



AANHR

Arkansas Advocates for Nursing Home Residents

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AANHR's Mission Statement:

"To protect and improve the quality of care and life for residents in Arkansas nursing homes."

PROTECTING NURSING HOME RESIDENTS
September 2009

Kriss Schaffer, Owner/Administrator of Greenhurst Nursing Center of Charleston, Arkansas to Speak at September 14th AANHR Meeting

**Next Meeting
Sept 14**

MEETING PLACE:

First Assembly of God Church
4501 Burrow Road
North Little Rock
Directions to church on back of Newsletter.



What happened along the way that we transformed ourselves from Nursing Homes to Skilled Rehab, Health and Rehab, Nursing and Rehab? Were we ashamed of the bad rap so many of us had received (poor staffing, bedsores, improper nutrition) that we thought a name change would actually make people believe things were different inside our four walls? Had Medicare somehow dictated to us that without the proper names "skilled" or "rehab" we wouldn't receive proper reimbursement?

10:00 a.m.
Meeting for members, family and friends of residents (Closed to persons representing the nursing home industry).

Resident centered care should never lose sight of the fact that we are "homes". We shouldn't be ashamed of it. Be proud to say to someone in the grocery checkout "I work in a nursing home". No amount of fancy gimmicks, new fangled activities, buffet style dinners will make the care we give more "resident centered". Your staff must continually remind themselves that the place our residents reside in is THEIR HOME. Sure, because of the complexity of caring for so many folks at one time we have to be regimented and structured. But be flexible. I have never eaten breakfast and I don't want someone to try and poke it down me in 30 years. I hate the names of hallways being 100, 200, 300 "wing". We changed ours. Now our residents can say "I live at 101 Azalea Way". That's the simplest example of resident centered care.

11:00 a.m.
Public Meeting (see article at right)

Above all else, treat your staff well. They are the eyes, the ears, the backbone of your "home". Appreciate their daily contributions on a daily basis. (Contributed by Kriss Schaffer)

Join the AANHR Rally to support Residents' Rights Mon. Oct. 5, 2009 11:00 AM AR State Capitol Steps

Calendar of Events

August	-----	No meeting nor Newsletter (summer break)
August 12-14		Ninth Annual National Pioneer Network Conference (L.R.)
Sept 14	10:00 AM	AANHR Meeting
Oct. 5	11:00 AM	Residents' Right Rally - State Captiol Steps



From the President's Desk Martha Deaver

“What does “ Culture Change” mean in caring for nursing home residents?”

Arkansas Advocates for Nursing Home Residents (AANHR) are repeatedly asked the meaning of “Culture Change.” The Centers for Medicare and Medicaid Services supports the notion that “Culture Change is simply the fulfillment of part of the Nursing Home Reform Law of 1987, OBRA. This law requires that each nursing home “care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident.” This requirement emphasizes dignity, choice, and self-determination for residents, as do the principles of “Culture Change.” Furthermore, each nursing home is required by law to “provide services and activities to attain or maintain the highest practicable psychosocial, mental, and physical well-being of each resident in accordance with a written plan of care which is initially prepared, with participation to the extent practicable, of the resident, the resident’s family or legal representative.” This means that a resident should not decline in health or well-being as a result of the way a nursing home provides care! These provisions of the law require that resident care should be individualized to the need of the resident. “Culture Change” is an attempt to make this part of the law a reality.

“Culture Change,” (person-directed care) is defined as the common name given to the process of transforming older adult services based on person-directed values and practices where the voices of the elders and those working with them are considered and respected and person always comes before task. A home-like atmosphere along with consistent assignment of direct care employees with residents is also an important part of the “Culture Change” movement.

Our organization has seen first hand what happens when you have nursing home owners who care and are dedicated to following the laws put in place by the “Nursing Home Reform Act of 1987.” Greenhurst Nursing Center in Charleston, AR, has been a family owned nursing home for thirty years. Their commitment to care for residents by following the laws set forth over thirty years ago shows in every aspect of “Culture Change.” They are dedicated to person-directed care in a homelike atmosphere.

AANHR is dedicated to working with various other groups advocating for nursing home residents in a continual effort to educate the public. One such group is the Pioneer Network, formed in 1997, to advocate for person-directed care through “Culture Change.” AANHR is proud to be a sponsor of the Pioneer Network’s Ninth National Conference that will be held in Little Rock, AR, August 12-14, 2009.

AANHR knows there are some nursing homes in our state that are dedicated to giving good care but all AANHR can do is go by the State and Federal findings. The latest survey data shows 95% of Arkansas nursing homes were cited for health and safety standards. Sadly, the findings nationwide are similar. The recognition for the culture to change and demand that nursing home residents finally get the care the laws have required for over thirty years cannot come a moment too soon. Meanwhile, AANHR will continue to carry out our mission, “To protect and improve the quality of care and life for residents in Arkansas nursing homes.”



[AANHR Videos for Loan](#)
[Nursing Home Care Plans](#)

[The Importance of Nursing Home Family Councils](#)
[Bathing Without a Battle](#)



Bryan Wann, Administrator, Details Culture Change Points At Montgomery County Nursing Home

Some of the philosophies that we have adopted as our mantra may be considered in the framework of culture change but we view them as the simplistic and time tested concept of “the golden rule”.

It occurred to us back in the mid 1990’s that some facilities, I would like to think unknowingly, hold all the information at the top. Our approach was then, and remains to date, that every employee needs to be empowered with the ability to satisfy any request on the spot for resident and family as long as common sense thinking is used. At all times there is a senior employee with the highest ranking seniority that can make the decision if that employee is uncomfortable doing so. What this does is handle any request or concern before it turns into a problem, thus increasing overall satisfaction and empowering our employees to adopt a full sense of ownership.

Employees are shown by example from day one that we are servants to our loved ones. We have always had consistent assignment in our scheduling for all staff. The staff as well as our loved ones respond very well to the strong continuity this provides.

As we all know, the sheer number of federal and state regulations combined total close to one-thousand. We have found that when we are faced with a decision regarding anything to deal with our loved ones we simply ask ourselves what is the best thing for the resident and consequently, the regulations take care of themselves.

After each admission, our families are called at intervals of 24, 28 and 72 hour marks to ensure that all questions or concerns have been addressed. This adds to the strong continuity of care and a collaborative approach to care.

Our families are in the driver’s seat when it comes to having a voice in the home. Our family council meetings are another venue for ideas, suggestions and input. It seems that the good old fashion stopping by Mother’s room and talking with families or stopping them in the halls seems to be the most effective way of meeting and exceeding the needs of our loved ones.

Our loved ones have total control over what is on the menu. If they desire it, we order it. Also, we flex the meals around their schedules. We have full-time massage therapists that have approximately thirty regulars on the weekly message schedule. We also offer a Dental Hygienist that is in-house each Wednesday to perform cleanings and screenings in an effort to eliminate transporting residents.

We began asking families upon admission to decorate a shadow box that we provide depicting some of the things about our loved one’s life such as career choices, places lived, or special tidbits, in order for us to serve the person in an holistic manner. This allows us to eliminate the “task oriented mindset” that sometimes exists.

When addressing or talking with a loved one, we always kneel or sit in order to attain eye level communication with them so it is never construed as anything but respect and dignity within the conversation. Due to our low employee turnover many of our employees, with permission of family, take them on special outings on nights/weekends to allow them to feel like they are still a part of society and have full self worth. What we do is a ministry and we feel that it is our calling to serve these dear people that made such a difference in our lives; now it is our time to repay them for all the sacrifices they made for us.

A home can adopt all the fancy things nine ways to Sunday but in the end it must begin at the Administrator and Director of Nursing level. Accountability and leading by example is the cornerstone of this model. Then it flows to the department heads and so on. Without the buy-in of the above mentioned, a home will only flounder. Treating our loved ones like we would expect to be treated is the best mantra a home can have. At times we lose sight of this and unnecessarily complicate things to the point of serving the wrong master. By keeping it simple, it tends to correct this phenomenon.

Strength in Numbers: Empowerment Through Education

AANHR works with various other groups advocating for nursing home residents in a continual effort to gain strength by multiplying both numbers and thus empowerment. One such group is the *Pioneer Network*, formed in 1997, to advocate for person-directed care.

AANHR is pleased to welcome the Pioneer Network's Ninth National Conference to Little Rock, August 12-14, 2009. We're including a consumer guide to finding a facility that is working toward person-directed care, developed for the Network. We hope you find it helpful. More invaluable information is available at pioneernetwork.net

The Pioneer Network is working to create person-directed care in all long-term care settings including nursing homes, assisted living facilities and a wide variety of residential care settings such as group homes. Person-directed care allows the elder to make their own choices, continue familiar routines and maintain their dignity after moving into the new setting – or in other words, be at home wherever home may be.

Do you have a parent or loved one who needs long-term care? Not sure what to ask to find a setting that practices person-directed care? There are many choices available, but many elders will still need nursing home care. Here is a set of questions that we have developed to help families determine whether or not a nursing home is engaged in person-directed care.

A Consumer's Guide to Finding a Facility on the Culture Change Journey:

Key Questions to Ask the Nursing Home Staff to Determine if They are Focused on Providing Person-directed Care:

1. What type of nursing assistant assignment plan do you utilize? In other words, do your nursing assistants (CNAs) care for the same group of residents each time they work or do you rotate the assignments after a period of time?
 - Best response - "We use consistent assignments. With few exceptions, our caregivers care for the same group of residents each time they come to work."
 - Rationale - Backed by research studies, consistent assignment of the same nursing assistants (CNAs) to an individual resident allows for the caregivers to remember the routines and preferences of each individual resident and provide individualized care.
2. Do you measure CNA turnover? If so, what is your nursing assistant (CNA) turnover rate?
 - Best response - Any number under 40%.
 - Rationale - The national average is 70%. Research studies indicate a correlation between caregiver turnover and poor clinical care and service.
3. Do you measure your licensed nursing staff turnover rate? If so, what is your turnover rate of licensed nurses?
 - Best response - Any number under 30%.
 - Rationale - The national average is 50%. Research studies indicate a correlation between licensed nurse's turnover rate and poor clinical care and service.
4. What is your facility's policy regarding the use of agency nurses?
 - Best response - "No. Only our own nurses work here. However, in a dire short staffing emergency, we would call-in an agency nurse."
 - Rationale - Agency nurses are temporary workers who travel to various healthcare centers. Therefore, they do not have time to develop a detailed knowledge about individual residents.
5. What is your facility's policy on bathing and shower schedules? In other words, can my loved one be given a shower/bath when they choose?
 - Best response - "Yes. We can accommodate any individual's lifelong pattern of bathing. Please let the admitting nurse know what his/her preference is and we will make accommodations."
 - Rationale - The facility should be able to flex its staffing practices to meet individual resident preferences regarding bathing and showers.

(continued on the next page)

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6. What is your policy on morning routines; can my loved one be awakened in the morning according to their lifelong pattern?
 - Best response - "Yes. We can accommodate any individual's preferences."
 - Rationale - The facility should be able to flex its staffing practices to meet individual resident preferences regarding their morning routine.
7. What is your policy regarding the main meal being served; do you offer alternatives if my loved one does not like the main entrée being offered?
 - Best response - "Yes. Let me show you a list of the alternatives which we always have on hand if someone does not prefer the main entree being offered."
 - Rationale - The facility should have alternatives available to meet any individual's request.
8. May I see your facility's mission statement?
 - Best response - "Yes. Please let me show you our mission statement."
 - Rationale - Research studies have indicated that leaders who can easily access their mission statement are leaders who are mission driven. These leaders believe in their organization's mission to serve. They are also more likely to remind caregivers of their organization's mission.
9. How do you measure caregiver satisfaction? Do you conduct staff satisfaction surveys? If yes; what do you do with the satisfaction survey results?
 - Best response - "Yes. We measure our caregivers' morale by conducting staff satisfaction surveys. We analyze and act on the results. Our staff satisfaction is very important to us. We are always working to improve the quality of work life of our staff."
 - Rationale - Leaders who allow their staff an opportunity to complete staff satisfaction surveys are more likely to be committed to improving their quality of work life. Simply put, the happier the staff, the better the care the residents will receive.
10. What is the role here for family members? Do you have a family council and are we welcome at your facility?
 - Best response - "We welcome and encourage family members to visit here any time, to volunteer here and to participate in our family council. I am happy to provide you with our family council meeting schedule."
 - Rationale - Research indicates that families establish regular visiting patterns soon after a resident enters into a facility, and that support of families is a source of significant support for both the elders and the nursing home staff. Family members are keen observers of residents' quality of life. An active and involved family council has been proven to have a positive effect on the facility.
11. What type of recreational activities are offered here?
 - Best response - "We offer our residents a wide variety of activities here and encourage them to participate in those which are of interest to them. Once we learn about an elder's interests, we inform them of which activities match their interests on a daily basis."
 - Rationale - An individualized activities program based on an elder's interests has been shown to result in improved quality-of-life indicators.

Developed by David Farrell and the California Culture Change Coalition.
Used with permission.

I slept and dreamed that life is all joy;
I woke and saw that life is all service;
I served and saw that service is joy.
Mother Teresa



Ruth Dapremont, Martha Deaver, Pat McGuire, Ann Pinney

Partners in Care-giving Workshop "Train the Trainer"

ANHR board members Martha Deaver, James Brooks, Pat McGuire and Ann Pinney recently attended a work shop on cooperative communication between families and nursing home staff sponsored by the *Arkansas Coalition for Nursing Home Excellence*.

This educational program is based on many years of joint research conducted by Cornell University and the Foundation for Long Term Care and on over a decade of experience in developing cooperative communication programs at Cornell University. The conceptual basis of the project:

Problems in Family to Staff Relationships

Much concern exists today about the problems of family caregivers to dependent elderly persons. However, it is often assumed that the family's involvement ends when the relative is placed in a nursing home. In fact, this is not the case: much research shows that families continue to interact with and provide care for institutionalized elderly relatives. Family involvement in nursing homes is very beneficial for residents. However, difficulties experienced by both families and staff can sometimes cause strained relationships and decreases in family involvement.

For family members, the placement of a relative in a nursing home is an immensely stressful event. Families experience guilt over "abandoning" their

relatives and anger at the circumstances that made it necessary. They often have negative stereotypes about nursing homes and fears about the quality of care that their relative will receive. Families sometimes do not complain about the care received because of concerns that staff may retaliate against their relative or that they will be asked to seek care for the relative elsewhere.

Nursing home staff, too, are struggling to make ends meet and to provide good care under very demanding work conditions. Nursing homes are chronically understaffed, which leads to severe job stress on the part of nurses and nursing aides. Further, staff rarely receive training in ways to work with family members more effectively. These pressures can lead to poor relationships with the residents' families.

In sum, aspects of institutional life sometimes cause problems for families and decrease their involvement. In particular, staff-family relations can be strained and conflicted. Such conflict can lead to the eventual alienation of family members, and to a reduction in their involvement with their relatives.

Goals of the Partners in Care-giving Workshops

1. Families learn that they are important partners in their relative's care.
2. Families become more comfortable initiating communication with staff.
3. Families learn skills that help them be more effective in discussing the care of their relative with staff.
4. Family members feel less isolated.
5. Staff members gain new insight into the barriers that prevent family involvement, and learn how to reach out effectively to all family members.
6. Staff learn positive communication strategies, including effective listening, understanding defensive behaviors, and resolving conflicts.
7. Staff feel less isolated.
8. Nursing homes develop policies that encourage a wider range of family involvement.

The manual for this training is available online to be downloaded as a pdf document at <http://www.citra.org/wordpress/partners-in-caregiving-cooperative-communication-between-families-and-nursing-homes/>



***Always do right. This will gratify some people
and astonish the rest.***

**Advancing
Excellence**
in America's Nursing Homes

- Mark Twain

Join the *Advancing Excellence in America's Nursing Homes Campaign* as a Consumer to make a difference for resident-directed care.

Name: _____

Email Address: _____

Address: _____

I would like to be included on the Arkansas LANE electronic mailing list to receive updates on educational opportunities and events.

I do not wish to be included at this time.



RETURN TO:

Arkansas LANE

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“Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy.” Proverbs 31:8 NIV

110 CNAs Feted at 5th Annual AANHR Banquet

Arkansas Advocates for Nursing Home Residents (AANHR) proudly honored the caring Certified Nursing Assistants who provide the primary care for residents in Arkansas nursing homes on June 8, 2009 at First Assembly of God Church in North Little Rock. Those honored have provided loving care for the infirm of our state in spite of low pay and few words of thanks, some for ten, fifteen, and even twenty years. One-hundred-ten men and women from across the entire state, representing sixty-three nursing facilities received personal thanks for their untiring service. Each received a framed Certificate of Merit, a pin, and a Wal-Mart gift certificate. AANHR was also honored to entertain facility DONs, Administrators, friends and family members as invited guests of the honorees to the tune of 220 total luncheon guests. Participants came great distances from the four corners of the state.

AANHR President Martha Deaver read a proclamation from Governor Mike Beebe. Kathie Gately, Arkansas' State Ombudsman, delivered inspirational remarks using an old/new gift bag example which illustrated that residents have accumulated many valuable life experiences and that one cannot judge a book by its cover. Two CNA honorees, Pamela Brewer (Stoneybrook- Benton) and Yoana Toxqui (Fayetteville Veterans Home), chose one of the two bags to both become winners of a nice cash gift enclosed in an old or new book.

Next, Ms. Carol Compas, Nursing Home Quality Initiative Project Manager for Arkansas Foundation for Medical Care spoke. Ms Compas completed her presentation with an interactive project to ferret out the "best listener" present. The winner, who drew the "plumpest pig with the largest ears", received a cash award from Ms Compas.

AANHR greatly appreciates these two special ladies, Kathie & Carol, and all they do to promote good care in nursing homes. Special thanks are also in order for their substantial roles in making the 2009 luncheon the great success that it truly was. Following the presentations, CNAs were recognized and rewarded. As a luncheon finale, Ms Compas drew Morrilton CNA Tracy Ann Meadors' name as the winner of the one-hundred dollar AANHR door prize.





Lonoke Nursing Home Residents



Dr. David Montague, Director of UALR Senior Justice Center

Fifth Annual Residents' Rights Rally



Governor Mike Beebe, Dr. Montague, Kathie Gately, Arkansas State Ombudsman, Dr. Gerald Parker

Dr Gerald Parker, Sr. of Pilgrim Progress Missionary Baptist Church and James Brooks, AANHR Board Member



Jay Shue, Arkansas State Attorney General, Medicaid, speaks to rally.



Eden Alternative: 10 Principles

Martha Deaver, AANHR President, recently became an Eden Associate after attending a three day Eden associate training session, hosted by Chenal Heights Nursing Center in West Little Rock. Eden Alternative Associates are people who have completed a three day training in the principles and practices of the Eden Alternative. Currently, Eden associates include elders, family members, state and federal surveyors, ombudsmen, volunteers, legislators and even a few dogs that have completed the three day training.

By becoming an Eden Associate, Martha joined an ever-growing group of people (15,000 to date) who are committed to the hard work of changing the way we care for our Elders. This invaluable network of caring people can draw on each others' experiences to help in their own journeys. Following is a list of the 10 principles covered in the training.

- 1) The three plagues of loneliness, helplessness and boredom account for the bulk of suffering among our Elders.
- 2) An Elder-centered community commits to creating a Human Habitat where life revolves around close and continuing contact with plants, animals and children. It is these relationships that provide the young and old alike with a pathway to a life worth living.
- 3) Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.
- 4) An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.
- 5) An Elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.
- 6) Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.
- 7) Medical treatment should be the servant of genuine human caring, never its master.
- 8) An Elder-centered community honors its Elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.
- 9) Creating an Elder-centered community is a never-ending process. Human growth must never be separated from human life.
- 10) Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute.

Martha is very interested in knowing if Eden principles are applied in your nursing home and whether the principles have made a difference in your loved one's life. Please contact her with your comments at 501-450-9619 or email to marthadeaver@sbcglobal.net

CMS Artifacts of Culture Change Assessment:

A valuable rating tool for nursing homes and consumers on the "Culture Change Journey". Check out the link to this tool on the AANHR.org website. The Centers for Medicare & Medicaid Services publishes it.

AANHR Special Thanks

We extend our heartfelt thanks to the following people and groups who make our outreach possible:

- Chad Trammel and Don Sorey** of The Law Offices of Nix, Patterson and Roach for gift memorials and financial support.
- Brian Reddick and Bob Edwards** of Wilkes and McHugh for its financial assistance in the printing and mailing of AANHR's newsletter and other publications as well as financing the attendance of two board members to the annual NCCNHR conference.
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- First Assembly of God Church** in North Little Rock for providing AANHR a meeting room.
- Bob Davidson** of the Law Offices Of Bob Davidson, PLLC, for advising AANHR's Board of Directors.
- Gary Miller** of ProSmart Printing for assistance in newsletter and brochure publication.

AANHR Officers and Board Members

- President** - Martha Deaver, Conway
- Vice President** - Nancy Johnson, Fairfield Bay
- Program Chairman** - Nancy Allison, Conway
- Secretary** - Betty Buckta, Judsonia
- Treasurer** - Nancy Johnson, Fairfield Bay
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- Honorary Board Members:** Jim and Faye Sandstrum, Searcy.
- Newsletter Editors:** Martha & Ernie Blount, Searcy

Helpful/Important Numbers

The Office of Long Term Care (OLTC)

has a toll-free number for information, assistance and complaints for residents and family members:
1 - 800 - LTC - 4887 between 8 a.m. and 4:30 p.m. on weekdays.

You may also write to: Office of Long Term Care (OLTC) P.O. Box 8059, Slot 400 Little Rock, AR
72203-8059

OLTC website:

<https://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/index.aspx>

You should also report complaints to the Arkansas Attorney General

Toll Free: 1 - 866 - 810 - 0016

Little Rock Local: 682 - 7760

For additional assistance or a listening ear, call AANHR at

(501) 450 - 9619 in Conway;

(501) 884 - 6728 in Fairfield Bay;

Visit our website at www.aanhr.org or e-mail us at Info@aanhr.org

Your local Ombudsman's number should be posted in a prominent place in the nursing home, preferably near the front entrance. You may also call your local Area Agency on Aging to secure the name and phone number of the Ombudsman.

The UALR Senior Justice Center can be reached at: 501 - 683 - 7153.



Arkansas Advocates for Nursing Home Residents

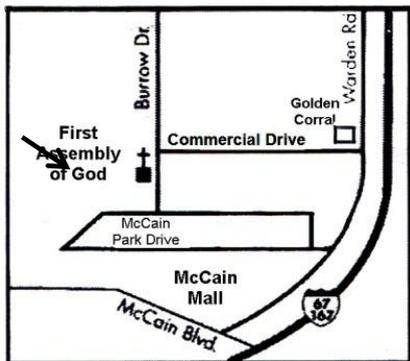
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www.aanhr.org

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**Strength in Numbers,
AANHR Needs You!!**

AANHR is a nonprofit organization run by non-paid volunteers dedicated to protecting and improving the quality of care and life for Arkansas residents in long term care facilities.

Won't you please lend your support to us by joining our organization? Your membership dues help to pay for our activities that support our mission statement. Memberships are available on a calendar year basis. Join now and you will be a member through December 31, 2009.

Name _____

Mailing address _____

City/State/Zip _____

Phone _____

Email _____

- () I wish to receive the AANHR newsletter.
- () \$15 per individual membership enclosed.
- () \$20 per family or corporate membership.
- () \$4 per student or CNA membership.
- () Waive dues because of financial hardship.

Please make checks payable to: AANHR and mail to
135 Hillside Dr #112 Fairfield Bay AR 72088-4026

**Driving directions to
First Assembly of God Church,
4501 Burrow Road, North Little Rock**

Coming from the North:

When driving South on Highway 67/167, take exit #1 onto Warden Road. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Coming from East, West or South:

If you are on either I-30 or I-40, take Highway 67/167 North. Take exit #2 onto Landers Road. Stay in the left-hand lane, as you will be turning left and going under Highway 67/167 and enter Warden Road going southbound. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Commercial Drive terminates at the church. Proceed straight across Burrow Road into the church's parking lot and turn right at the far side of the building into the narrow alley-like drive.

The entry door is located about half-way down this side of the church and the meeting room (#113) is immediately inside the entrance door.