

Nursing & Assisted Living Facility Professional

HAPPY HOLIDAYS!

“NEWS AND VIEWS YOU CAN REALLY USE”

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SENT EACH MONTH TO YOU AS A MEMBER OF THE HEALTHCARE HEROES

THE HAT ADVANTAGE by Rebecca Adelman

NEW YEAR'S RESOLUTIONS AND NEWS FOR 2018!



Happy Holidays and best wishes for a Happy New Year from the Hagwood Adelman Tipton (HAT) team! For the past seven years, the Nursing & Assisted Living Facility Professional (NAL Professional) has been bringing you valuable industry insights and information and we look forward to sharing

2018 with you! Each year I turn back to see where I've come and envision ahead to where I'm going. I want to thank my strategic partner, Chip Kessler, and Extended Care Products (www.extendedcareproducts.com), the leader in educational risk management programs for long-term care professionals. Chip has been a fearless leader, motivator and friend these many years and it is a privilege to contribute to the NAL Professional and Chip's other programs.

I am also sincerely grateful to those who receive the NAL Professional and support our efforts to educate and share information about all aspects of the long term care industry. Our conversations over the years have been so valuable. I look forward to 2018 together.

Looking back in the NAL Professional 2017, here are some ideas for resolutions to support our senior housing communities through risk mitigation and other legal initiatives.

1. Roll-Out An Arbitration Program Or Revise Your Current Program:

The Reform of Requirements for Long-Term Care Facilities Final Rule published on October 4, 2016 listed the requirements facilities need to follow if they choose to ask residents to sign agreements for binding arbitration. The final rule also prohibited pre-dispute agreements for binding arbitration. The American Health Care Association and a group of nursing homes sued for preliminary and permanent injunction to stop CMS from enforcing that requirement. The court granted a preliminary injunction on November 7, 2016. After that decision, CMS reviewed and reconsidered the arbitration requirements in the 2016 Final Rule.

Proposed Revisions to Arbitration Requirements

The proposed rule focuses on the transparency surrounding the

arbitration process and includes the following proposals:

- The prohibition on pre-dispute binding arbitration agreements is removed.
- All agreements for binding arbitration must be in plain language.
- If signing the agreement for binding arbitration is a condition of admission into the facility, the language of the agreement must be in plain writing and in the admissions contract.
- The agreement must be explained to the resident and his or her representative in a form and manner they understand, including that it must be in a language they understand.
- The resident must acknowledge that he or she understands the agreement.
- The agreement must not contain any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials, including federal and state surveyors, other federal or state health department employees, or representatives of the State Long-Term Care Ombudsman.
- If a facility resolves a dispute with a resident through arbitration, it must retain a copy of the signed agreement for binding arbitration and the arbitrator's final decision so it can be inspected by CMS or its designee.
- The facility must post a notice regarding its use of binding arbitration in an area that is visible to both residents and visitors.

2. Attend The 6th Annual LITIGATION RISK AND DEFENSE STRATEGIES FOR LONG-TERM CARE & ASSISTED LIVING PROVIDERS, INSURERS AND BROKERS hosted by Cowan & Lemon, Hagwood Adelman Tipton, PC, Horne Rota Moos and Kaufman Borgeest & Ryan, LLP April 4-5, 2018 in Houston, Texas, home of the World Champion Astros and Pinkertson's – the essential Houston Barbecue Destination! Email Kevin Barr and kbarr@hrmlawyers.com.

3. Implement Comprehensive Litigation Hold Protocols:

A litigation hold is a written directive advising custodians of certain documents and electronically-stored information (“ESI”) to preserve potentially relevant evidence in anticipation of future litigation. Also called “preservation letters” or “stop destruction

Continued on page 4



Pathway to Rehabilitation Excellence

By Gina Tomcsik
Director of Compliance
Privacy Officer

Implementing an Effective Compliance Program

Compliance — it is every provider and employee’s responsibility! So, what exactly is a Compliance Program? A compliance program is a system of policies, procedures and processes developed by a provider to ensure observance with and conformity to all applicable federal and state laws governing the organization for doing the right thing.

In March of 2000, The Office of Inspector General (OIG) provided compliance guidance for health care industry sectors in the Federal Register / Vol. 65, No. 52 / Thursday, March 16, 2000 / Notices. This guidance from the OIG was “a major initiative to engage the private health care community in fighting fraud and abuse”. The OIG firmly believes “that a health care provider can use internal controls to better monitor adherence to laws and rules, regulations, and program requirements”.

The OIG has determined the following seven elements to be fundamental to an effective compliance program:

1. Implementing written policies, procedures and standards of conduct
2. Designating a compliance officer and compliance committee
3. Conducting effective training and education
4. **Developing effective lines of communication**
5. Enforcing standards through well-publicized disciplinary guidelines
6. Conducting internal monitoring and auditing; and
7. Responding promptly to detected offenses and developing corrective action

Let’s focus on number four: **Developing effective lines of communication**. For effective communication between the compliance officer and all employees, the development of a process, such as a hotline or other reporting system, to receive concerns or complaints along with procedures to protect the anonymity of complainants, is imperative to the success of a compliance program.

- **Access to the Compliance Officer** is necessary for a compliance program to work effectively. Employees must be able to ask questions and report concerns/complaints confidentially and without retaliation. In addition to being the contact person for reporting problems, the Compliance Officer should be viewed as someone to contact for policy clarification(s).

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- **Hotline and Other Forms of Communication** is necessary for a compliance program to work effectively. The OIG encourages the “use of hotlines, emails, newsletters, suggestion boxes, and other forms of exchanging information” to ensure there is an open line of communication. The hotline phone number should be made readily available to all employees, independent contractors, residents, and family members by placing the hotline number in conspicuous areas in the facility. Employees should be permitted to report concerns/complaints anonymously.

A successful compliance program is dependent on many factors. However, providers can ensure that internal reporting processes are in place and there is an “open door policy,” where employees feel comfortable reporting concerns/complaints internally within an organization. Employees must know and accept that there will be no retaliation for reporting. If employees feel they will be retaliated against for reporting, no one will come forward, therefore creating an environment to report outside of the facility. Other employees may not report due to a belief that their concerns/complaints won’t be taken seriously and/or nothing will happen after they report. Confidentiality is extremely important and policy and procedures should safeguard confidentiality and anonymity as much as legally possible.

The OIG has numerous resources available to providers who want to develop or enhance their compliance program. You can find them [at <https://oig.hhs.gov/compliance/compliance-guidance/>].

Putting forth the effort of developing and maintaining an effective compliance program upfront will save time and resources in the long run.

For more information, please contact Gina Tomcsik, Director of Compliance, Functional Pathways at gtomcsik@fprehab.com or call 865-531-2204. You may also discover more at www.functionalpathways.com

Assessing and Managing Sex Offenders in the LTC Setting

Part III

By Paige Hector and Steven Greenwald



The comprehensive care plan is one of the most scrutinized documents in the medical record. It is also one of the most cited areas of deficiency. Too often, staff treat this important document as a paperwork compliance chore and “something to just get done.” *Comprehensive Resident Centered Care Plans* are a primary focus of the CMS phase two regulatory changes and now contain multiple F-tags, from F655 to F661.

Going beyond regulatory compliance, the care plan truly represents the voice of the individual and must provide guidance to staff so they know what to do for each person. Characteristics of a great care plan are that it is comprehensive, individualized (covers all aspects of the resident’s care and treatment needs, goals and preferences as well as how staff will operationalize that information), are realistic, and up-to-date including timely revisions. A realistic care plan is one that can be accomplished given the motivation and ability of the resident but also the resources of the facility and staff. There must be a balance between sufficient detail to be comprehensive and too much detail that make it likely staff cannot be successful.

Writing an excellent care plan for issues related to behavioral expressions (past or present) can be challenging. Do not make the mistake that staff inherently know how to do this - what to include (and leave out), how to phrase delicate issues and ensuring that the care plan is not only relevant but defensible.

A care plan for a history of criminal behavior (e.g., sexual offenses) should include several components:

1. Explanation and details concerning appropriate background checks.
2. Recognition and summary of the criminal behavior and psychosocial factors related to this behavior, such as the resident actively using substances or poor compliance with psychiatric medication.
 - a. Over what time period did the criminal behavior occur?
 - b. Were others harmed by the behavior? (e.g., narcotics possession in which the individual is “using” and harming *oneself* is different than “manufacture and delivery” of narcotics)
 - c. What was the severity of the penalties? (e.g., fines and restitution versus incarceration over several years)
 - d. Sense of regret or remorse. This is the social worker’s clinical judgment and assessment. Does the person communicate that he/she feels badly about the behavior and would not like to repeat these actions or is there concern that the person is denying the criminal activity, behaving indifferent and seemingly unaffected?

3. Factors contributing to behavioral stability and the interdisciplinary team’s observations (be sure to include positive behaviors, such as medication compliance, involvement in treatment/psychotherapy and no present aggressive/inappropriate behavior).
4. A *meaningful* care plan goal or goals. These should be specific, not vague. For example, “The resident will maintain engagement in mental health therapy and display appropriate and considerate behavior towards other persons.” The goal must emphasize the individual’s quality of life. When the goal is accomplished, or when there is improvement, the individual’s quality of life gets better. Another indicator of an excellent goal is that it focuses on something positive. Unfortunately, too often staff writes goals from a negative perspective such as minimizing or reducing a negative or maladaptive “behavior”.
5. Approaches or interventions that clearly indicate what staff will do to help the resident meet the goal.

Think of a great care plan like this: the approaches/interventions are what the staff do to help the resident meet the goal to solve/minimize the problem (or address the need). The care plan should provide sufficient information that a new staff member can read it and know exactly what to do for the resident.

Once the care plan is written, the next hardest step is implementing it. Remember that F656 mandates evidence that the plan is implemented consistently across all shifts. How does that happen in your facility? What is the process that facilitates communication on EVERY shift, with appropriate staff, EVERY DAY?

I (*Paige*) was working with a facility that had several residents with histories of sexual offenses and required varying degrees of supervision. Some residents were so severely impaired cognitively and physically that they no longer posed a threat, while others had strict parole limitations to not be around children. At a department manager meeting, I asked those present to name all the sexual offenders in their facility and what care plan interventions were in place. Sadly, not one manager could do this. How then, could they keep other residents and visitors safe? Answer? They could not.

Before you are too quick to judge them, consider the processes, the checks-and-balances, in your own facility. Care plans are much harder to implement than we acknowledge.

A common intervention for behavioral expressions is to “implement consequences and set boundaries”. What is sorely missing is training on *how* staff should do this. What does it mean to “set a boundary” with a resident with a sexual offender history against children and he/she insists on going into the activity room for an intergenerational program? What does that staff member say? How do they respond if the resident insists? What limit, boundary or consequence is the staff member authorized to implement? Keep in mind this must be fair, therapeutic and uphold across resident rights.

Continued on page 4

requests,” these communications basically advise of the possibility of future litigation and identify relevant documents and ESI which should be preserved. The terms “Litigation Hold Letter” and “Litigation Hold Notice” are used interchangeably to describe written requests from adversaries designed to trigger the duty to preserve relevant evidence.

The importance of implementing a defensible litigation hold policy, procedure and process cannot be over-emphasized. In Judge Scheindlin’s words in the *Zubulake* case “Just do it. Just do it.” Generally, the policy should 1) Reduce risk and increase defensibility; 2) Guarantee that holds are issued in a timely fashion and contain all necessary information; 3) Create an efficient method for ascertaining and notifying both custodians and other key personnel; 4) Outline a standard set of data/content types (both print and electronic) to be preserved and this list should be reviewed and updated periodically as new types of data (e.g. social media) emerge.

4. Mentor:

With the Final Rule by CMS including Training Requirements (\$483.95), incorporating a mentoring program will be even more effective and enhance compliance with the many changes to the requirements for participation including staff sufficiency, staff training, submission of staffing data, person-centered care planning and quality of care compliance). The new regulation requires facilities to develop, implement and maintain an effective training program for all new and existing staff, individuals providing

services under a contractual arrangement, and volunteers. The implementation deadline is November 18, 2019 except for the following Phase 1/November 28, 2016 requirements: (c) Abuse, Neglect and Exploitation Training (g)(2) Dementia Management & Abuse Prevention Training (g)(4) Care of the Cognitively Impaired Training (h) Training for Feeding Assistants.

With the increasing demand for workers in the direct care field, health and long term care employers already experiencing extremely high turnover rates, and the growing number of people who are needing care, support, and services; it is essential to develop and maintain a more stable direct care workforce. A well-designed peer mentoring program for direct care providers is an appropriate component of any culture change movement in the long term care. I refer to the peer mentoring program developed by the Foundation for Long Term Care (FLTC) and how peer mentoring may affect culture, with or without a formal cultural change movement within the facility. The program suggests that peer mentoring is likely to (a) improve CNA retention rates; (b) improve orientation processes so that they reflect the values of the facility; (c) reinforce critical skills and behaviors; (d) teach the value of caring; (e) use exemplary aides to role model exemplary care; (f) support new staff as they make the transition to being part of the facility team; and (g) provide recognition and a career ladder for experienced nurse aides.

5. Develop Best Practices Regarding EMR Documentation And Be Educated About Metadata (See July 2017 NAL Professional)

In my world of medical malpractice litigation, the resident/patient

Continued on page 5

These are difficult situations and leadership would be remiss to not engage staff in role playing. Present scenarios and have staff write what they would say to the resident, to a family member, and to a visitor. Most importantly, *have them practice saying it!* Administrators, you need to take the lead here. Be a role model for staff and demonstrate how they should handle these situations. Act it out for them, engage them in role play exercises. If you cannot demonstrate competence in this area,

how do you expect staff to do so?

The next article in this series will address documentation for the resident with the sexual offender history.

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Discover more about her at www.paigeahead.com



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Consultation Group provide educational services to many long-term care facilities in several states including Illinois, Wisconsin, Indiana, Michigan and Florida. Mr. Greenwald is a popular instructor at seminars and workshops designed to enhance the delivery of social work and mental health services in long-term care and hospital settings. He is recognized as an authority in the field of long-term care and has provided testimony as an expert witness. Mr. Greenwald became a member of the Academy of Certified Social Workers (ACSW) early in his career and is a Licensed Clinical Social Worker (LCSW). He has received national recognition for his long-term care resource books and newsletter publication.



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medical record is Exhibit 1. The importance the healthcare records play in defending long-term care lawsuits cannot be overstated. From the completeness of the record to each chart entry, the healthcare record is scrutinized by plaintiff and defense attorneys, all experts and provider witnesses. In every case, the integrity of the healthcare record is a central issue and many challenges to face and obstacles to overcome as to the liability of the care provider, causation and damages.

Look ahead to new educational offerings.

Understanding *Substantive Metadata, System Metadata, and Embedded Metadata* and how metadata is produced in litigation, is key to a comprehensive best practice model for EMR documentation. The reason we care about metadata is because Plaintiff's attorney are requesting "audit trails" and other metadata related to a resident's EMR. Oftentimes the Court will compel production of this information and understanding the risks is key to risk mitigation best practices.

There are duties imposed on nursing homes by state and federal legislation and rules to implement technical safeguards for electronic information systems including EMR. Plaintiff's attorneys are aware of these duties and are investigating compliance at all levels through the discovery process.

In response to request for metadata and audit trails in particular, several grounds for objections exist and include that the information is not relevant; the request is outside the scope of allowable discovery; peer review and quality assurance privileges are applicable; and attorney client and work product are included in the request.

With electronic recordkeeping growing continuously more complex, it is critical that providers understand electronic discovery issues. There is no easy risk mitigation strategy or practice regarding the EMR and safeguarding it. Be aware that every action related to the chart is recorded. I recommend reviewing audit trails with your team and understand how your EMR records and is retrieved. I work with our provider clients to evaluate the EMR and develop best practices for documentation.

The evidence developed related to the audit trail will be central to the development of the lawsuit and themes that will emerge. Increasing awareness and best practice regarding EMR documentation will enhance the defense of the chart and the lawsuit.

6. Continue Training And Community Team Education Of The Long Term Care Survey Process (LTCSP) Procedure

CMS provided surveyor guidance through Interpretive Guidelines in the State Operations Manual (SOM). The Interpretive Guidelines for Long-Term Care include guidance primarily for the surveyors, however these guidelines are frequently used by facilities to ensure they understand the health and safety expectations that will be evaluated through the survey process. Many standards have remained unchanged since the early 1990's. For these areas, CMS reviewed the existing Interpretive Guidelines and updated where necessary to ensure that the standards and examples were clear. It also added a section in some areas to the Interpretive Guidance titled "Key Elements of Noncompliance." This is intended to guide surveyors and nursing facilities about the key behaviors and practices identified in the regulation. This Interpretive Guidance was effective November 28, 2017. The Interpretive Guidance includes clarifications to existing requirements, guidance for new Phase 2

requirements, and references to the revised survey process and protocols.

Continuing education using the LTCSP Procedure Guide provides instruction on the procedural and software steps necessary for completing the LTCSP. Use the Procedure Guide for all standard surveys of SNFs and NFs, whether freestanding, distinct parts, or dually participating. The LTCSP steps are organized into seven parts: 1) offsite preparation; 2) facility entrance; 3) initial pool process; 4) sample selection; 5) investigation; 6) ongoing and other survey activities; and 7) potential citations.

While CMS has provided a one-year restriction of enforcement remedies for specific Phase 2 requirements. CMS holds the facility accountable and should a facility be found to be out of compliance with these new requirements beginning in November of 2017, CMS would use this year-long period to educate facilities about certain new Phase 2 quality standards by requiring a directed plan of correction or additional directed in-service training. Enforcement for other existing standards (including Phase 1 requirements) would follow the standard process.

The listing of specific Phase 2 requirements associated with enforcement delays are to be shared at a later date. In general, CMS will identify those requirements that are associated with a unique and separate tag and where specialized efforts and technical assistance may be needed (e.g., antibiotic stewardship, facility assessment, Quality Assurance and Performance Improvement (QAPI) plan).

7. Be Prepared For An Emergency:

As we know Phase II implementation of the Final Rule that was effective November 16, 2017, includes emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates the lessons learned from the past, combined with the proven best practices of the present. As CMS states, "...central to this approach is to develop and guide emergency preparedness and response within the framework of our national healthcare system. To this end, these requirements also encourage providers and suppliers to coordinate their preparedness."

An overview, training resources and focus on emergency communication are included in the September 2017 *NAL Professional*. The four provisions for 17 provider and supplier types are:

CMS released an advanced copy of the interpretive guidelines and survey procedures that will be incorporated into the SOM under Appendix Z and applies to all 17 provider and supplier types. Since the Conditions of Participation (CoPs), Conditions for Coverage (CfCs) and requirements apply across providers and suppliers and only vary slightly, CMS has compiled the requirements under one appendix. Check it out at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>.

CMS has also recently issued information on training and testing requirements for Emergency Preparedness. Check out <https://surveyortraining.cms.hhs.gov>.

8. Develop And Implement A Well-Developed Communication Plan:

Communications Plans are another element of the comprehensive Emergency Preparedness plan and design and implementation can be challenging. Following are best practices considerations for transparent and accurate communications with stakeholders, especially the media, during and after. A well-developed Communications Plan contributes to a successful resolution of the problem, including a positive evaluation by stakeholders and the public. AHCA/NCAL offer a six-point outline to guide the process and these points can be incorporated into existing risk management and crisis communication plans.

1. Form a Team
2. Plan Ahead
3. Know the Stakeholders
4. Know How to Contact Stakeholders
5. Communication Channels
6. Honor Confidentiality

A crisis communications plan should be a key component of an organization's overall risk management and disaster response plan. A risk management plan including crisis communications reflects an organization's commitment to quality and will influence the way the public develops opinions about an event. There may be quality assurance protections and attorney-client privileges that protect the crisis communications plan. If you'd like a copy of my Crisis Communications and the Law: A Guide for Providers, please email me and I'd be happy to send a copy.

9. Improve Staff Satisfaction (Climbing Mount Everest!)

What actions can we take to meet the challenges of the day and help others in their endeavors?

In considering this question in the healthcare industry and especially in nursing and long term care, one of our Mount Everest is how to continually improve the quality of care and the role of nursing home leaders in an ever-changing industry. Improving staff satisfaction is one "Mount Everest" challenge that will translate into higher levels of performance and service excellence. The AHCA Quality Improvement Committee assessed several key areas to improve staff satisfaction and investing in the various ways to enhance staff perception and build a committed and motivated workforce are goals we can set and achieve – one step at a time. Notable most of these objectives cost little financial investment although require some changes in leadership and management actions.

Here are the key areas for nursing home leaders to focus on to improve staff satisfaction.

What Matters Most to Nursing Home Employees?

1. Management cares about employees
2. Management listens to employees
3. Management helps to reduce job stress
4. Fair evaluations
5. Staff respect for residents
6. Workplace is safe
7. Supervisor cares about you as a person

Recognizing the challenges encountered by leaders and managers in long term care including staff satisfaction, is the first step to

enhancing quality of care especially as the acuity level of our elders continues to rise and funding decreases. With each step we take, the summit gets closer and the satisfaction is undeniable!

10. Make Time For Yourself

"People look for retreats for themselves, in the country, by the coast, or in the hills . . . There is nowhere that a person can find a more peaceful and trouble-free retreat than in his own mind. . . . So constantly give yourself this retreat, and renew yourself." — Marcus Aurelius

Commit to self-care. Our industry has one of the highest levels of burn out. Why just survive. Thrive. (Visit www.thriveglobal.com). I hope these self-care ideas help you in the new year!

- Take Time To Reflect. Reflection is key for personal growth. Take time out of your day to think about what moments grew you, made you happy, or even made you sad. It's important to recognize these things. Reflection helps to give you perspective, learn from your mistakes, and to get fresh ideas.
- Let Go. Letting go and any kind of negativity or circumstance that's out of your control is huge. Learning to let go of these things are not always easy, but when you do, you'll experience less stress and more contentment. Let go of the haters. Let go of others' doubts in you. Let go of the things you cannot control..
- Get Enough Sleep. Sleep. Sleep. Sleep. You need to allow your body to have a regular sleep cycle, so that you can rest easy and well. It takes time to build up a regular cycle, but your body will thank you for it. You'll feel more rejuvenate when it's time to wake up, instead of wishing you could sleep all day.
- Positive Self Talk. Speak truth and positivity to yourself and into your life. It's okay if you have areas to grow, acknowledge them and come up with a plan to get better in them, but don't tear yourself down. Choose to reach for a better feeling and then walk in that. Be kind to yourself. Build yourself up!
- Have An Accountability Partner. I am a huge believer in accountability, as it helps you to always have a friend and someone who will help you stay on track with your goals. Reach out to a close friend and offer up the opportunity to be accountability partners. You can have an accountability partner for really anything, but definitely have one who will check in with you to see how you're doing with self-care and whatever goals you're working on. It's always nice to have someone to lean on!
- Celebrate Every Victory. Life is too short to not celebrate every victory that you have – big or small. Friend, you need to celebrate yourself! Celebrating your accomplishments and taking the time to acknowledge who you are and how far you've come is immensely important for happy and healthy self-care. Remember that celebrating yourself ≠ comparing your journey to someone else's. Own your journey and celebrate it!

- **Declutter Regularly.** It's hard to function when your life is cluttered, both literally and situationally. If you're like me and can't work when your desk is a mess, then make it a priority to clear it off every single day. This is a simple task that takes not even a few minutes, but it'll help you stay focused and motivated. If there's negativity in your life or a relationship you need to cut out of your life, do it. Do what's best for yourself in these situations. You can't thrive in a cluttered life..

- **Intentionally Schedule Alone Time.** Be sure to schedule in some alone time or some "me time." Having time alone from everyone helps you to reflect more intentionally and it allows you to truly rest and recharge. Take a bubble bath or do a creative activity that gets your creative juices flowing. Have an outlet that you can turn to when you just need to get away and have some alone time.

- **Say "No" Without An Explanation.** When you choose what your priorities are, you should also take note of the things you don't want to focus on during that time. Learn to say "no" without an explanation to the things that aren't a priority in your life. You don't have to justify your priorities to anyone.

- **Choose Grace.** Choose to have grace on yourself when you've failed yourself. Choose to have grace on others when they've failed you. Choose to have grace all of the time, no matter what. Life is messy because people are messy, and that's what helps bring the beauty of grace to light. Grace doesn't make sense, but it brings connection and understanding. Live a life that's full of grace.



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nigh, let us remember those who continue to experience pain and suffering and are in need of healing in our communities and around the world. Here's to 2018. May it be filled with limitless joy and hope.

Rebecca Adelman, PLLC, Esq. - Ms. Adelman is an entrepreneur and founding shareholder of Hagwood Adelman Tipton, PC and practices in the firm's Memphis, TN office. For nearly 30 years, Rebecca has concentrated her practice in insurance defense litigation representing national insurance carriers and self-insureds with a concentration in healthcare law. She also has an active business and employment practice. Please feel free to contact her at radelman@hatlawfirm.com or visit her website: www.rebeccaadelman.com and Instagram @rebecca_adelman

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