

Fall 2021



AFFINITY ADVANTAGE NEWSLETTER

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“Those who partner with Affinity receive vital attention, advice and leadership. We customize our professional services to meet our client’s needs to ensure their success.”

*- Bryan Hagerich
Executive VP Operations*

AFFINITY TURNS 25!

Affinity Health Services Inc. marks 25 years of serving senior living communities as a management and consulting partner in 2021.

Co-founder, President and CEO Denise McQuown-Hatter said the Indiana-based company was formed to serve a need for providing clinical best practices, financial management, and senior living leadership to be an expert resource for clients.

McQuown-Hatter has more than 30 years of long-term care experience, including the most rewarding position of nursing home administrator.

She has held leadership roles at both the facility and corporate levels for large, publicly-held corporations as well as small, private companies.

Affinity Health Services commemorates its 25th year by continuing to provide the customized consulting and management services that has solidified the company for a quarter century. In that timeframe, Affinity has worked with more than 80 senior living providers.

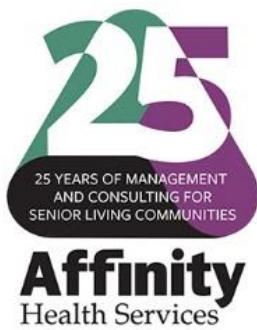
“Affinity has a broad scope of expertise and a very talented team of professionals that can service senior living providers of various size and operating structures,” says Executive Vice President of Consulting and Business Development Candace McMullen.

Adapting to change is a key to Affinity’s endurance. New consulting services are a means of meeting the evolving needs of clients and partners. Learn more about these new lines of business on Page 3.

As always, Affinity maintains a unique ability to help its partner entities to achieve a balance between care and financial stability.

Through the ever-changing, always-challenging realm of senior living management, Affinity has brought out the best in the company on all levels.





QUESTIONS AND ANSWERS WITH AFFINITY CEO DENISE McQUOWN-HATTER

Affinity Health Services Inc. is a 25-year mainstay in serving senior living communities as a management and consulting partner. Co-founder, President and CEO Denise McQuown-Hatter was there for the launch and continues to oversee the operations a quarter-century later.

COMMENTS ABOUT AFFINITY

Why and how Affinity was developed is as unique as the services it provides, ranging from advisor for senior living communities to customized consulting solutions for organizational structures.



Here are some of her insights,

What was the inspiration to develop Affinity?

“I fell in love with seniors and providing them the highest standards of care very early in my career. I had some outstanding mentors as a young adult. That love of the elderly population, along with solid financial management, shaped Affinity. We were formed to serve a need for providing clinical best practices, financial management, and senior living leadership to be an expert resource for clients.”

What has Affinity done well?

“Throughout the years, Affinity has attracted exceptional health care professionals that share the core principles of the company, including the highest level of integrity and transparency.”

What is unique about Affinity?

“We customize our service plan based on the unique needs of each customer, providing responsible support in balancing resident care and financial stability. We are proud of WE CARE, which is our commitment to reach for continuous improvement. The goal is open and respectful communication through feedback on customer experience.”

How is Affinity’s team of experts outstanding?

‘At the heart of our team are conscientious, compassionate, and knowledgeable professionals who are passionate and dedicated to improving the lives of our seniors. We take great pride in the success of our contracted managed communities and consulting clients.’”

What is your biggest challenge?

“We can never lose sight of our commitment to care and our responsibility as supportive partners. This past year’s COVID situation was like nothing we’d ever experienced. I am proud of meeting our mission and mandating the vaccine among employees for the sake of protecting those we serve.”

“ The Affinity team worked closely with our team, from the Administrator to the line staff, to educate and implement systems to achieve substantial compliance. ”

Allen L. Bonace
President & CEO
~ Saint Mary's Home of Erie

“ If you are seeking a “full service”, dedicated support team, Affinity Health Services is your answer. ”

Rod Ruddock
retired Commissioner
~ Indiana County Commissioners

“ Would recommend to others. Everything from the speed of communication to the organization of information was top notch. ”

Chad Kamler
Assistant to Administrator
~ Arbutus Park Manor

“ Demonstrated exemplary skills during education and engagement of management team and staff. Very pleasant with residents. I would highly recommend Affinity Health Services ”

Aundrea Leonard
Administrator
~ Germantown Home

AFFINITY OFFERS NEW LINES OF SERVICES IN HR, DEVELOPER LENDING

Affinity Health Services has increased the types of service offerings in this, its 25th year as a management and consulting partner.

“As an experienced management and consulting partner, Affinity now provides for Human Resources advisory and consulting and Senior Living Developer and Lending Services,” says Executive Vice President of Consulting and Business Development Candace McMullen.

“Both items are easily found in the Management Services dropdown on our website,” says McMullen of the links on AffinityHealthServices.net.

- As a Human Resources Advisory Consulting partner, Affinity will assist in recruiting, managing, retaining, and recognizing human capital as well as provide support in labor relations, legal compliance, benefits administration, policy review and development, worker’s compensation, and administrative services.
- As a Senior Living Developer and Lending Services partner, Affinity offers consulting services to developers, private investors, lenders, or owner/operators who seek the input of experienced consultants in evaluating the viability of your senior living project.

“Affinity provides hands-on service delivery to its management clients. We offer assistance to the onsite team in every aspect of operation,” says McMullen. “Our consultants are available to our clients and responsive to their day-to-day needs.”

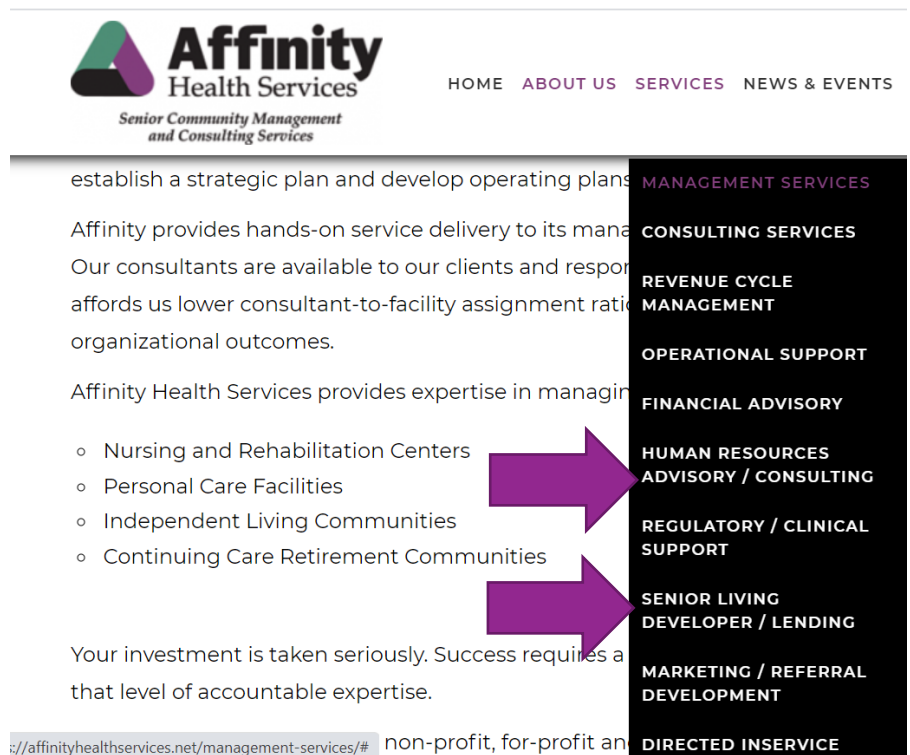
In addition, Affinity Health Services provides expertise in managing:

- Nursing and Rehabilitation Centers
- Personal Care Facilities
- Independent Living Communities
- Continuing Care Retirement Communities

The Management Services we offer include:

- Revenue Cycle Management
- Operational Support
- Financial Advisory
- Regulatory and Clinical Support
- Marketing and Referral Development

Our team of experts provides a reliable and consistent record of success. Affinity Health Services will assume full management responsibility for the client, including, but not limited to, the hiring of key facility-level personnel.



AFFINITY WELCOMES REBECCA YOUNG AS DIRECTOR OF HUMAN RESOURCES

Rebecca Young joined Affinity Health Services as Vice President of Human Resources in August 2021. She is a human resources professional with more than 20 years of experience in operations, leadership, administration and general HR functions.

“Human resources is a key to every successful company,” says Young.

“I look forward to making a difference and taking on the new and ever-changing challenges we face in providing guidance for staffing and retaining talent at our partner facilities.”

She has many years of senior living experience, including 14 years with Allegheny Lutheran Social Ministries, a non-profit organization serving seniors and youth across West-Central Pennsylvania. Previously, she served as director of human resource operations among several positions with the Philadelphia-based Albert Einstein Healthcare Network for 10 years.



“We welcome Becky and her wealth of expertise to our ever-expanding and growing organization,” says Affinity Health Services President and CEO Denise McQuown-Hatter. “Her varied skill set spans care and health facilities as well as government and foundation work.”

She is certified as a Senior Professional in Human Resources (SHRM-SCP) and a licensed personal care home administrator. Becky brings a vast knowledge of HR and resources. Throughout her career, Becky has acquired and applied knowledge and skills in effectively contributing to the goals and needs of varied-but-complex organizations.

Young earned an MA in human resources management from Saint Francis University, where she served as an adjunct professor, and a BS in hospital administration from Penn State and resides in Hollidaysburg.

READY OR NOT ... MOCK SURVEYS HELP PREPARE FOR PC INSPECTIONS

By Deborah C. Alabran-Blair, RN, WCC, RAC-CT, CDP, PCHA — Clinical Consultant

While inspection procedures may differ based on the type of inspection or circumstances related to a specific home or event, inspectors will generally use the procedures under Appendix E of the RCG 55 Pa. Code Chapter 2600 for Personal Care Homes. That being said, why wouldn't we do the same? Reviewing and understanding the method for the licensing inspection is fundamental in preparing for inspection. Understanding the regulations, inspection procedures, and primary benefit (intent) of each regulation is necessary to help to ensure regulatory compliance and positive survey outcomes.

A successful inspection can be influenced by staff knowledge and understanding of the regulations, and for the home to have clear, written, policies and procedures with regard to resident rights, needs, facility specific characteristics, and regulatory requirements. In addition, the home needs to have a consistent process to review / ensure that policies and procedures are being followed, are effective, and remain appropriate. Also, the home must have procedures to follow up timely on any concerns and adjust, update, and communicate policies and procedures timely when needed.

A review tool that may be used to “Inspect-what-we-expect” is the Personal Care Home Self-Inspection Worksheet (APPENDIX F, pages 246 – 253 of the 2600 RCG). Assemble your management team. Smaller homes without multiple department managers may engage shift supervisors a part of the team.

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Support your team proactively and engage each member to review an assigned section of regulations. This can be broken down so that regulations can be reviewed a few at a time or however the home decides is best. Some regulations require a more frequent review. Regulations that deal with high risk areas such as medication management, reportable incidents, medical evaluations, and resident assessment, fire drills, to name a few, should be reviewed more frequently.

Give the team time to “study” assigned regulations, inspection procedures and primary benefits of each regulation, using the 2600 RCG as a reference, before they conduct their reviews.

IMPORTANT: Do not assign a team member to review their own work, and change-up assignments periodically. This gives team members the opportunity to learn different regulations and learn how to conduct a compliance review, increasing team knowledge and understanding of regulations, policies and procedures. It is also important is to provide immediate documented feedback to staff as needed. A successful inspection also depends on revising and/ or developing procedures when needed and communicating changes timely. Last but not least - Be sure to include the findings, causes, feedback, and follow-up in the home’s Quality Improvement Plan!

We Practice CPR, regular fire drills, test our emergency preparedness plans. A mock survey should be viewed as a “drill” to assure that the care and services provided every day meet regulatory requirements and your own expectations, and not just “survey prep”.

Conducting a mock survey is another way to prepare the home for inspection and provide the home with a “practice” survey. We practice elopement drills, conduct regular fire drills, test our emergency preparedness plans. A mock survey should be viewed as a “drill” to assure that the care and services provided every day meet regulatory requirements and the home’s expectations, and not just “survey prep”. There are many benefits. Whether performed by your internal team or external experts, mock surveys can be very beneficial to your home. The mock survey should be conducted using the methodology in the 2600 RCG, with close attention to resident selection, resident and staff interviews, and document review.

When should a mock survey be done? Generally, it is best to conduct a mock survey two to three months before your annual survey is due. This allows enough time to prioritize and fix areas that are out of compliance and not just “Manage the Damage”.

Once the mock survey is completed, the most important part begins! A mock survey plan of correction needs to be written and executed the same as an actual plan of correction. The plan should be written to engage staff, assign responsibility, target timeframes, and to break down the plan into steps, with the outcomes, feedback, and follow-up incorporated into the home’s Quality Improvement Plan.

A mock survey is an investment in your home’s ongoing readiness and can reveal how staff will function under stress. Potential litigation risk areas can be identified. The knowledge gained from the process will bring the home closer to survey success and help the home achieve ultimate resident centered goals. By identifying potential survey risk areas, opportunities for improvement and other challenges BEFORE the survey, they can be prioritized and fixed. A mock survey can engage staff in the survey process, instill resident rights, safety values and expectations, and improve actual survey outcomes providing an opportunity for the home to validate and celebrate sustained compliance!

By Candace McMullen, Executive Vice President of Consulting and Business Development

Currently, the Commonwealth of Pennsylvania has 692 nursing facilities caring for 80,000 older Pennsylvanians. Nursing facilities and other institutional care providers experience the harshest realities as COVID infiltrates the general community. Since March of 2020, nursing facilities have lost more than 13,000 residents, who have died as a direct result of COVID. Of the nursing home residents who are diagnosed with COVID, 20% die as a result.

During the first year of this pandemic, we all learned together in real-time, the impact of this virus. Our only option was to REACT in our efforts to prevent and manage COVID infections. The great news is that we now have tools available to prevent and eradicate this virus! It is unfortunate that there is hesitancy of many to receive the vaccine.

We are now in a place where we can effectively eradicate this virus that kills 20% of our elders however, we are not using this tool to its fullest potential. This continues to leave our most vulnerable population at risk.

The only way to prevent this is to eliminate the community spread of COVID. The only way to achieve this is through vaccination.

Here are a few of the untruths that I see frequently circulating about the vaccine.

MYTH: *Researchers rushed the development of the COVID-19 vaccine, so its effectiveness and safety cannot be trusted.*

FACT: Studies found that the two initial vaccines are both about 95% effective — and reported no serious or life-threatening side effects. The vaccine developers didn't skip any testing steps, but conducted some of the steps on an overlapping schedule to gather data faster. Vaccine projects had plenty of resources, as governments invested in research and/or paid for vaccines in advance.

- The COVID-19 vaccines from Pfizer/BioNTech and Moderna were created with a method that has been in development for years, so the companies could start the vaccine development process early in the pandemic. These vaccines were created using messenger RNA (mRNA), which allows a faster approach than the traditional way that vaccines are made.
- China isolated and shared genetic information about COVID-19 promptly, so scientists could start working on vaccines.

MYTH: *The COVID-19 vaccine was developed with or contains controversial substances.*

FACT: The first two COVID-19 vaccines to be authorized by the FDA contain mRNA and other, normal vaccine ingredients, such as fats (which protect the mRNA), salts, as well as a small amount of sugar. These COVID-19 vaccines were not developed using fetal tissue, and they do not contain any material, such as implants, microchips or tracking devices.

MYTH: *The COVID-19 vaccine enters your cells and changes your DNA.*

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Read the complete blog,
with more myths and
facts, and watch the
accompanying video on
[AffinityHealthServices.net](https://www.AffinityHealthServices.net)

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FACT: The COVID-19 vaccines are designed to help your body's immune system fight coronavirus. The messenger RNA from the Pfizer and Moderna vaccine does enter cells, but not the nucleus of the cells where DNA resides. The mRNA does its job to cause the cell to make protein to stimulate the immune system, and then it quickly breaks down — without affecting your DNA.

MYTH: *The side effects of the COVID-19 vaccine are dangerous.*

FACT: The Pfizer and Moderna COVID-19 vaccines can have side effects, but the vast majority are very short term and are NOT serious or dangerous. The vaccine developers report that some people experience pain at the site where they receive the injection, body aches, headaches or fever are the most frequently reported and typically last for a day or two. These are signs that the vaccine is working to stimulate your immune system. A small number of women under the age of 50 developed blood clots following the Johnson and Johnson vaccine. While the risk of this adverse effect is very low, I would encourage women age 50 and younger to get vaccinated with either the Pfizer or Moderna vaccine.

VACCINE FACTS

1. The vaccines are 95 percent effective
2. Researchers did not rush to the development of the vaccine. These were created using messenger RNA, which has been used for about two decades, and allows a faster approach than the traditional vaccine process.
3. If you had COVID, your natural immunity is limited and you still need the vaccine.
4. The COVID-19 vaccines are designed to help your body's immune system fight the coronavirus without affecting your DNA.

MYTH: *The COVID-19 vaccine can affect women's fertility.*

FACT: The COVID-19 vaccine will not affect fertility. The truth is that the COVID-19 vaccine encourages the body to create copies of the spike protein found on the coronavirus's surface. This "teaches" the body's immune system to fight the virus that has that specific spike protein on it. In fact, during the Pfizer vaccine tests, 23 women volunteers involved in the study became pregnant, and the only one who suffered a pregnancy loss had not received the actual vaccine, but a placebo. Getting COVID-19, on the other hand, can have potentially serious impact on pregnancy and the mother's health.

MYTH: *If I've already had COVID-19, I don't need a vaccine.*

FACT: Because this is a novel, relatively new virus, there is not enough information currently available to say if or for how long people are protected from getting COVID-19 after they have had it (natural immunity). Early evidence suggests natural immunity from COVID-19 may not last very long and currently, the CDC suggests individuals infected with COVID have immunity for 90 days post-infection.

I sincerely hope that each of us fulfills our responsibility to those we love and cherish by getting the COVID vaccine. Together, we can eradicate this virus and protect those who have provided us with life, influenced our successes, and loved us unconditionally.

Candace McMullen is Affinity Health Services Executive Vice President of Consulting and Business Development and the Executive Director and Board Chair of The Pennsylvania Association of Directors of Nursing Administration.

AFFINITY STAFF EARNS CERTIFICATIONS, FURTHERS CREDIBILITY

Several Affinity staff members earned acknowledgements and certifications in the past few months.

“We are proud of the expertise that our staff offers,” says Affinity Health Services President and CEO Denise McQuown-Hatter. “There is an overall sense of motivation to constantly improve. Their dedication to their respective disciplines translates into greater knowledge to be shared with our partner facilities and the residents they serve.”

Angela Huffman, Vice President of Clinical Services and an RN, recently added to her expertise by earning a certificate in Elder Law and Chronic Care from the Mitchell Hamline School of Law. The certification is part of the school’s Professional Legal Education program.

“I am pleased to gain this certification and enable myself to better serve our aging population in those matters,” she said. “As the number of older Americans increases, there is a growing likelihood that a greater among professionals to respond to elder abuse, whether physical, emotional, or financial in nature.”



The certificate gives those in the elder care industry the skills to navigate complex legal and policy issues that surround the aging population.

Vice President of Clinical Reimbursement Tammy Coleman received American Association of Post-Acute Care Nursing (AAPACN) certification for Train the Trainer for MDS Section GG in May 2021.

AAPACN’s Section GG Train-the-Trainer certificate program provides on-going training to direct care staff to accurately report or document the resident’s performance in the 24 different section GG self-care and mobility activities.



Executive Vice President of Consulting and Business Development Candace McMullen has accepted an invitation to join the American Association of Post-Acute Care Nursing’s-Expert Advisory Panel (DNS-EAP). The panel is comprised of industry experts who offer their knowledge and expertise to support the success of nurse leaders at various career phases

McMullen’s term is for two years. The Colorado-based DNS-EAP represents Directors of Nursing whose purpose is dedicated to supporting post-acute care nurses and healthcare professionals in providing quality care.



The committee stated that its membership seeks to be represented by experts who are dedicated to the betterment of long-term and post-acute care (LTPAC) nurses. “I am honored to be part of supporting our nurse leaders success in navigating the industry landscape and providing quality care to our nation’s seniors,” she said.

IN THE NEXT AFFINITY ADVANTAGE EDITION:



- COVID-19 booster shots
- Continued diligence
- The return to a normal?
- Affinity Health Services’ new staff additions
- Upcoming events
- Honors and achievements



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