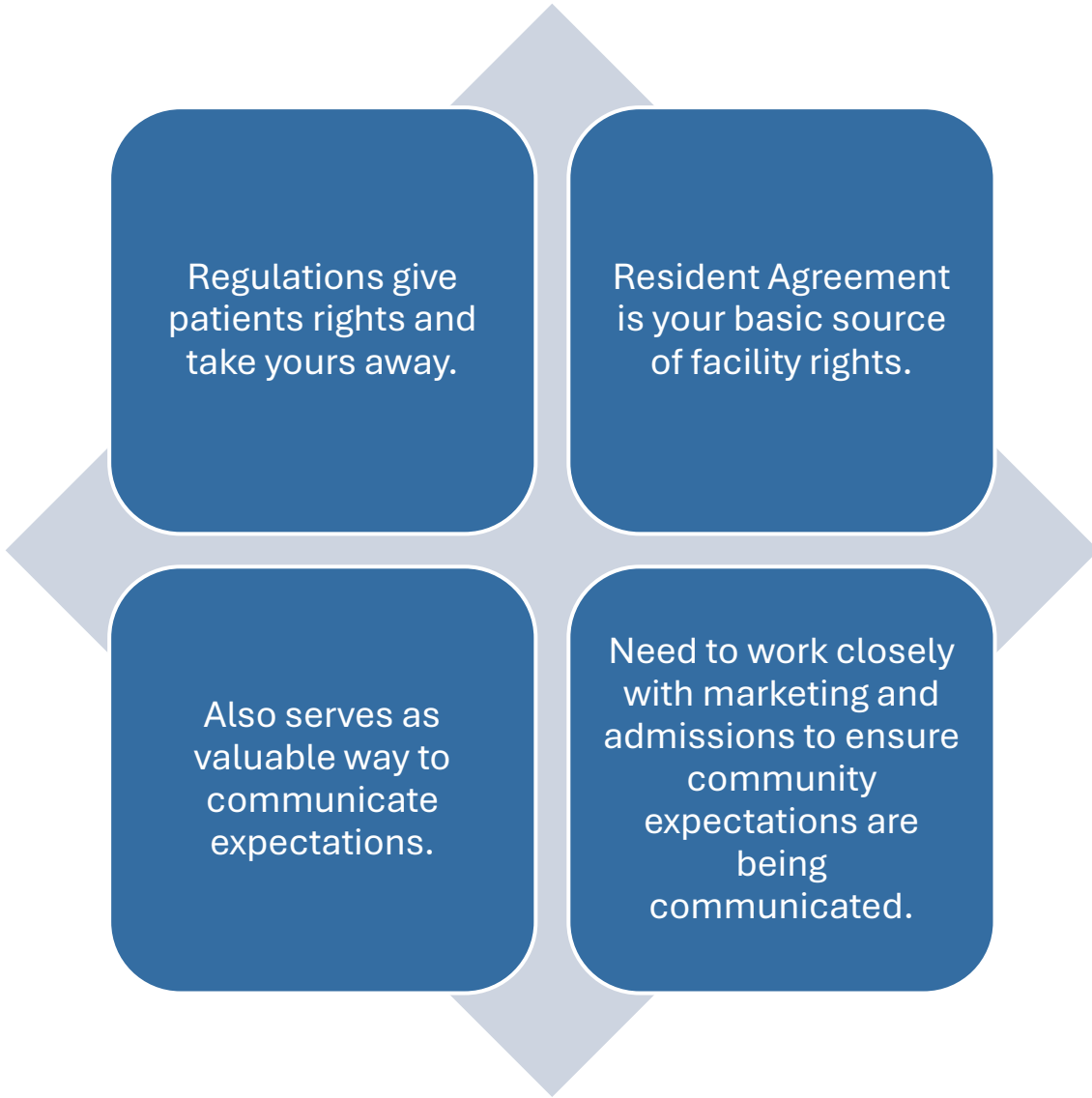
- Financial planners
- Guardians, POA, representatives

Complete your contracts!

- Blanks must be filled in (Daily rates, representative info, term)
- Signatures and dates are extremely important

Save everything!

Let's Start with Your Residency Agreement



Most important aspects of your agreement

- Facility responsibilities
- Resident Rights
- Billing & Payment
- Termination & Discharge

Facility Agreement

Describes what you will provide generally

- Not very specific
- But consistent with State law
- Gives you leeway

Also describes the facility's rights

- Access to resident room
- Ability to transfer as allowed by law

Facility Agreement or Contract Execution

Who should sign?

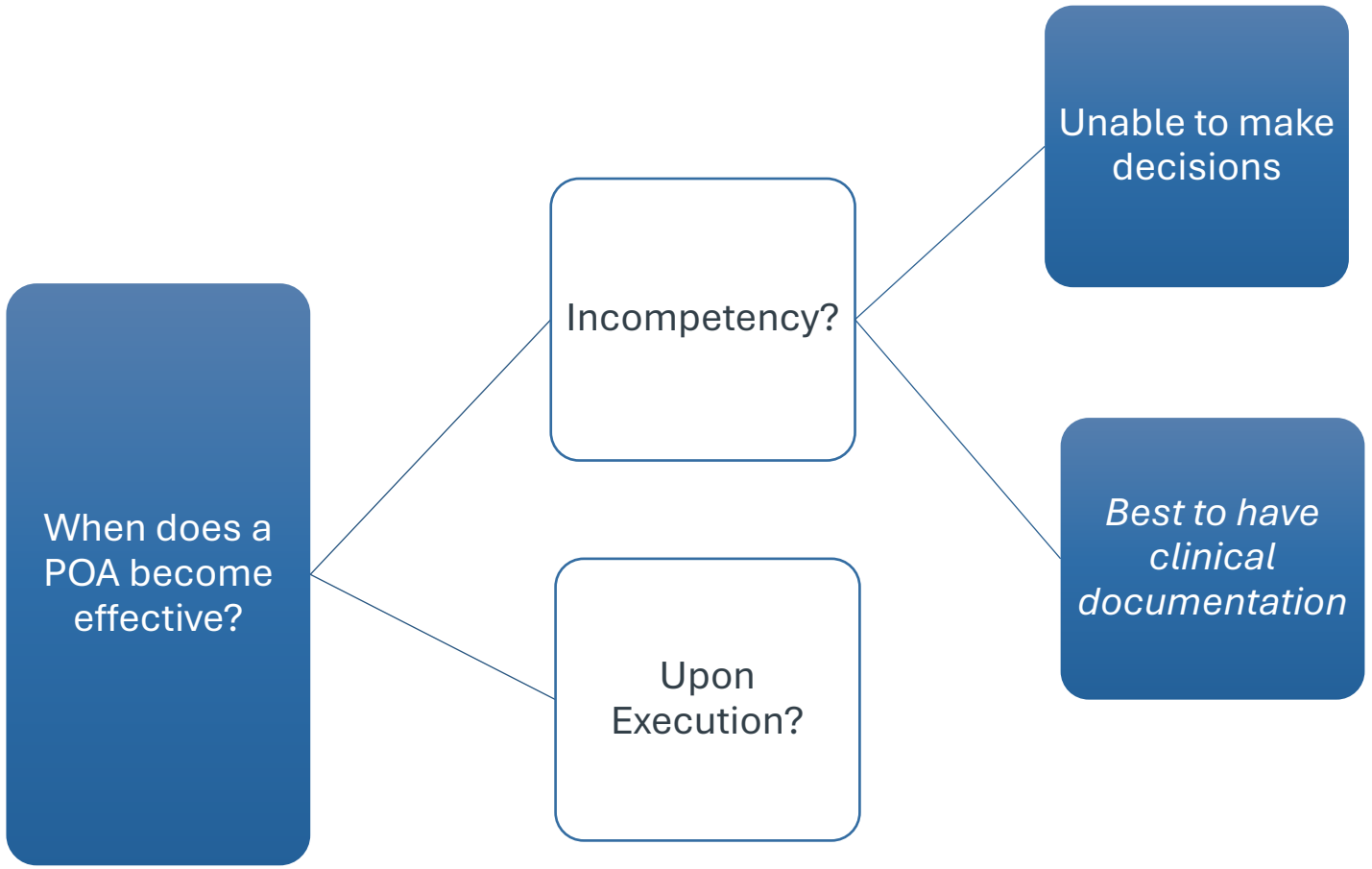
- The Patient
- Guardian(s)
- Power of Attorney(s)
- Back-up Power of Attorney
- Resident Representative
- Responsible Party

Power of Attorney

POA must be written.

- Written & signed - Form or self-drafted are ok
- Agent cannot be physician or healthcare provider
- Review language to see what duties are given because *the Agent is required to follow the instructions in the POA*
  - The POA may give specific directions about the health care the resident does/ does not want; OR
  - The POA may give broad powers to make all healthcare decisions

When does a POA become effective?



If not clear whether the POA is effective, get the Resident and POA to sign!

But what is a Responsible Party?

- Then what is a "**Responsible Party**"???
  - IRS concept – "*the person who has a level of control over, or entitlement to, the funds or assets in the entity that, as a practical matter, enables the individual, directly or indirectly, to control, manage or direct the entity and the disposition of its funds and assets.*"
  - Not defined by Federal law
  - There are limits to recovering from a responsible party

Start with Smart Admissions

Know the criteria for your facility

Know when to say “no” and why

Be aware of Fair Housing Act compliance

Admission Decisions

You ***cannot*** discriminate based on race, disability, color, religion, sex, national origin, or familial status.

You ***can*** reject a resident because you do not think they would be a good fit.

Be nice, but direct and vague

“We do not think this facility can meet your needs right now.”

Defensive Documentation

To ensure consistency

Why Have Policies?

- Required by law.
- Give Guidance to staff.
- Create consistency in practice.
- Remove the chance for error.

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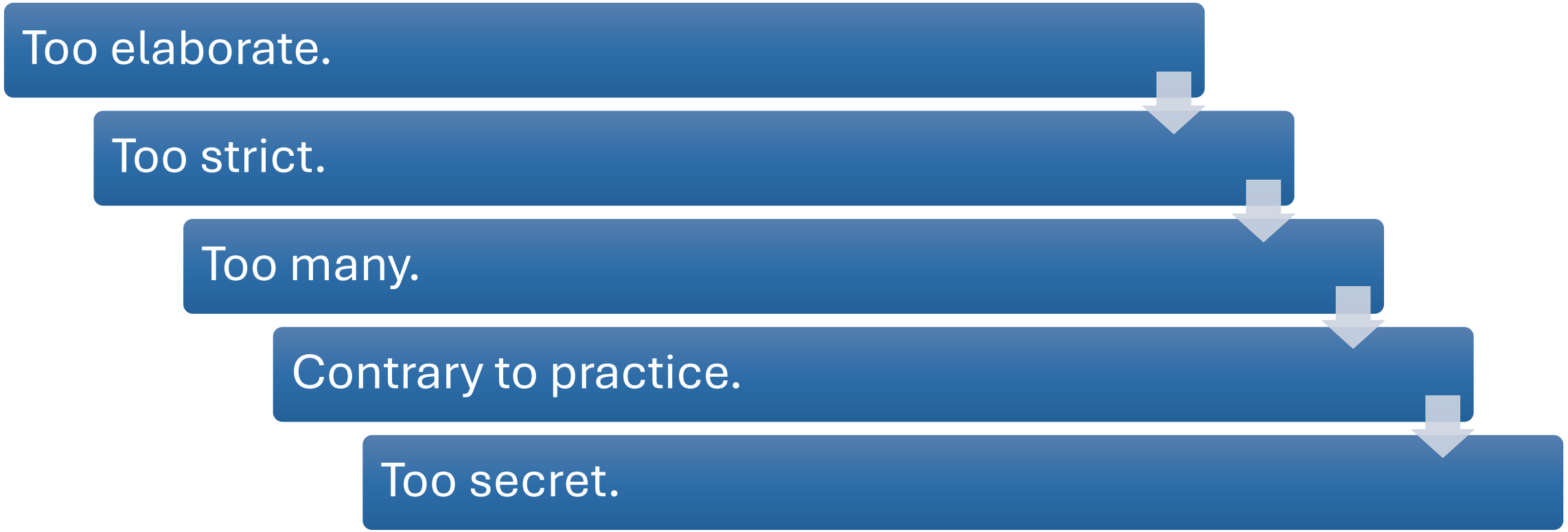
Biggest Risk With Policies

Trap for the unwary.

You set the standard of care and you couldn’t live up to it.

Automatic liability or violation.

Biggest Problems with Policies



Policy Do's

Clear.

One policy for an issue.

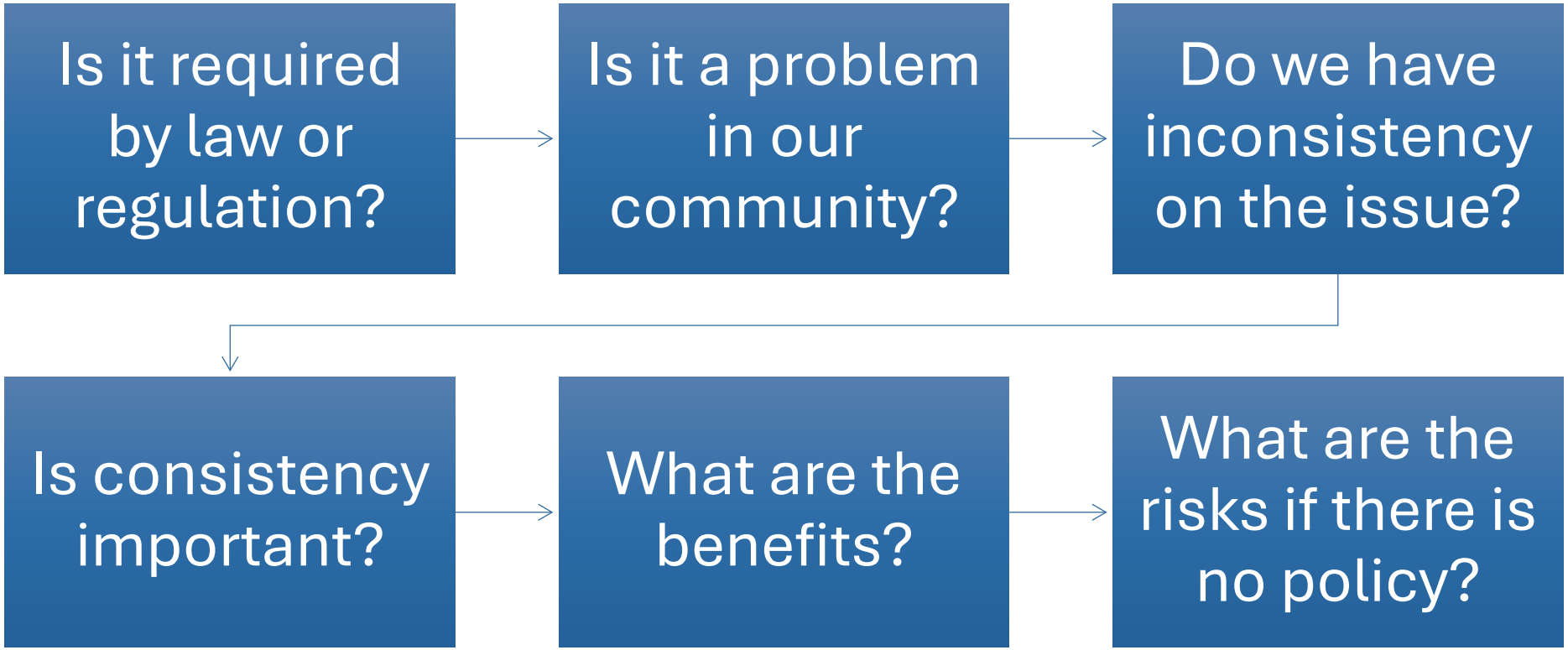
To the point – what is the takeaway?

Easy to carry out. If staff can't tell you the policy when you ask, they probably aren't carrying it out.

Shared with residents and families as appropriate.

Known by everyone (or at least everyone who should know).

Do we need a policy?



Policies in the Real World

Consider how things are done in the “real world.”

“Great” policies can be undermined by the reality of on-going care responsibilities and human flaws.

Input from floor staff can lead to a more effective policy.

Our Golden Rule

You can do whatever you want as long as you promise me that you will do it perfectly every time.

If you can’t, it shouldn’t be your policy.

You might have to because it is required by law.

Now what?

DOES YOUR STAFF KNOW THE POLICY?

IS YOUR STAFF FOLLOWING THE POLICY?

HAVE YOUR INVESTIGATIONS BEEN THOROUGH?

CAN YOU DEMONSTRATE COMPLIANCE WITH YOUR POLICY?

Staff Training Documentation

Elements of good training documentation

Who attended	Who provided the training	What was done	When it was done	How it was done

Keep a facility file as well as separate employee files!

Defensive Documentation

Incidents and Occurrences

Clinical Documentation Pitfalls

- Repeated interventions are omitted or sporadic (i.e. (turning and repositioning, 15 min checks, toileting)
- Pulling forward
- Unexplained late entries
- Illegible or unclear notes
- Inconsistency in difference sources

Clinical Documentation Solutions

- Thorough, accurate and timely
- Be specific when there is something new or unusual
- Narratives are best!
- **Do NOT** pull forward/copy from prior shift
- Do not rely on the next shift to do it
- Late entries are ok if done correctly
- Document communications that are important
- Make sure the chart / incident reports / communication logs / etc. are consistent

Post Incident Investigations

- Just the facts - No guessing & no assuming
- Have one investigator
- Interview everyone
  - List who was interviewed
  - Summarize interviews; Use written statements sparingly
- Verify facts with objective support
  - Video surveillance
  - Contemporaneous documentation
  - Hospice / Therapy / MD/ EMS/ Hospital records
- Determine whether care plan was followed
- Determine whether policy was followed
- Pull training documents of staff involved

Incident Reports

Initial Report

- Just the facts of what was reported/alleged/occurred
- Confirm investigation is underway

Final Report

- Make sure you looked at everything
- If a survey occurs and they find more – you will be at a disadvantage
- Make sure your conclusion is supported
- If there is information that contradicts your conclusion, address it

Assume a surveyor or juror will see these!

Case Study: Falls

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"I find that once R2 had shown a risk for falling, the facility had an obligation to do everything practicable to keep her safe from further falls. Petitioner failed to submit evidence that additional practicable measures to better ensure R2's safety were unavailable."

*"Several of R2's falls occurred when she tried to get out of bed. Yet, Petitioner submitted no evidence that it considered switching her to the use of a low bed or placing soft mats beside her bed…**I find it amazing that the facility made no changes in care planning** to prevent further falls after this resident broke her hip ."*

- ALJ Interpretation of compliance obligation related to falls

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Documentation for Preventing Falls

- Policy compliance
- Timely Assessment
- Consider how to acknowledge MDS and differentiate
- Response to recent changes / trends
- Care Plan interventions showing evolution / changes to interventions / discontinuations
- Post-fall reviews to determine causes or trends and whether other interventions are appropriate
- If resident behavior is a contributing factor – communicate with physician and family for input
- The chart should tell a story of proactive analysis designed to anticipate and prevent

Key to avoiding liability for falls

- Documentation that you assessed issue.
- Documentation that you were communicating with stakeholders.
- Documentation you were analyzing and anticipating
- Documentation that you were constantly trying new approaches.

OR

- *Documentation that you considered other approaches and why you did not / could not implement them.*

Case Study: Elopement

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Elopement

Elopement is presumed to be an Immediate Jeopardy / Violation.

The assessment is critical. Is it accurate and updated?

Initial assessment upon admission. Risks are high during initial days of admission.

Does the initial care plan address the wander/elopement risk?

Elopement Issues

- Failure to treat to resident's desire to leave as a risk factor
- Failure to follow a resident's care plan regarding wandering.
- Failure to have a care plan for behavior.
- Failure to monitor main entrance exit visually if door is not alarmed.
- Failure to respond to door alarm.
- Disabling of alarms.
- Failure to maintain alarms in working order.
- Staff are not aware that a resident has left the building.

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Elopement Response

- Find the resident.
- Assess the resident.
- Check all other residents.
- Test all door alarms / repair if necessary.
- Document everything you did.
- Review resident care plan.
- At a minimum pass out your elopement policy immediately and remind staff.
- Inservice staff immediately.
- Prepare your survey response file.
- Thoughtfully draft your incident report.

Elopement Policy Concerns

What does your policy say about testing alarms?

- Daily
- Monthly

Documentation of testing?

How do staff respond to door alarms?

“Went to door. Didn’t see anyone. So I reset the alarm.”

Can your door alarms be disabled by staff?

Are they disabled?

Case Study: Wounds

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Wound Documentation

- Start with your policy – make sure that is the outline
- Risk assessments
- Skin checks – where is this done and documented, be consistent
- For high-risk residents – document contributing factors
- When identified, show the chain of communication
- Get physicians involved and get them to document type and if it was unavoidable
- Wound care involvement v. facility involvement – have a clear delineation of roles
- Treatment plan should be clear
- Treatment records should be consistent

Case Study: Abuse

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Top Five Errors with Abuse

- Staff fail to identify an incident or allegation of abuse.
- Staff fail to report an allegation of abuse.
- Once a report has been made, staff are not suspended pending investigation.
- Failure to conduct a thorough investigation.
- Failure to dig deeper.

Three Golden Rules

1. Treat every allegation as if it were true and as if it were abuse.
2. Treat every allegation as if it were true and as if it were abuse.
3. Treat every allegation as if it were true and as if it were abuse.

Mandatory Abuse Response: A trove of documentation

- Immediately report it to the administrator.
- Immediately suspend staff pending the investigation.
- Initial report to State Agency within 24 hours.
- Conduct a thorough investigation.
- Send 5-Day Follow-Up Report.
- Discipline any staff as necessary.

The Roadmap - An Effective Abuse Policy

SHORT.

FOCUSED ON REPORTING ANYTHING THAT COULD BE A PROBLEM.

IDENTIFIES WHO ACTS WHEN A REPORT IS MADE.

DESCRIBES THE PROCEDURE FOR RESPONDING TO EVERY ALLEGATION

Conduct a thorough investigation

Must be more than your determination as to what was the most likely cause.

Interview everyone who might know something.

- Staff on duty at the time.
- Room mate.
- Family.
- Other residents.

Review other sources.

- Hospice records
- Hospital or EMS records (What was said to others?)
- Your documentation – what was going on with the resident?

Verify with objective evidence.

- Look at video footage (Who was in the room?)
- Look at contemporaneous documentation?
- Is there documentation/video that the perpetrator was elsewhere?
- Look at the room and note everything!

Now what?

- Does your staff know the policy?
- Is your staff following the policy?
- Have your investigations been thorough?
- Can you demonstrate compliance with your policy?

Defensive Documentation

Involuntary Discharge

Involuntary Discharge Forms

State of Illinois
Illinois Department of Public Health

Notice of Involuntary Transfer or Discharge and Opportunity for Hearing for Nursing Home Residents (for Assisted Living forms, visit www.idph.state.il.us)

FACILITY INFORMATION

Facility Name | Address

County | Telephone Number | Fax Number | Date of Notice to Resident

RESIDENT INFORMATION

Resident's Name | Resident's Date of Birth | Representative's Name

Representative's Address | Representative's Telephone Number

☐ **FEDERAL PROCEEDING** ☐ **STATE PROCEEDING** **EMERGENCY TRANSFER OR DISCHARGE** ☐ Yes ☐ No

☐ **FEDERAL PROCEEDING.** This facility admits private-pay and Medicare or Medicaid residents and is federally-certified and state licensed, or this facility admits only Medicare or Medicaid residents and is federally funded. **This facility seeks to transfer or discharge you** pursuant to the regulations of the Health Care Financing Administration for states and long-term care facilities, 42 CFR 483.12 ("federal regulations"). As recorded in your clinical record in accordance with Section 483.12 (a)(4) of the federal regulations, the reason for this proposed transfer or discharge is:

☐ your welfare and needs cannot be met in this facility, as documented in your clinical record by your physician, 483.12 (a)(2)(i);

☐ your health has improved sufficiently so you no longer need the services provided by this facility, as documented by your physician in your clinical record, 483.12(a)(2)(ii);

☐ the safety of individuals in this facility is endangered, 483.12(a)(2)(iii);

☐ the health of individuals in the facility would otherwise be endangered, as documented by a physician in your clinical record, 483.12(a)(2)(iv);

☐ you have failed, after reasonable and appropriate notice, to pay for your stay at this facility, 483.12(a)(2)(v); or

☐ this facility ceases to operate, 483.12(a)(2)(vi).

On the date of transfer or discharge, you will be relocated to:

Facility/Person _____

Address _____

Telephone _____

Pursuant to Section 483.12(a)(7) of the federal regulations, this facility will provide sufficient preparation and orientation to ensure your safe and orderly transfer or discharge from this facility.

Printed by Authority of the State of Illinois
2/2013
IOCI 13-540

State of Illinois
Illinois Department of Public Health

ASSISTED LIVING AND SHARED HOUSING
RESIDENCY INVOLUNTARY TERMINATION FORM

Name of Resident _____ Date of Notice _____

Name of Establishment _____

Address | City/ZIP Code | Telephone Number

Reason for Residency Termination _____

Proposed Date of Termination _____

The above resident has the right to appeal residency termination. A 30-day prior written notice must be provided to the resident, resident's representative, or both, and to the long-term care ombudsman. The establishment must notify the Illinois Department of Public Health when it initiates the termination process. All forms given to the resident can be faxed to the Illinois Department of Public Health at 217-557-2432.

THE RESIDENT MAY INITIATE AN APPEAL BY:

a) calling the Division of Assisted Living at 217-782-2448

OR

b) requesting an Appeal Hearing Request form from the establishment

The resident has the right to continue to reside in the establishment until a decision is rendered. The person at the establishment who will assist with relocation is:

Name of Person _____

Address | City/ZIP Code | Telephone Number

IOCI 15-577

State of Illinois
Department of Healthcare and Family Services

SUPPORTIVE LIVING PROGRAM
NOTICE OF INVOLUNTARY DISCHARGE

Resident Name: _____

Resident Identification Number: _____

Date of Birth: _____

Due to the following reason(s), you will be discharged from

_____ on _____
Name of Facility | Date

REASON:

_____

_____

_____

_____

_____

You have a right to appeal the supportive living facility's (SLF) decision to discharge you. You may file a request for a hearing with the Department within ten days after receiving this notice. If you request a hearing, you will not be discharged during that time unless you are unsafe to yourself or others and the SLF has given you a notice for an emergency discharge. If the SLF has not given you a notice for an emergency discharge, and if the decision following the hearing is not in your favor, you will not be discharged prior to the tenth day after receipt of the Department's hearing decision unless you are unsafe to yourself or others. If the SLF provided you with a notice of emergency discharge, and the decision following the hearing is in your favor, you will be entitled to readmission to the SLF upon the first available apartment. A form to appeal the SLF's decision and to request a hearing is attached. If you have any questions, call the Department of Healthcare and Family Services at 217/782-0545.

Name, Address and Telephone Number of Person Charged With the Responsibility of Supervising the Discharge: _____

_____

_____

_____ _____
(SIGNATURE OF SLF MANAGER) (DATE)

HFS 3731 (R-9-09)

Print Form

Bases for Involuntary Discharge / Termination

Skilled Nursing - Sheltered Care - ID/DD

- A facility may involuntarily transfer or discharge a resident only for one or more of the following reasons:
  (a) for medical reasons;
  (b) for the resident's physical safety;
  (c) for the physical safety of other residents, the facility staff or facility visitors.
  (d) late payment or non-payment
- SNF/Sheltered - 210 ILCS 45/3-401
- ID/DD - 210 ILCS 47/3-401

Bases for Involuntary Discharge / Termination

Assisted Living

- Residency shall be involuntarily terminated only for the following reasons:
- (1) as provided in Section 75 of this Act;
- (2) nonpayment of contracted charges
- (3) failure to execute a service delivery contract

210 ILCS 9/80

Bases for Involuntary Discharge / Termination for Behavior

Supportive Living

- A resident may be involuntarily discharged only if one or more of the following occurs:
  (1) He or she poses an immediate threat to self or others.
  (2) He or she needs mental health services to prevent harm to self or others.
  (3) He or she has breached the conditions of the resident contract.
  (5) The SLF cannot meet the resident's needs with available support services.
  (6) Failure to pay.
- 89 Ill. Admin Code 146.255(d)

Transfer/Discharge Documentation

- Important Points
  - Have documentation to support compliance with time frames
  - Provide notices to required parties and keep a record
  - Make sure you have ***contemporary evidence*** of the reason for issuing the discharge
- 30 days written notice required (you can waive, but do so in writing)
- If resident/family terminates, they should have to continue to pay until unit is vacated with all belongings removed (make sure contract is clear)
- Bed Hold Policy – make sure it is clear and consistently enforced

Discharges due to Behavior –
It starts with your documentation:

Can you show and prove?

1. Resident's behavior and safety risk / unmet need
2. Facility's attempts to address the resident behavior and mitigate issue
3. Despite attempts, resident still endangers other residents, staff, visitors, and/or him/herself

Need to demonstrate there is nothing more you can do.

Transfer/Discharge Documentation

Emergency ITD

- Can issue immediately at the time you are transferring the resident
- Must be able to ***prove*** safety or health is endangered (physician note/order)
- Can also issue emergency ITD when resident has not resided in facility for 30 days.
- Resident may still appeal, but it will stay the transfer or discharge
- If you issue the Emergency ITD correctly, you **may not** need to accept the resident back while the hearing is pending.

It starts with your documentation:

- **Also consider if you have:**
  - Physician documentation that resident is not appropriate/ or that other residents are at risk
  - Other residents having concerns or having their residency adversely impacted by the behavior

Defensive Documentation

When you suspect issues are coming

When You Know its Starting to Go Wrong…

- …rely on your documentation and create more!
- This is the time to circle the wagons
- Bring your QA team together
- Have a special in-service on the resident
- Audit the charting and documentation
- Initiate extra rounds to make sure policies are followed

Use a Team Approach

Various staff can coordinate to record information and take action

- Admissions Coordinator: set the tone from the beginning and utilize payment security options
- Social Services: monitor family dynamic
- Business Office: alert others when payment is becoming a problem; initiate and drive effort to obtain payments
- Administrator: coordinate the team and reach out for legal assistance
- Clinical Team: the care provided and how it was addressed

All staff should make a record of everything

- Care provided
- Observations
- Phone calls, correspondence, etc.

Potential Partners

- Ombudsman
  - Early involvement can prevent misunderstandings
  - Ombudsman focuses on resident's best interests
- Other family members
  - Others may not be aware of situation
  - *Be careful* – do not get in the middle of a family dispute
- State agencies

Resident and Family Complaints

Create a “special file”

As hard as it is, embrace each complaint.	Take an interest	Document the complaint.	Keep a detailed communication log	Follow-up with an update	Send letters confirming discussion / resolution

You want this to be voluminous – demonstrate reasonableness and diligence.

Questions?

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Unified Leadership Mindset: Transforming Challenges Into Opportunities

Margaret van Steenderen, BA, MBA
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Margaret van Steenderen is a lifelong Learning Coach, author, and experienced talent development professional with over two decades of expertise in adult learning, leadership development, and organizational effectiveness.

As the founder of SLGM LLC, she supports individuals and organizations in building lifelong learning strategies. She helps people master how to learn by focusing on the process of learning itself, not just the content.

Originally from South Africa, Margaret now lives in the United States and has led learning initiatives across the globe, including the United States, United Kingdom, Singapore, and South Africa. She has developed enterprise-level learning strategies, facilitated leadership programs, and coached professionals ranging from early career to PhD students. Her work combines neuroscience, adult learning theory, and practical coaching methods to create powerful and personalized learning experiences.

Unified Leadership Mindset: Transforming Challenges into Opportunities

Forum Extended Services Symposium, June 12th, Itasca

Margaret van Steenderen, Author of Sustainable Leadership Growth Mindset

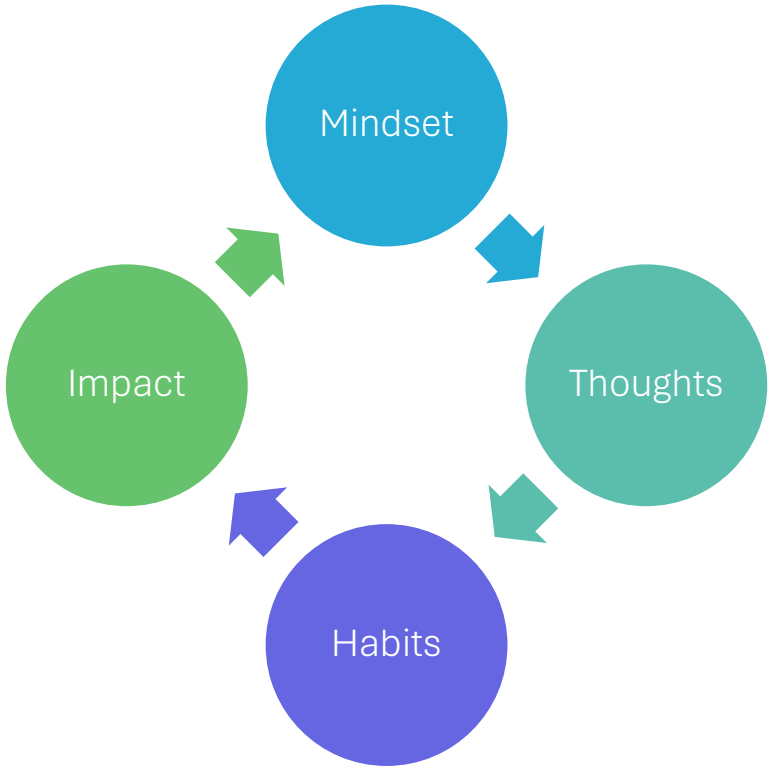
Agenda: Cultivating a Unified Leadership Mindset

1. Introduction: Understanding the Power of Mindsets
2. Sustainable Leadership: Building Ethical and Long-Term Strategies
3. Leadership Mindset: Enhancing Self-Reflection and Team Goals
4. Growth Mindset: Embracing Challenges and Continuous Learning
5. Unified Mindset: Integrating All Aspects for Holistic Leadership
6. Q&A Session: Addressing Your Thoughts and Questions

What Is a Mindset?

A mindset is the way you see the world, interpret challenges, and decide how to respond.

Your mindset sets the cycle in motion and shapes everything that follows.



Roots: Sustainable Mindset

Plan for long-term stability，not just quick fixes

One Senior Living CEO used the pandemic pause to co-create a 5-year strategy with staff: reducing turnover and boosting satisfaction.

Make ethical decisions under pressure

One Senior Living CEO used the pandemic pause to co-create a five-year strategy with staff. This reduced turnover and boosted satisfaction.

Use resources wisely to protect people and outcomes

One assisted living group invested in staff training. Within 18 months, turnover and incidents dropped significantly.

Rooted in What Matters

1. List three core values that guide your leadership decisions.
2. For each value, write down one example of how you've put that value into practice in your facility.
3. If you're comfortable share one of your values with someone at your table.

Leadership isn't about quick wins; it's about leaving something worth standing on.

Trunk: Leadership Mindset

- Self-reflection fuels your personal growth as a leader
- Clear, consistent goals provide direction and stability
- Strong relationships build trust and carry you through pressure

Pause for Reflection:

What's one leadership habit that's helped you grow?

Build Team Relationships

1. Think of a team goal (e.g., improving staff retention).
2. What's one action you can take to strengthen relationships with your team?
3. Be specific. If you'd like, share your idea with someone at your table.

You don’t grow strong teams by standing above them, you grow strong by standing with them.

Branches: Growth Mindset

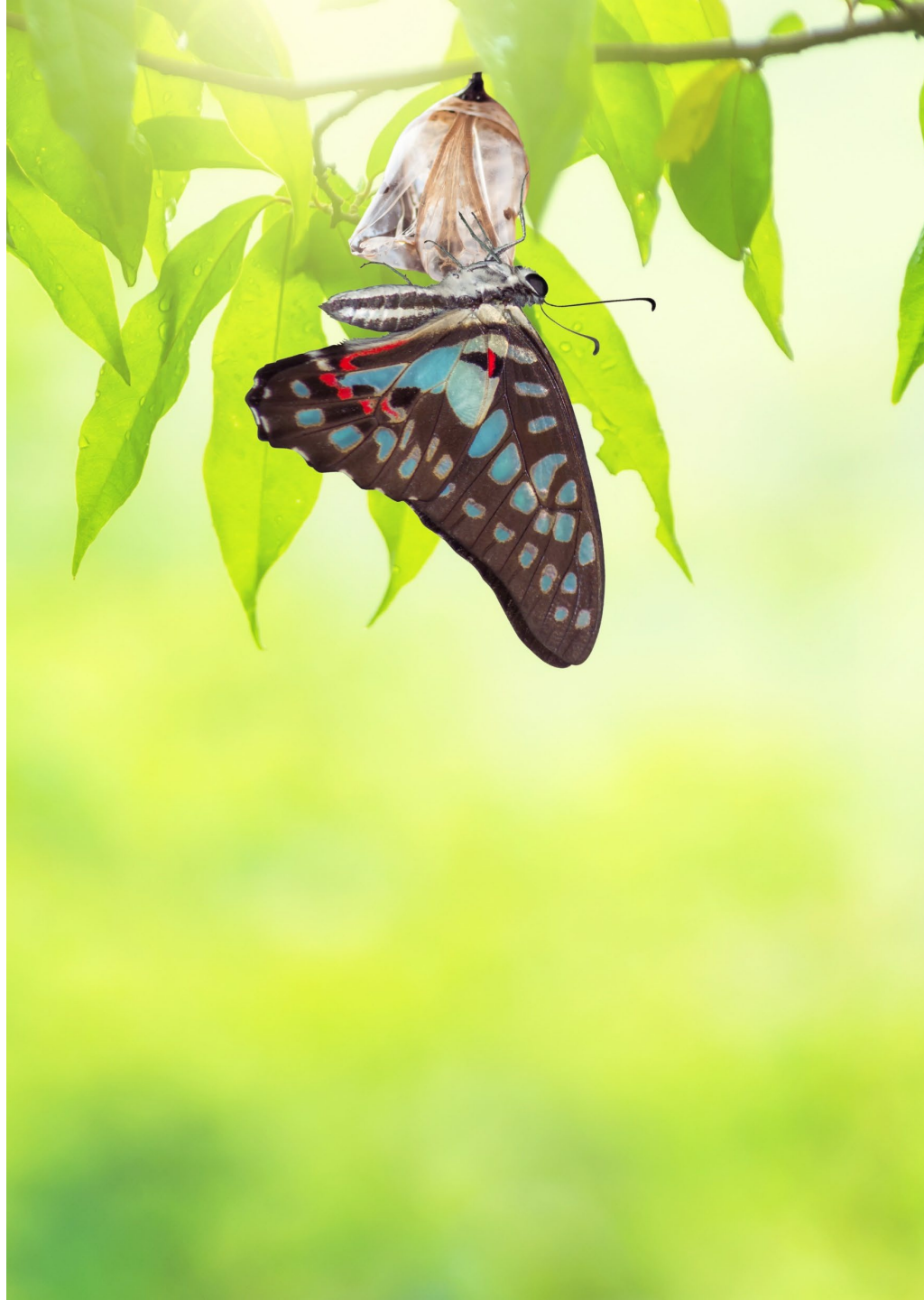
Definition:

A growth mindset is the belief that abilities and intelligence can be developed through dedication, effort, and learning from experiences.

Key Points:

- **Embrace challenges** as opportunities to adapt and innovate.
- **Learn from setbacks** to grow stronger and more resilient.
- **Continuously improve** through reflection and persistent effort.

Staff-led 'What did we learn?' debriefs after challenges helped shift the culture from blame to learning and improved team confidence



Reframe with “Yet”

1. Think of a leadership challenge you’ve faced
2. Reframe it using “yet”→ “We haven’t improved retention… yet”
3. Share your reframe with someone at your table if you’d like to.

Shifting your language shifts your mindset.

80%

of companies report that fostering a growth mindset among employees directly enhances profits and success. Forbes, 2024

Setbacks don’t define you; they refine you.

Canopy: Unified Leadership Mindset

- Sustainable Mindset:
  - Long-term
  - Ethical
  - Intentional decisions
- Leadership Mindset:
  - Self-reflection
  - Goals
  - Strong relationships
- Growth Mindset:
  - Learning from setbacks
  - Staying open to change

Together, they form a leadership mindset that supports growth, clarity, and resilience.

Unified Leadership Mindset Table

Mindset Area	Core Focus	Positive Impact	Senior Living Example
Sustainable Mindset	Long-term thinking, ethical decisions, resource use	Builds trust, reduces burnout, improves continuity of care	Introduced structured onboarding and mentorship to support long-term retention and reduce first-year turnover
Leadership Mindset	Self-reflection, clear goals, strong relationships	Aligns teams, boosts morale, improves communication	Weekly appreciation huddles; clarity on daily team goals
Growth Mindset	Learning from setbacks, embracing challenges	Increases adaptability, staff engagement, innovation	“What did we learn?” debriefs after incidents
Unified Mindset	Integration of all three for consistent leadership	Greater resilience, stronger team culture, lasting impact	Redesign onboarding with staff input and shared values

Thank you

With gratitude to Gina Gambaro and Forum Extended Services.

Let’s keep the conversation going:

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Scan to access the
Sustainable Leadership Growth Mindset *workbook*

You don’t need a title to lead. You need roots, direction, and the courage to grow, even when it’s hard

Let’s draw for our raffle prizes!!!