

ACTIVITY DIRECTOR MONTHLY

Newsletter of The Activity Director's Office Website

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Providing Online Resources for Activity Professionals

October 2005

FTAG 248 is changing: ARE YOU READY?

By Sandra Stimson ADC, CALA, CDP
Executive Director, Alternative Solutions in Long Term Care
<http://www.activitytherapy.com>

FTAG 248 is changing: Are you ready? "Activities: The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental and psychosocial well-being of each resident." If you are not familiar with F248 and 249 and the interpretive guidelines, you can purchase the book through American Health Care Association located in Washington DC, Titled, The Long Term Care Survey. Pay close attention to the interpretive guidelines. You can also purchase a video titled "surveying the activity department" through Heaton Resources. This is the training video for surveyors.

What this means in changes to come either in the regulation or interpretive guidelines, is that every single resident must have appropriate programs to fit their needs through large or small groups and one on one. Many facilities are still using one calendar instead of multiple calendars to fit the needs of the dementia clients and the low functioning. If you have not completed a population analysis and a calendar analysis, we strongly advise that you purchase these forms and make changes based on the findings from these analysis. You can purchase at www.activitytherapy.com Observe your programs just as a state surveyor would. Can every resident in that program participate. Walk around your building. Make a list of every resident who is not attending and determine why and implement programs to fit

their needs.

One big change that every facility will need to address, is sensory rooms. All facilities will need to have sensory rooms. It's not a state recommendation or a federal requirement. But in an average building size of 230 clients, you have at least 40 residents who can not participate in the currently scheduled activity because of their illness or cognition. Sensory rooms are recommended for this segment of your population. Many of these clients have been identified on your quality indicator report as "little or no activity." A sensory room makes sense as it can accommodate large groups who need stimulation. The sensory room is not a warehouse room. There should be ongoing stimulation while the clients are in this room such as hand massages. You should be documenting in their care plans if they are attending the sensory rooms. Prior to care plan meeting document their participation in the activity notes or interdisciplinary notes. If you don't have space for a Sensory room, try placing it against the back wall of your dining room.

Sensory rooms can be used for dementia clients, NPO programs, pain management, depression, end stage hospice, just to name a few. It is also an excellent room for families to spend time with their loved ones who can no longer communicate. Families who bring small children also enjoy this room as it's interactive and fun. Staff should be encouraged to use these rooms for stress relief as facilities are required to provide stress programs for their staff.

(Continued on page 9)

Linda's Notes

Hi, AD's!

It sure is good to be back! During this last few months I didn't pull all of my hair out...but Bob said he thinks I could use a wig. For those of you who have websites...make sure everything is backed up and protected by an uninterrupted power source. We are now using Back-UPS 1000 by APC. Don't let our disaster happen to you.

The ADO Makes Parties site is doing great. Remember...we started this site for you so you can purchase party supplies...securely online...at wholesale prices...and have them delivered directly to your door. It doesn't get better than that.

Thanks for all of your e-mail. Because of your many suggestions, several other ideas are being considered for posting to **The Activity Director's Office**. If you have any suggestions as to how we may better serve your needs, please drop me an e-mail to:

admin@theactivitydirectorsoffice.com.

Thank you for subscribing to **Activity Director Monthly** and have a great month doing the job you love.

Happy AD'ing,

Linda Lucas, A.D.



Linda Lucas is the owner of **The Activity Director's Office** website. She has been an Activity Director in Indiana since 1983.

Readers may contact Linda at:
admin@theactivitydirectorsoffice.com



<http://www.theado.makesparties.com>



Bob's Monthly Journal

By Robert Lucas, H.F.A. (retired)
Owner/Editor of Newsletter-Express.com
<http://www.newsletter-express.com>

Halloween Rules for Dummies

You can never be too careful on Halloween. We have all seen those dreadful movies and listened to those spooky stories and urban legends. Well, here is some sensible advice from our friends at Corsinet.com.

1. When it appears that you have killed the monster, never check to see if it's really dead.
2. If you find that your house is built upon or near a cemetery, was once a church that was used for black masses, had previous inhabitants who went mad or committed suicide or died in some horrible fashion, or had inhabitants who performed satanic practices in your house - move away immediately.
3. Never read a book of demon summoning aloud, even as a joke.
4. Do not search the basement, especially if the power has just gone out.
5. If your children speak to you in Latin or any other language which they should not know, or if they speak to you using a voice which is other than their own, shoot them immediately. It will save you a lot of grief in the long run. NOTE: It will probably take several rounds to kill them, so be prepared.
6. When you have the benefit of numbers, never pair off and go it alone.
7. As a general rule, don't solve puzzles that open portals to Hell.
8. Never stand in, on, above, below, beside, or anywhere near a grave, tomb, crypt, mausoleum, or other house of the dead.
9. If you're searching for something which caused a noise and find out that it's just the cat, leave the room immediately if you value your life.
10. If appliances start operating by themselves, move out.
11. Do not take anything from the dead.
12. If you find a town which looks deserted, it's probably for a reason. Take the hint and stay away.
13. Don't fool with recombinant DNA technology unless you're sure you know what you are doing.
14. If you're running from the monster, expect to trip or fall down at least twice, more if you are of the female persuasion. Also note that, despite the fact that you are running and the monster is merely shambling along,

it's still moving fast enough to catch up with you.

15. If your companions suddenly begin to exhibit uncharacteristic behavior such as hissing, fascination for blood, glowing eyes, increasing hairiness, and so on, get away from them as fast as possible.
16. Stay away from certain geographical locations, some of which are listed here: Amityville, Elm Street, Transylvania, Nilbog (you're in trouble if you recognize this one), the Bermuda Triangle, or any small town in Maine.
17. If your car runs out of gas at night, do not go to the nearby deserted-looking house to phone for help.
18. Beware of strangers bearing tools such as chainsaws, staple guns, hedge trimmers, electric carving knives, combines, lawnmowers, butane torches, soldering irons, band saws, or any device made from deceased companions.

Visit **Corsinet.com** at the following address:
<http://www.corsinet.com>

(Used with permission)



The DH Special Services Page

By Debbie Hommel, BA, CRA, ACC

Executive Director of DH Special Services

<http://www.dhspecialservices.com/home.htm>

Organizing and Managing an Individual Visit Program

Many years ago, as a new activity professional, I remember being sent on my first room visit. When I asked what a room visit was, my director told me to go find residents in their rooms and visit them. Although I did peek into the rooms of the more impaired residents, I tended to gravitate to those residents who were alert and responsive. Most were engaged in their own activity and some even had visitors already. Unfortunately, with the plan my director gave me – those residents needing visits did not get them.

Managing the room visit program is a challenge for most activity departments. Room visits are often the first responsibility to be eliminated or cancelled when someone calls out or the department is down staff. This is unfortunate, as this population needs as many interventions and sometimes more than those who can attend groups or seek out their own stimulation.

If we follow the therapeutic process, we know the first step is to identify those residents needing such a program. Having a targeted list of residents who do not partake in group functions is a beginning. Categorizing or grouping the residents by need is the second step. Creating groupings of residents who are more alert or who need sensory or who are admitted for short-term care will help define the type of program, which needs to be created. If those remaining in their room are more impaired, than materials of a sensory or supportive na-

ture need to be organized.

The next step is to gather materials. Having supplies dedicated to the room visit program is highly recommended. If the supplies for the room visit program are also used for the group programs, this may present challenges when seeking the materials for the room visits. If the materials were left on a unit or in a closet, one would have to spend precious visit time seeking out the materials prior to each defined room visit period. Although it may seem like an unnecessary expense to have duplicate materials, having dedicated materials to the program saves time in the long run and allows for more time to be devoted to actual visits. Secondly, they need to be organized in an accessible or useful manner. If one has to rummage through a closet to find the materials, again time is wasted. Organizing the materials onto a cart or large basket is one suggestion. Then, when assigned to conduct room visits, all one has to do is grab the cart or basket and start visiting.

One creative idea is to have theme carts. Theme carts can be holiday or seasonal based. Decorated with visuals, music and food related to the theme - allows for a portable party or reminiscent group to be brought to the room. Carts focusing on cooking, gardening and sensory are also effective. Titling the cart a creative name such as "Activities-a-go-go" or "Activities-on-the-go" or "Activities-a-la-cart" is popular.

Another suggestion is to clearly define staff responsibilities. To just say "visit whoever- whenever you get time", is not effective. There is greater potential for a resident to be overlooked with this

approach. Specific caseloads of visitation should be defined. Some facilities do it by unit or floor, while others work off defined lists. In either case, staff needs to be responsible and accountable for the visits.

A monitoring system is also recommended. Keeping the monitoring system simple and efficient is essential. Visit forms where staff write narratives for every visit are too time consuming and the entries eventually become inconsistent. Adopting a simple checklist, which defines frequency, content and response to visit is the best approach.

Timing and content of visits should be defined by the plan of care. Some residents may appreciate more frequent, shorter visits. While other residents prefer a longer visit. Additional in room support can be secured through volunteers. Volunteer visits should be included within the care plan and the monitoring format.

The final rule is that room visits should be as structured and as organized as our groups. To conduct room visits only when there is an extra staff person or if it is a slow group day is a disservice to those residents who are limited to their rooms. All residents can benefit from our interventions, whether in group or in their rooms and all residents deserve that opportunity.

ABOUT DEBBIE

Debbie Hommel is a Certified Activity Consultant on State and National level, with over twenty-seven years of experience in providing direct care and consultation to long term care, medical day care, assisted living, and ICF/MR facilities throughout New Jersey, New York, Maryland, and Pennsylvania.

She is an experienced trainer and workshop presenter, conducting a variety of seminars throughout the Tri-State area for the Activity Professional, Administrator, and allied healthcare professional. She is ACC certified through the NCCAP.

The Alternative Solutions Page

By Sandra Stimson ADC, CALA, CDP

Executive Director, Alternative Solutions in Long Term Care

<http://www.activitytherapy.com>

How to be Prepared for State Inspection and Resident Council

If you're holding monthly resident council meetings and are following up on every issue immediately, you will have no surprises. If you have not implemented more empowerment groups and the environment is toxic, than it can be guaranteed that the first time you hear of an issue will be from a state surveyor. There should be no surprises during an inspection. We caution you not to pump the residents for information about the "group meeting" with the inspectors.

Action steps to prepare for state inspection:

1. Trend the resident council minutes.
2. Begin asking the exact same questions the surveyors will ask in the group meeting. These questions can be found in the Long Term Care Survey Book. The page is found in front of the book and is titled: Quality of Life Assessment, Group Interview. Document the questions and responses. Assisted Living does not have federal guidelines but it is recommended that Assisted Living and Adult Day Care follow the same guideline questions for your council meetings. You can purchase the book from American Health Care Association in Washington D.C.
3. Each month review one resident right with the Resident Council. Ask the Social Worker to review the resident right. Place the resident right to be reviewed on the Activity Calendar in bold print and in the newsletters.
4. Provide a form for high functioning residents who do not attend the meeting to complete. The form should ask for their suggestions or concerns. Do not give their name at the meetings. Present their comments at the resident

council meetings.

5. Keep a folder of all resident council meetings and label this folder, "State Surveyors Ready File." This file contains the resident council minutes with resolutions and activity calendars. For the activity calendars, bold anything on the calendar that you want surveyors to be aware of such as trips, intergenerational events, pet therapy, empowerment groups, etc.

6. Meet with your volunteer ombudsman if you have one. Each time the volunteer is in the building, have an exit meeting and document all concerns or suggestions and follow up. The volunteers do complete written reports of each visit and submits their reports to their volunteer coordinator with the agency they are working for. In turn, these are submitted to state surveyors. The volunteer ombudsman should not be attending the resident council meetings unless invited. Families should never be allowed to attend these private meetings.

7. Hold monthly Administrators Tea's for the highest functioning residents. This should be a very formal event, with china and a special snack. This is not a complaint session rather a time to gather and discuss an issue, such as how the residents planned for a special holiday in their home. Have an topic to discuss and props to go with it. It should be 45 minutes long. This provides a forum to build a relationship with the administrator and sets the tone for an "open door policy" to the administrator. Residents will come to the administrator if they develop a rapport

8. Prepare a list of the residents names who will be attending the group meeting with the inspectors and keep in this

folder. It should contain 5 resident names. Do not invite the entire resident council to the surveyor's group meeting.

9. Prepare "Do Not Enter Signs Resident Council in Process" for all doors leading into the room where the surveyors will be meeting with the residents.

10. Type up the names of the residents (5) who will be attending the group meeting and present to the surveyors during the entrance meeting. It's is good to provide the resident names so that they are aware in advance of who will be attending the meeting. You only need 5 names. It is a sampling of the residents who attend the meeting and it should include the executive council if you have a president and vice president.

11. Work now to recruit a President and Vice President of the resident council.

(Continued on page 7)

ABOUT SANDRA

Sandra Stimson has experience as a corporate consultant, Corporate Trainer and National Speaker. Her experience is in long term care, as Activity Director, Director of Alzheimer's Units and Assistant Administrator of a 550 bed long term care county home. She is Co-founder of Pet Express Pet Therapy Club, is a Life Replay Specialist. Sandra implements dementia units nationwide. Sandra has written several books, Volunteer Management Essentials for Long Term Care and Pet Express Pet Therapy Program. Sandra has been a facilitator for Alzheimer's support groups and is the Awards Chair for the NJ Association of Activity Professionals. Sandra is the Executive Director of National Council of Certified Dementia Practitioners
<http://www.nccdp.org>

<http://www.activitytherapy.com> offers resources for health care professionals in many areas of dementia care, care plans, Snoezelen products, dementia activity calendars, adult day care calendars, sensory calendars, reminisce videos for dementia, activity books, and dates to remember, party supplies, resources and links.

Attention: In-Service Directors, Education Coordinators,
Corporate Trainers and Consultants

Train The Trainer Seminar

Oct 29th Saturday NYC

From: The National Council of Certified Dementia Practitioners
1-877 - 729- 5191 www.nccdp.org nationlccdp@aol.com

National Council of Certified Dementia Practitioners Stress The Need For Alzheimer's and Dementia Training For All Healthcare Workers!

As the number of dementia cases continues to increase nationwide and worldwide, there is a great necessity to insure that caregivers are well trained to provide appropriate, competent and sensitive direct care and support for the dementia patient. The National Council is stressing the need for Alzheimer's and Dementia training for all health care professionals. It is imperative that long-term care facilities provide competent trainers in the area of Dementia.

The National Council of Certified Dementia Practitioners is holding a nationally recognized Alzheimer's and Dementia Train the Trainer Seminar on October 29th in NYC. The seminar is recommended for Corporate Trainers, In-Service Directors, Geriatric Care Managers, Nurses, Administrators, Activity Professionals, Social Workers and Consultants.

The Alzheimer's and Dementia Trainer Seminar will provide the student with all the tools to implement a comprehensive training program on Power Point, Over-

head Copies, Text Books, DVD and Handouts. The course will include Overview (Diagnosis, Prognosis, Treatment,) Communication, Feelings and Repetitive Behaviors, Wandering, Hoarding, Paranoia, Hallucinations, Sun Downing, Intimacy, Sexuality, Aggressive Behaviors, Catastrophic Reactions, Personal Care (Swallowing, Eating, Bathing & Dressing), Activities, Environment, Staff and Family Relationships, Stress and the Caregiver, Multicultural Considerations, Pastoral Care and End of Life Care.

The National Council of Certified Dementia Practitioners was formed by a group of professionals with varying work experiences in the field of dementia care. Their backgrounds include Nursing, Psychiatry, Therapeutic Recreation, Social Services, Long Term Care Administration, Elder Law and Home Care Administration.

The NCCDP was formed to promote standards of excellence in dementia education to professionals and other caregivers who provide services to dementia clients. The goal of the council is to develop and encourage comprehensive standards of excellence in the profession and delivery of dementia care.

To apply as a NCCDP approved instructor, the applicant must have the following credentials:

- Certified or licensed in a health

care profession

- Bachelor's degree or higher from an accredited college or university
- Minimum 3 years experience as a geriatric health educator and/or an instructor in geriatric health care.

The NCCDP also provides training to law enforcement as they are generally the first to respond to emergencies. For information please contact **National Council of Certified Dementia Practitioners** toll free at:

1- 877 – 729 - 5191

or visit our website:

www.nccdp.org

and download the **Train the Trainer** registration form. This will be the last class offered on the east coast until 2007. Please see our web site for other locations and dates for **Train the Trainer**.

If you have not had the opportunity to sign up for our complimentary newsletter, please take the time as we send out quarterly newsletters with information regarding dementia issues, changes and recommendations.

Free CEU's available for CDP recertification through Alzheimer's Care Guide www.care4elders.com

Once you are an approved trainer by the NCCDP, you are not only able to train your staff, but qualify your staff to become Certified Dementia Practitioners through the NCCDP.

ElderCare Activities Guide Page

By Kate Lynch, Editor
ElderCare Activities Guide magazine
<http://www.activities4elders.com/>

Program Improves Cognitive Function, Fitness

By Moira Keating

Reprinted from *Alzheimer's Care Guide* (www.care4alzheimers.com) and *ElderCare Activities Guide*

It was shortly after her father's funeral, as her mother tried to write thank-you notes to family and friends, that Susan Arkin first noticed that something was not quite right. Her mother Beatrice, normally a highly verbal and articulate woman, could barely pen two sentences. Shortly thereafter, Beatrice, whose memory had greatly declined, was diagnosed with early stage Alzheimer's. Knowing little about the disease at the time, Sharon asked about a plan for treatment.

"There is none," the doctor responded. "Come back in a year, and we will see how much she has deteriorated." Discouraged but unwilling to lose hope, Susan, who was a PhD candidate in psychology at the time, began experimenting on her mother with different memory and language stimulation activities. "My mother became my guinea pig," says Arkin. These initial intervention exercises eventually evolved into a nationally acclaimed study. Funded by the National Society on Aging, Arkin created and directed the Elder Rehab Program at the University of Arizona.

Arkin's program clearly proved that patients who participated in supervised exercise sessions had a marked increase in physical fitness, improved moods, and a slower rate of cognitive decline.

During the course of the five-year study, 24 mild to moderate stage Alzheimer's patients participated in twice weekly exercise sessions, one supervised by a U

of A student, the other by a family member or caregiver. Language and memory stimulation activities and weekly supervised volunteer work were also part of the program. One of the wonderful things about Arkin's study, besides the incredible insight it gives into the disease, is the fact that it can be easily replicated at nursing homes and other elder care facilities.

The key to starting your program begins with the three intervention components: exercise, memory and language stimulation exercises, and volunteer work.

Exercise

"The single most important benefit of a physical exercise program for dementia patients," says Arkin "is that success and improvement in function are virtually guaranteed. And this is a welcomed experience for persons with dementia who typically face daily failures as their dementia progresses."

The exercise component should be a balanced one that includes aerobic activity, weight training, and stretching or balancing activities. Arkin recommends that participants complete 20-30 minutes of aerobic activity be it with standard gym equipment like a treadmill, or if a gym is not available, household activities like raking leaves or washing windows. The aerobic activity should be coupled with 20-30 minutes of strength training and five to ten minutes of stretching. (See side bar for a list of exercise suggestions.)

Patients should take part in two supervised exercise sessions per week; one can be supervised by a student/volunteer, the other by a family mem-

ElderCare Activities Guide is a bi-monthly magazine that provides useful activities, calendars, therapeutic activities and programs, feature stories, specialized activities for Alzheimer's patients and other disease conditions, professional news, medical news and much more!

Special Internet subscription price:
Only \$35.

To order yours today:

PHONE: 1-800-354-3371

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P.O. Box 612
Cedar Falls, IA 50613

ONLINE: <http://www.activities4elders.com/>

Email: klynch@cfu.net

ber or caregiver.

Language and Memory Stimulation

Memory and language stimulation activities should be incorporated into the weekly student / volunteer supervised exercise sessions. "The students," says Arkin "should conduct 10 to 12 memory and language activities during the session" be it while the patient is on the treadmill or the exercise bike or during a rest period while weight training. Language and memory activities include anything from a discussion of controversial issues to word association. The activities not only provide practice in memory skills that ordinarily decrease in Alzheimer's patients, they help to pass the time and improve the patient's conversational abilities. (See side bar for a list of recommended activities.)

Volunteer work

Arkin included a volunteer component in the program because she found that her mother, though forgetful in the early stages of the disease, was always better at remembering things she had to do for others than remembering her own daily activities or obligations. For example,

Beatrice never forgot to water her neighbor's plants when she was out of town, or remind her friends in the apartment complex of their scheduled doctors' appointments. "And," says Arkin "my mom always felt good when she was helping someone out."

It is important to keep in mind the interest of the patients when developing volunteer or service activities. For example, for those patients who enjoy walking, Arkin suggests contacting the Humane Society or local kennel for they are always in need of dog walkers. And for those who enjoy young children, day care centers often welcome the elderly to read to or play with the children. These activities, like the exercise components, always take place in a one-on-one partnership with a student/volunteer. This intervention enables the patient to not only feel useful and appreciated but connected to the community as well. (See side bar for volunteer suggestions.)

Finally, Arkin recommends that student/volunteers incorporate twenty minutes of walking or some type of physical activity into the "volunteer day."

The Key to Success

One of the most important keys to a successful program is the use or presence of students.

"Most early stage patients," says Arkin "loved being exposed to the students. Usually they are in the care of an elderly spouse or son or daughter whose primary concern is with the logistics of caregiving, getting them to appointments etc."

"The students," Arkin says, "were there just to stimulate them, entertain them and enjoy them. Though you can certainly recruit volunteers to staff your program, "The problem with volunteers," says Arkin, "is that you do not have the leverage over them that you do with the students who are earning credit. With students, you get 100 percent compliance and 100 percent attendance something we didn't even get with family members."

Finding students however is not that difficult. Many universities and colleges now require students to complete service projects to graduate, and many college campuses now have internship programs that provide students with credit for the internship experience.

Arkin suggests contacting your local university to see if such programs exist, or contacting academic departments such as Speech and Hearing, Psychology, Nursing or Social Work to see if a professor would offer independent study credits to students who participate in your program.

"An enterprising activity director," says Arkin "can create an enduring and mutually beneficial partnership between residents and enthusiastic young people with love and energy to give. Get moving!"

Susan Arkin, PsyD, MEd, is a licensed clinical psychologist and Alzheimer rehabilitation consultant affiliated with the University of Arizona's Department of Speech and Hearing Sciences. If you would like to contact Dr. Arkin, you can email her at Arkinaz@earthlink.com. If you would like more information regarding her Elder Rehab Program visit her website at www.u.arizona.edu/~sarkin/elderrehab.html

For those interested in initiating a language-enriched exercise program at their facility, beginning in January 2005, the University of Arizona will offer a continuing education course pack which contains a 160-page workbook that includes the exercises Dr. Arkin used in her program, as well as work sheets to track patients progress; and a video that demonstrates all exercises and language activities. To order this packet, call 1-800-873-6759 or email www.dswfitness.com

Suggested Exercises

Aerobics
Swimming
Rowing machines
Stationary bikes
Climbing stairs

Gardening
Dancing
Weight Training
2 sets or 10-12 repetitions
Leg press
Chest press
Arm curls

Language and Memory Stimulation Activities

Word Association
Sentence Completion
Object naming
Advice and Opinion questions
Discussions of controversial topics
Proverb completion
Short story recall quizzes

Volunteer Activities

Reading for children at day care facilities
Stocking shelves or filling food boxes at the Community Food Bank
Stamping/shelving library books
Taking wheel chair bound patients for walks
Grooming dogs at the Humane Society
Serving at food kitchens



(Continued from Page 4)

12. Play a monthly resident rights bingo.
13. Yearly update the charts to show residents have been advised of their resident rights.
14. At every council meeting, note in the minutes that you have discussed where the resident rights are posted.

Activity Suggestion for October

By Linda Lucas, AD
The Activity Director's Office
admin@theactivitydirectorsoffice.com

Caramel Apples

Many senior residents would like to once again enjoy the taste of caramel apples. However, for most residents it is no longer possible to bite into caramel coated, fresh apples on a stick. Here is a solution they will definitely enjoy.

Supplies needed:

- Apples - ask for donations from your local orchard or grocery store.
- Caramel sauce - from the ice cream sundae supply section of the grocery store.
- Slow cooker - e.g. Crock Pot
- Lemon juice
- Bowls
- Spoons
- Dippers

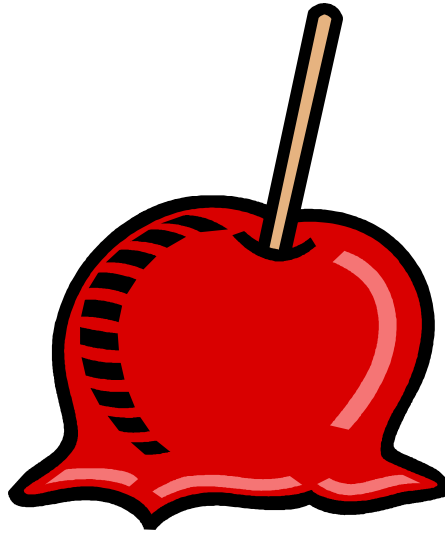
Directions:

1. In the morning of the day you have scheduled to serve caramel apples, have your Cooking Club and Volunteers peel, core and dice ap-

ples into bite sized pieces.

Pour some lemon juice on the apples to keep them from darkening, then set aside.

2. An hour and a half before you plan to serve the caramel apples, put caramel sauce into a slow cooker set on low heat. Remember to stir the caramel on a regular basis.
3. To serve, put some diced apples into an individual serving bowl and drizzle hot caramel sauce over the top.
4. Watch for the smiles!



(Feel free to use this graphic to promote your activity)

Christopher Columbus

(1451-1506)

He was the European discoverer of the New World, born in Genoa, Italy. He went to sea at 14, was shipwrecked in Portugal, and settled there c.1470. His plans to reach India by sailing West were rejected by John II of Portugal but finally supported by Ferdinand and Isabella of Spain. He set sail from Saltes on August 3rd, 1492 in the Santa Maria, with 50 men, and attended by the Pinta and Nina. He reached the Bahamas on October 12th, then visited Cuba and Hispaniola (Haiti), where he left a small colony. He returned March 15th, 1493 to be received with highest honors by the court. His second voyage (1493-96) led to the discovery of several Caribbean islands. During his third voyage (1498-1500) he discovered the South American mainland, but after a revolt against his command, he was sent home in irons by a newly appointed royal governor. Restored to favor in Spain, he sailed on his last great voyage (1502-4) along the South side of the Gulf of Mexico. He died at Valladolid, Spain. In 1536, his remains and those of his son Diego, were removed to Santo Domingo, in Hispaniola. They were returned to Spain in 1899, and interred in Seville Cathedral.

Today, except for religious holidays, Columbus Day is the only date in which all Pan-American lands join in celebrating.

(Provided courtesy Patriotism.org
http://www.patriotism.org/columbus_day/index.html)



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Alternative Solutions in Long Term Care offers 150 sensory products, sensory room policy and procedures, in-services and care plans for sensory rooms at www.activitytherapy.com/store

Besides sensory rooms, you could also have fish tanks, aviaries, fake fireplaces, pet therapy, aroma therapy and pretty gardens to provide stimulation for your low functioning clients.

Additionally, long term care facilities are about 80% dementia. This clearly shows the need for dementia activity programming. Your facility may not have a dementia unit but that should not stop you from beginning a dementia program. If you need suggestions for activities, see www.activitytherapy.com. We also have several great books such as Wake Up and Activity Planning Work Book both offer excellent ideas for activities.

Facilities will need to look at hiring more staff for the recreation department in order to accommodate the changes to come. The surveyors will want to see more staff involvement, especially by the CNA's. One big citation that we are seeing is for "lack of supervision in the day rooms." Either no one is supervising the dementia or low functioning clients or the day rooms are too crowded with only one activity assistant in the room. This will no longer be tolerated. This is due to the increase in accidents and incidents in the day rooms that are left unsupervised during the day or at night or over crowded conditions and not enough supervision. Many facilities are now offering programs 7 days and 7 nights a week. We recommend ordering Surveyor Guidebook on Dementia, Evaluating Compliance with Regulatory Requirements which can be ordered through American Health Care Association.

According to the Alzheimer's Care Guide, July / August 2005 Issue www.care4-elders.com "An early draft of the proposed new guidelines stressed activities need to include those that are not childish, are mentally stimulating,

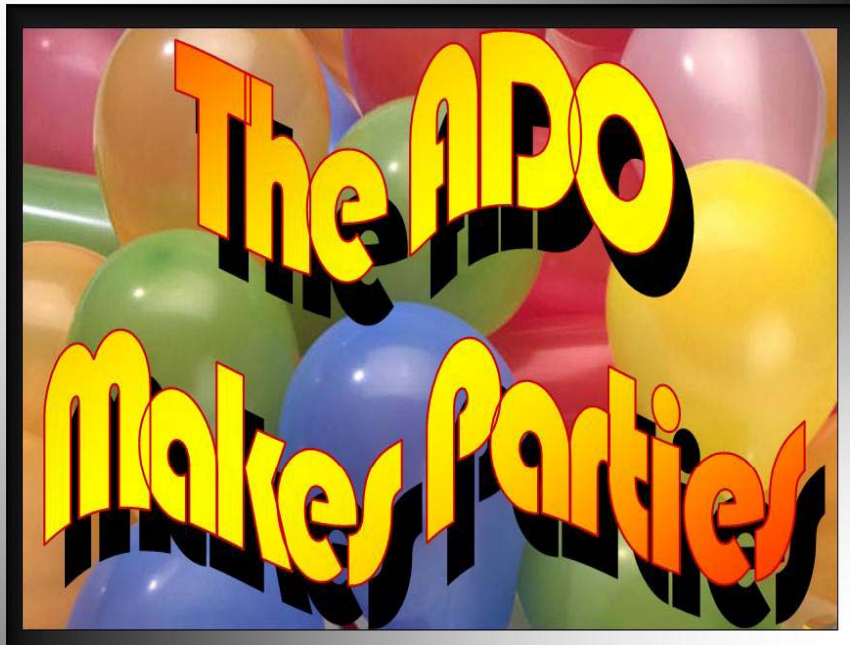
are relevant to gender, are related to the resident's areas of previous work and interests, allow for socializing, are conducted outdoors whenever feasible, are related to residents hobbies, are connected with the community groups and involve outings outside the residence, provide training in new areas of learning and more. In addition to all that, they'll dwell considerably on making sure residents also have activities that are specifically therapeutic to their various individual medical situations and problem areas. Plus they'll emphasize the types of equipment to be used in the various therapeutic activities and

in improving the situation with residents who have impairments, such as hearing and sight." This would include sensory rooms, pet therapy, aroma therapy, dementia activities, out door gardens, daily exercise and music programs, etc.

We strongly recommend this resource if you do not currently receive the Alzheimer's Care Guide Activities Guide.

You can order through
www.care4elders.com
or call 319 563 0642

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Wacky Days of: October

Provided by Activity Directors Network

Pennie Bacon, Site Owner

<http://activitydirector.net>

MONTHLY OBSERVANCES

- Adopt-a-Shelter-Dog Month
- AIDS Awareness Month (National)
- Auto Battery Safety Month
- Blindness Awareness Month (World)
- Book Month (National)
- National Book Foundation
- Brain Injury Awareness Month (National, US)
- Breast Cancer Awareness Month (National, US)
- Car Care Month
- Caramel Month
- Car Care Month (National US)
- Child Health Month
- Christmas Seal Month
- Clergy Appreciation Month (Pastor Appreciation Month)
- Clock Month (National, US)
- Computer Learning Month
- Cookie Month
- Cosmetology Month (National, US)
- Country Music Month
- Crime Prevention Month
- Dental Hygiene Month (National, US)
- Dessert Month (National US)
- Dinosaur Month
- Disability Awareness Month (National)
- Disability Employment Awareness Month (National, US)
- Domestic Violence Awareness Month
- Drum Month (International)
- Energy Awareness Month
- Family Health Month
- Family History Month
- Family Sexuality Education Month (National)
- Fire Prevention Month (National)
- Flu & Pneumonia Month
- German American Heritage Month
- Glaucoma Awareness Month (National, US)
- Healthier Babies Month (National)
- Healthy Lung Month
- Hispanic Heritage Month (September 15 - October 15, 2005)
- Adult Immunization Awareness Week (National)
- Kitchen & Bath Month
- Learning Disability Awareness Month
- Liver Awareness Month
- Lupus Awareness Month (National)
- Magazine Month (American)
- Medical Librarians Months (National, US)
- Pasta Month
- Pastor Appreciation Month (Clergy Appreciation Month)
- American Pharmacy Month (National, US)
- Physical Therapy Month (National, US)
- Pickled Pepper Month
- Pizza Month (National)
- Polish-American Heritage Month
- Popcorn Poppin' Month (National)
- Pregnancy & Infant Awareness
- Pretzel Month
- Roller-skating Month
- Sarcastic Awareness Month
- Seafood Month
- SIDS Awareness Month (Sudden Infant Death Syndrome)
- Spina Bifida Awareness Month (National, US)
- Spinal Health Month (National, US)
- Stamp Collecting Month (US National)
- Medical Ultrasound Awareness



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Month

- UNICEF Month
- Vegetarian Month
- Youth Against Tobacco Month

WEEKLY OBSERVANCES

First Week of October:

- Breastfeeding Week (National, US)
- Customer Service Week (National, US - Observed the first full week of October)
- Gerontological Nurses Week
- Get Organized Week
- Health Care Food Service Week
- Mental Illness Awareness Week
- Minority Enterprise Week (Observed the first full week in October)
- Newspaper Week (National, US)
- Nuclear Medicine Week
- Outplacement Week (National, US - Observed the first week in October with the first Monday thru Friday.)
- Space Week (World Space Week)

Second Week of October:

- Cystic Fibrosis Awareness Week (US National)
- Emergency Nurses Week October 9-15, 2005
- Fallen Firefighter Memorial Weekend (October 7-9, 2005)
- Fire Prevention Week (National, US) October 9-15, 2005
- Healthcare Quality Week (National, US) October 9-15, 2005
- The High Holidays - October 4 - October 13, 2005
- Nephrology Technologist Week (National, US) (Oct. 10-15, 2005)
- Pet Peeve Week
- School Lunch Week (National) - Observed the week beginning on the second Saturday in October.
- Teller Appreciation Week
- Wildlife Week (National US)

Third Week of October:

(Continued on page 12)

Clipart for October



(Wacky Days Continued from page 10)

- Business Women's Week (National Business Women's Week)
- Chemistry Week (National) October 17-23, 2004
- Food Bank Week (National, US) October 16 - 22, 2005
- Health Education Week (National, US) October 16 - 23, 2005
- Infection Control Week (International) October 17 - 23, 2005
- Pharmacy Week (National, US) October 16 - 22, 2005
- Reading Week
- Wolf Awareness Week

Fourth Week of October:

- Character Counts Week (US National)
- Collegiate Alcohol Awareness Week (National) - October 19-25, 2003
- Forest Products Week (US National) - Observed the week beginning on the third Sunday in October each year
- Hearing Aid Awareness Week October 23 - 29, 2005
- Healthcare Facilities & Engineering Week October 24-30, 2005
- Magic Week - October 25th to 31st
- Peace, Friendship & Goodwill Week
- Pastoral Care Week October 23 - 29, 2005
- Pharmacy Week - National Pharmacy Week - October 23-29, 2005
- Rainforest Week (World)
- Respiratory Care Week October 23 - 29, 2005
- National Red Ribbon Celebration (Campaign to keep kids off drugs)

Other:

- Sukkot - October 18 - October 26, 2005



<http://www.thedo.makesparties.com>

Where Is God ?

A couple had two little boys, ages 8 and 10, who were excessively mischievous. They were always getting into trouble and their parents knew that, if any mischief occurred in their town, their sons were probably involved.

The boys' mother heard that a clergyman in town had been successful in disciplining children, so she asked if he would speak with her boys. The clergyman agreed, but asked to see them individually. So the mother sent her 8-year-old first, in the morning, with the older boy to see the clergyman in the afternoon.

The clergyman, a huge man with a booming voice, sat the younger boy down and asked him sternly, "Where is God?"

They boy's mouth dropped open, but he made no response, sitting there with his mouth hanging open, wide-eyed. So the clergyman repeated the question in an even sterner tone, "Where is God!?" Again the boy made no attempt to answer. So the clergyman raised his voice even more and shook his finger in the boy's face and bellowed, "WHERE IS GOD!?"

The boy screamed and bolted from the room, ran directly home and dove into his closet, slamming the door behind him. When his older brother found him in the closet, he asked, "What happened?"

The younger brother, gasping for breath, replied, "We are in BIG trouble this time, dude. God is missing - and they think WE did it!"

(Source: I am Perfect)

Attention: Activity Professionals

You are invited to submit articles of interest, poems, humor, photos and just about anything else for publication in *Activity Director Monthly*.

The only compensation we can offer you is credit for the submission. All submissions are subject to editing. We cannot guarantee that all submissions will be published. However, they definitely can't be published if you don't send them in. So be brave and fire your e-mail to us at: admin@theactivitydirectorsoffice.com

Or you can mail your information to:

**Attention: Editor
The Activity Director's Office
113 Edgewood Drive, Suite A
Attica, Indiana 47918**

Main topic interests include: anything that will benefit Activity Directors; items which can be used in facility newsletters (i.e. original and/or public domain items); personal Activity Director/resident experiences.

Please send only copies of your submissions.



About Activity Director Monthly

Activity Director Monthly is a FREE monthly publication of The Activity Director's Office website. Activity Professionals across the nation and around the world are invited to visit the website and subscribe to this publication.

Please visit us at... <http://www.theactivitydirectorsoffice.com>

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HEALTH CARE EXPRESS

A Free Publication from Newsletter-Express.com

How to Get Relief from Knee Pain Caused By Osteoarthritis

(ARA) - As more news comes out linking oral pain relievers such as Vioxx and Celebrex to an increased risk of heart attack and stroke, and others such as Aleve to serious stomach problems, people are looking for alternative therapies for treating osteoarthritis (OA) pain.

According to the Arthritis Foundation, nearly one in three adults suffer from chronic joint pain and 21 million Americans suffer from OA, the most common form of arthritis, which is characterized by a breakdown of the cartilage and a deterioration of the fluid in a joint.

The symptoms of OA include pain and stiffness, which can range from mild to severe. While, the majority of OA sufferers are 45 years of age and older, OA can be diagnosed at any age due to knee injury and sports-related trauma.

According to Nicholas A. DeNubile, MD, a clinical assistant professor in the department of orthopedic surgery at the Hospital of the University of Pennsylvania and an orthopedic consultant to the National Basketball Association's Philadelphia 76ers and the Pennsylvania Ballet, "Genetics may play a part in the development of osteoarthritis. Some people may be born with knee alignment problems that predispose them to wear or a genetic problem with their cartilage, which causes the cartilage to break down in the joint as the person ages or in younger individuals who engage in rigorous activity."

Alternatives to Oral Pain Relievers

There are a number of FDA-approved, pill-free alternatives to COX-2 inhibitors (Vioxx and Celebrex) and non-steroidal anti-inflammatory drugs (ibuprofen and naproxen) that offer OA knee pain relief with less cardiovascular and gastrointestinal side effects. There are clinically proven options for the millions of pa-

tients suffering from OA of the knee, among them a treatment known as viscosupplementation, which is a series of 3 to 5 injections that can provide up to 6 months of pain relief.

The most common alternative treatments to oral pain relievers include:

- **Exercise, weight loss, physical therapy**

These types of treatments are usually the first step in OA therapy. Often, approaches such as exercise, weight loss, and physical therapy can be combined with other treatments to produce the best results. For example, exercise can help improve range of joint motion and keep muscles strong and properly aligned as well as help relieve pain and stiffness. Weight loss can reduce the amount of stress on a knee joint, and physical therapy can help strengthen knee joints.

- **Nutritional Supplements**

Products like glucosamine and chondroitin sulfate are commonly used to treat osteoarthritis but have little actual effect on knee pain. There is emerging clinical evidence to suggest that these supplements may modify disease progression over time."

- **Corticosteroid injections**

This treatment can be used to reduce local inflammation and swelling, which may in turn relieve OA knee pain. However, pain relief with these agents is usually short-term and the number of injections per year per knee may be limited.

- **Viscosupplementation**

In knee OA, synovial (or joint) fluid can break down and provide less cushioning and lubrication. Viscosupplementation is a treatment that replaces diseased joint fluid. Healthcare professionals inject a gel that is similar to healthy synovial fluid into a patient's knee joint which can reduce the pain from OA of the knee and may improve mobility. Viscosupplementation products have been proven to provide pain relief from osteoarthritis of the knee for a longer duration and are safer than most oral pain medications.

Currently, Synvisc (us.synvisc.com) is the top-selling viscosupplementation treatment, which can be administered by a knee pain specialist during a series of three office visits, providing relief for up to six months.

Also, in a medical study reported by Dr. J.P. Raynauld and colleagues, patients who added Synvisc to appropriate care such as diet, exercise and oral medications reported significantly more pain relief than those who received appropriate care alone.



- **Surgery**

In more advanced cases of OA of the knee, surgery may be the last option. This may include arthroscopy to remove damaged cartilage and loose bodies and surgical procedures to replace old cartilage with new cartilage. For some people, a complete joint replacement may be needed.

"The most important thing patients can do to determine the treatment that's right for them is talk to their doctors. Whether cases are mild, moderate or severe, OA of the knee can progress and pain may get worse over time. With the right treatment, sufferers can get the pain relief needed to lead a more active life," says Dr. DeNubile.

(Continued on page 3)

Halloween Fun for the Home and Hearth

(ARA) - For little kids, Halloween is about one thing -- candy. But for young-at-heart grown-ups, All Hallows' Eve is more about drama and food than about headless horsemen. And because Halloween falls smack in the middle of fall, the harvest season provides plenty of design inspiration for both the home and hearth. According to Majorie Marcellus, an interior design instructor at The Art Institute of California – San Francisco, "Halloween is about change, not fear. It's the season of heightened awareness. Things are prickly and lush, unsettling and seductive. Think beyond the visuals when decorating and cater to your edgy sixth sense," she says.

To create a Halloween feel around her home even before the door bell rings, Marcellus buys or makes costumes early and then hangs them over kitchen chairs like slip covers. Taking inspiration from fall colors, she likes chocolate and butter-scotch for towels to hang in baths or solid black or crimson material to cover a dining room table. Top this with random caramels, tiny pumpkins, gourds or leaves.

Some of the best decorations come from your own backyard. Marcellus suggests taking a small, rusty pail and filling it with cinnamon potpourri, or taking old mason jars and filling them with black licorice bits and twigs. Lean old brooms, rakes or scythes in a porch corner. Scatter leaves all around them.

If you want to create a spookier mood, Jack Beduhn, Interior Design faculty member at The Art Institute of California - San Diego, recommends using the common technique of "up-lighting" around your house to welcome the little ghosts and goblins.

"A simple lighting scheme should only take a few hours to position. Inexpensive, low-voltage spot lighting is available at most hardware stores," says Beduhn. "Adding some simple lighting can add eye-catching glows and eerie shadows around decorations you already have

out."

Now that you've set the mood, add to the fun with a few tasty (despite the scary names) dishes that will please everybody. Chef Joe LaVilla, assistant director of culinary arts for The Art Institute of Phoenix sets a scary mood with Jell-O Brains and Finger Eclairs. "Half the fun is in the name, but these treats are delicious too," says LaVilla. "Lay these out on a platter with pools of raspberry sauce for a little extra drama," he suggests.

All recipes courtesy of Chef Joe LaVilla -- The Art Institute of Phoenix



White Chocolate Truffle Eyeballs (Makes 50)

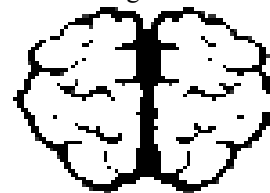
Ingredients:

- 1 cup heavy cream
- 1 pound bittersweet chocolate, chopped finely
- 3 tablespoons unsalted butter
- 1 pound liquid white chocolate for dipping
- 1 cup red-hot candies

Directions:

Place heavy cream in a large pot and bring slowly to a boil over medium heat. Turn off the heat and stir in the chopped chocolate. Let stand for 2 minutes then stir well until smooth. Stir in the butter. Pour into the bowl of an electric mixer, and let cool until set. Fit mixer with a paddle and beat the chocolate mixture on medium speed

until aerated and fluffy, about 2 minutes. Line several baking sheet with parchment or waxed paper. Using a small scoop or melon baller, scoop the truffle mixture out to form 1/2-inch balls. Place pans in the refrigerator to chill thoroughly. To coat the truffles, set up your counter like this: tray of chilled centers on your left, bowl of melted tempered chocolate in the middle, Sheetpan with parchment on right. Pick up a truffle with your left hand. Touch the palm of your right hand lightly onto surface of tempered chocolate. Drop the truffle into your chocolaty right hand and roll it around to coat. Place finished truffles on paperlined pan to set completely. Before totally set, place one red hot candy on each eyeball. Truffles do not need to be refrigerated.



Jell-O Brains

For this recipe choose your favorite Jell-o flavor (for brains I like lime, then I can say its radioactive). Make a recipe with 3/4 the amount of water called for on the package. Place into a brain mold (many different sizes of brain molds are available online or in candy supply stores). Chill well and unmold onto a plate. Decorate the plate with strawberry flavored Cool Whip or cinnamon flavored whipped cream.

Finger Éclairs (Makes 40)

Ingredients:

- 1 cup water
- 1/2 cup (1 stick) unsalted butter
- 1 tablespoon sugar
- 1/4 teaspoon salt
- 1 cup flour

3 large eggs

Directions:

Preheat the oven to 375 degrees F and line a baking sheet with parchment paper. Set aside.

In a heavy bottomed 1-quart saucepan, combine the water, butter, sugar and salt. Bring to a rolling boil. Remove from the heat and add the flour, all at once, to the pan and quickly stir vigorously to incorporate the flour into the liquid.

Return the pan to the stove, and over a medium-low heat, continue to cook and stir the dough over the fire. Do this until the dough pulls away from the sides of the pan and forms a ball. Remove the dough from the saucepan, and place in an electric mixer fitted with a paddle attachment. Mix the dough on low speed for about 2 minutes

Add the eggs one at a time to the dough and mix until completely incorporated before the next addition.

Immediately transfer the dough to a piping bag with a small, round tip.



Pipe short strips of choux pastry that are 1/2-inch thick, and 2 inches long. You do not need to be very delicate in piping. If your tip is too small, move the piping so the final éclair is about the correct size. The more wrinkled and bumpy it is, the more it will look like a gnarled finger. Do not pipe them too closely together as they will need space to expand as they bake. Place the sheet pan in the oven and bake the éclairs for 12 minutes, or until golden brown.

There is only a little space to fill the éclairs, but you can use whipped cream, vanilla pudding or for a more creepy filling, pistachio pudding. Top with white chocolate glaze and put a touch of red cake decorating gel on the tip, like nail polish.

White Chocolate Glaze:

Ingredients:

1/4 pound white chocolate

1 1/4 ounces unsalted butter at room temperature, 2 tablespoons plus 1 teaspoon

1/4 cup light corn syrup Directions:

To make the chocolate glaze, cut the chocolate into small pieces and place in a medium-sized mixing bowl along with the butter and corn syrup. Place the bowl over a saucepan with 2-inches of water in it, set over a low simmer. Melt the chocolate over the saucepan, and once melted, remove from the heat and stir until all the ingredients are combined. Keep slightly warm when dipping the éclairs into the glaze.

Chocolate Tomb stones

Ingredients:

1/2 cup butter

1 1/4 lb semi sweet chocolate chips

1/2 cup frosted flakes

1/2 lb dark chocolate, cut into chunks

1/2 cup cream

1/2 cup cocoa powder

White decorator icing

Directions: Line a jelly roll pan (or a cookie sheet with sides) with plastic wrap. In a small bowl, place the butter and chocolate chips. Bring a pot of water to a boil and turn off the heat. Place the bowl of chocolate over the water and allow to melt. When the chocolate and butter begin to melt, stir occasionally until a smooth mixture is formed. Remove from the water and add the frosted flakes. Immediately pour into the jelly roll pan and smooth out so the chocolate is even. Allow to harden. Once hard, cut into 2 inch by 4 inch rectangles.

In another bowl, melt the dark chocolate and cream as above. Dip 3/4 of the chocolate square into the melted chocolate and allow to cool. Dip the remaining 1/4 into cocoa powder, to look like dirt. Once the blocks are cool, let the kids decorate them like real tombstones. Then lay them out around the table or stand them up in a cake or ice cream.

Courtesy of ARA Content

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(Knee Pain - Continued from page 1)

For more information about OA of the knee, visit knee.synvisc.com or call (888) 530-7322.

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Health Care Express



Happy Halloween!



Halloween Riddles

Why didn't the skeleton cross the road?
Because he didn't have any guts.

What kind of music do mummies listen to?
Wrap!

What kind of monster is safe to put in the washing machine?
A wash-and-wear wolf.

What's the first thing ghosts do when they get into a car?
They boo-kle their seatbelts.

What has webbed feet, feathers, fangs and goes quack-quack?
Count Duckula.

What do you call someone who puts poison in another's corn flakes?
A cereal killer.

Why are monsters huge and hairy and ugly?
Because if they were small and round and smooth, they'd be M&M's.

Why wasn't there any food left after the monster party?
Because everyone was a goblin!

How did the ghost patch his sheet?
With a pumpkin patch.

What do witches use on their hair?
Scare spray.

What is as sharp as a vampire's fang?
His other fang.

What do the birds sing on Halloween?
Twick or Tweet.

What did the little ghost have in his rock collection?
Tombstones.

Why should a skeleton drink ten glasses of milk a day?
It's good for the bones.

What do baby ghosts wear on Halloween?
Pillowcases.
What do you get when you drop a pumpkin?

Squash.

Why did the witches' team lose the baseball game?
Their bats flew away.

What was the witch's favorite subject in school?
Spelling.

What does a vampire fear most?
Tooth decay.

Where did the vampire open his savings account?
At a blood bank.



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THE HEALTH CARE EXPRESS

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PREPRINT

Now that you have downloaded your newsletter you have several choices to make before printing it.

1. On the mailing page insert your facility's name and address in the upper left corner where it says "From:".
2. Prepare any printed material you may have for insertion into the newsletter. At a minimum we suggest you prepare your monthly activity calendar on one side of an 8.5"x11" sheet or paper. On the other side you may enter residents facts and figures (new admissions, birthdays, residents who went home, deaths). Also, on the back of the calendar page you may want to advertise upcoming activities and events, a management roster and other items of interest specific to your facility.

PRINTING

1. If you decide to print your newsletter on your facility copier you may print the newsletter on 8.5"x11" sheets of paper. However, it is far more professional looking to use 17" x 11" sheets (this size is larger than legal size paper, but can be hand fed into most modern printers).
2. If you use a print shop have them

print your newsletter on 17"x11" paper. They will have a variety of colors for both your paper and ink. You can expect to pay more for color ink. If you decide to print your newsletter on color paper, avoid using dark colors and extremely bright colors (e.g. fluorescents), they are too difficult to read.

3. If you take it to the print shop they will also print and insert your extra material and fold your newsletter for you. One fold makes your newsletter ready for hand outs. Two folds prepares the newsletter for mailing.

MAILING (an excellent activity for your residents)

1. To prepare your newsletter for mailing, it must be folded twice so the mailing face is showing on the outside.
2. Each piece you plan to mail must be sealed twice on the loose page edge. Use 1/2" pieces of transparent tape (you can purchase seals at most office supply stores if you wish).
3. Write or stick your address labels where it says "To:".
4. Place postage in the upper right hand corner. First class postage will pay for your newsletter and at least two 8.5"x11" insertions.
5. Your newsletter is now ready to mail. The Post Office appreciates it if you pre-sort your zip codes and bundle the newsletters with rubber bands.

BULK MAILING

1. With bulk mail you can save a bundle on postage. However, you must set up an account with the post office, mail at least 200 newsletters at a time, presort your mail,

prepare a billing form and deliver the newsletters to the post office. Although it sounds complicated, it becomes routine after you have done it a couple of times.

DISTRIBUTION

For the most effective marketing of your facility, we recommend that you make an extensive mailing list including these listed below. The more newsletters you circulate, the more successful your marketing will be.

- All responsible parties
- Seniors at home
- Banks
- Hospital discharge planners
- Nursing homes
- Adult day care centers
- Churches
- Home health agencies
- Federal, State and local social service agencies
- Social organizations and clubs
- Business organizations
- Corporate headquarters
- Area schools
- Area radio stations
- Area television stations
- Area newspapers
- Area businesses

TIMING

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