

Nursing & Assisted Living Facility Professional

NOW IN OUR 10TH YEAR!

"NEWS AND VIEWS YOU CAN REALLY USE"

JANUARY 2020
ISSUE 1, VOLUME 10

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

THE ADELMAN ADVANTAGE by Rebecca Adelman

Meet the AALNA – The Voice of Assisted Living Nurses



#2020Vision! This year begins the 10th year of my partnership with Extended Care Products and writing *The Adelman Advantage* for the Nursing and Assisted Living Professional. This will be the best year yet and we have more in store for you! We appreciate you tuning in monthly!

To begin this year, I am so excited and grateful to co-author this month's article with Cal Groeneweg, my friend

and colleague, and one of the founders of the American Assisted Living Nurses Association (AALNA) www.alnursing.org. AALNA is a professional nursing association representing assisted living registered nurses, licensed practical nurses, and licensed vocational nurses. Its goal is to promote safe, effective, and dignified nursing practice in assisted living. With over one million older adults residing in assisted living communities and given the actual and potential increase in the nature and intensity of their health and personal care needs, the demand for licensed nurses in this domain is making assisted living one of the fastest growing segments in the nursing spectrum. As such, AALNA holds itself accountable for our nursing practice.

I am proud to serve as the Legal Advisor for AALNA for many years. The Advisory Council of AALNA is a diverse expert group of committed industry members including Stan Szytek – Fire and Life Safety, Assisted Living Incident Command, Steve Wilder – Active Shooter, Site Vulnerability. Safety/Security and OSHA, Ara Sayabalian – Total Dry, Burton Korner – Pharmacy Dr. Kevin O'Neal – Physician, Dr. Sara Hamm – Lifespace Communities, John Schulte – Argentum, Victor Rose – ECRI, Liz Jensen – Direct Supply, Angie Fleenor, LuAnne Listner, Julit Navarrate and Maria Moen - National Association for The Support of Long Term Care.

Cal, President of AALNA, shares the history of AALNA:

AALNA was formed in June 2001 by a group of assisted living nurses and is still operated only by nurses currently practicing in the field. We have developed two distinct Scope and Standards of Practice statements for assisted living nurses (one for RNs; one for LPN/LVNs) that draw on principles of gerontological nursing, as well as a certification exam with demonstrated validity and reliability. Through this, we have started the process towards assisted living nursing professional certification as a specialty practice. In addition, AALNA has held fifteen national conferences for which continuing education credits have been awarded."

AALNA has collaborative or resource partnerships and links to many public service associations including the National Center for Assisted Living (NCAL); Coalition of Geriatric Nursing Organizations (CGNO); American Association of Homes and Services for the Aging (AAHSA); American Association of Retired Persons (AARP); Assisted Living Federation of America (ALFA); California Assisted Living Association (CALA); California Association of Homes and Services for the Aging; Care Alternative; Center for Excellence in Assisted Living (CEAL); Consumer Consortium on Assisted Living (CCAL); Health Care Association of NJ; Kansas Assisted Living Association; Nurses Improving Care for Healthsystem Elders (NICHE); MatrixCare, Succeed Aging Services, ECRI, Omnicare and now join partnership with AMDA; and Corporate Members with Brookdale Senior Living, Chelsea Senior Living, Belmont Senior Village and Merrill Gardens Senior Living.

Since 2006, a member of the AALNA board has been a consultant to the University of North Carolina at Chapel Hill-CEAL Community Based Participatory Research Project (CBRP) on medication management in assisted living. Additional research projects are being planned. In 2009, the Springer Publishing Company in association with the American Geriatrics Society will publish a seminal book for assisted living nurses, "Assisted Living Nursing: A Manual for Management and Practice", that will contain evidence-based or expert practice guidelines for management and clinical practice (e.g., delegation, budget prep, review of systems, geriatric syndromes and diseases).

How is AALNA engaged with our long-term care communities?

Providing education through the development and maintenance of credentials for an assisted living nursing specialty practices that includes a certification examination and relevant education materials, and a partnership with Senior Community Learning.

Improvement of information dissemination on current state-specific regulatory requirements and cost-effective methods for exemplary compliance, as well as, evidence-based best practices and other insights.

Support participation in public policy forums by providing access to a nation-wide network of assisted living nurses, and advancing an active interest in the assisted living nursing practice among professionals.

How does Membership Benefit You?

Membership in AALNA benefits you because AALNA is an organization run for nurses, by nurses. This means that as a

Continued on page 2

member you will be heard, active, and effective. As a member of AALNA, you will receive the best possible membership value it can provide.

Membership benefits include:

- Access to a nationwide network of assisted living nurses
- Making your voice heard in national policy discussions
- Special Members only access to resources and services on the AALNA website
- E-blast by AALNA on news and important notices
- Discount on the AALNA national conference registration fee
- Discount on the Assisted Living Nurse Certification Exam
- Discount on CEUs and staff training materials from Senior Community Learning
- Discount on Long Term Care Insurance from PCALIC
- FREE access to the Assisted Living Incident Command System (ALICS) and AALNA risk platform
- FREE Membership to EM Alliance
- Support of strong successful state chapters

Individual membership is appropriate for nurses or administrators seeking to play an active role in shaping the future of Assisted Living. As an individual member of the AALNA, you will be asked to share your expertise and insight on topics pertinent to the Assisted Living nursing practice. In return, you will gain access to a nationwide network of nurses that can be used as a source for information on policy discussion, best practices, and current regulatory requirements.

Supporting Partners have two options for membership. The first option is a corporate membership, which is appropriate for any company that owns, manages, or operates an Assisted Living Community or as individual member. The second option is allied or platinum membership, which is appropriate for any company, corporation, proprietary, or nonprofit that has an interest in supporting nurses in Assisted Living, but does not own, operate, or manage an Assisted Living Community.

New feature now AALNA members receive a discounted membership rate for AMDA – The Society for Post-Acute and Long-Term Care Medicine.

What Other Exciting Events does AALNA offer?

Caring Together Webinars - Every quarter AALNA and NCAL collaborate to provide an educational opportunity at no cost to our members. Caring Together Webinars give you a chance to learn about some of the latest issues in the assisted living profession to stimulate awareness and discussion.

The Annual AALNA Conference – PLEASE SAVE THE DATE for the 16th Annual AALNA Conference Friday, July 17th and Saturday, July 18th 2020. This year's conference will be held at Willis Towers Watson Willis of Illinois in Chicago!

The National Long-Term Defense Summit – AALNA partners with Adelman Law Firm and three other host firms at the annual National Long-Term Care Defense Summit PLEASE SAVE THE DATES OF April 22-23 2020 for the 8th annual Summit! 2019 was amazing and look forward to education, networking and fun in New York City in 2020! You'll love The Parker Hotel and the penthouse Estrela conference room with 360 degree views

of the city and Central Park! Please plan to join us!!!! For more information, please contact me at rebecca@adelmanfirm.com.

Please check out AALNA and the incredible opportunities for your organizations and nurses for education, engagement and expanding the network of nursing in Assisted Living!



Rebecca Adelman is an entrepreneur, influencer, thought leader and founder of Adelman Law Firm, a Women's Business Enterprise National Council (WBENC) certified Women Business Enterprise (WBE) established in 2001. For nearly 30 years, Rebecca has concentrated her practice in insurance defense and business litigation. The firm's practice extends through the Tri-States of Arkansas, Mississippi and Tennessee. Rebecca's insurance defense

practice includes representation of insurance companies and long-term care providers and their insurers, both regionally and nationally. She also provides consulting services and educational programming to healthcare professionals and business associates. She has active practices in the areas of general liability, professional liability, premises, and employment law. She is a listed mediator serving all areas of business and healthcare litigation.

Contact Rebecca at rebecca@adelmanfirm.com and visit www.adelmanfirm.com and www.rebeccaadelman.com.



Calvin Groeneweg, President of AALNA, is a Registered Nurse with over 30 years of experience. In addition to being a Registered Nurse, Mr. Groeneweg also carries the designation of Certified Assisted Living Nurse (C-AL). Mr. Groeneweg has experience in nursing administration, staffing, and admissions at Summit Medical Center of Oakland, and has been a Director of Risk management at Magnolia. Currently, he is working as a Director of Risk

Management for Sequoia Living. In addition, Mr. Groeneweg has operated a 44 bed Residential Care Facility for the Elderly in Napa, CA for the past 21 years that is dedicated to serving the needs of those with Dementia. Mr. Groeneweg is active in the Assisted Living industry. He was a member of the Little Hoover Advisory Commission on Long Term Care, and has consulted for various attorneys and organizations on issues facing Resident Care. As one of AALNA's founding members, Mr. Groeneweg has played a significant role in growing membership to over 3000 nurses in 50 states. Throughout his 16 years of involvement with AALNA, he and the board of directors have served members by cultivating partnerships and collaborations with other organizations to provide resources and opportunities for education and networking for our individual and corporate members. In years to come, Mr. Groeneweg will strive to increase the visibility of AALNA and inform more nurses about AALNA what it does for nurses in assisted living.

Ennui, What Is It and Do Residents in Your Facility Have It?



I recently read the most incredible book, *The Great Unexpected* by Dan Mooney. It's a story about two men living in a nursing home and how they come to be the closest of friends. Joel is a retired mechanic and is portrayed as a grumpy and disagreeable man who doesn't see the point in living anymore. Frank is a retired soap opera actor and is portrayed as an outlandish and charming man who is determined to make friends with Joel and help him see there is still fun to

be had. They each have rich life histories filled with a myriad of experiences, some wonderful and some very painful. Don't worry, I won't spoil the book for you, so keep on reading.

Joel and Frank devise hilariously creative ways to break out (yep, break out) of the nursing home to amble around in the city and enjoy a few pints of Guinness (it *is* set in Ireland!) at local pubs. One scene had me laughing so hard (tears running down my face type of laughing) that my 14 year old son rolled his eyes and said, "Seriously, Mom." And, there are parts so sad that my soul ached, and the tears came again.

So, where does this word, ennui, come in? The author listed discussion questions at the end of the book, and one of the questions included that word. Being curious, I looked it up and learned that it means "a feeling of listlessness and dissatisfaction arising from a lack of occupation or excitement" (Bing). Merriam-Webster defines it as, "A feeling of weariness and dissatisfaction." Synonyms include boredom, tedium, lethargy, restlessness, weariness, enervation, sluggishness and unhappiness, to name a few. Kind of a strange looking word, it is pronounced like "on-we".

Why in the world am I writing about an obscure 5-letter word? Because I wonder how many people living in nursing homes (or older adults in general) are affected by it. That they feel devalued because they no longer 'work' or 'make a living', or because they need assistance to manage daily tasks and care. If you ask the residents in your nursing home if they feel listless or dissatisfied from lack of excitement or occupation, if they feel a sense of weariness, tedium, boredom or unhappiness, how would they respond? I'm not talking about periodic boredom that we all feel at times, but rather the pervasive sense that one's life does not have value or purpose anymore.

The bigger question then becomes, what can staff working in a nursing home do about it? I'm not proposing the answer is easy, but I do believe it's time we consider the question, and perhaps our way of thinking. Please do not mistake the topic of this article as a call for improving activities programming. Decreasing ennui is not the responsibility of one department or one person. It can't be addressed by offering more programs on the monthly calendar. It's deeper and more profound and will likely require the intentional and ongoing effort of everyone in the nursing home, and greater community, to address.

Nursing home administrator, Matthew Lysobey, had a vision, and in 2009 he developed A Heart to Serve (<https://ahearttoserve.org/about-us/>), a program where residents living in nursing homes and assisted living communities prepare, deliver and serve meals to people who are homeless at nearby shelters. On the *About Us* page of the website, it reads, "Imagine people across the country in Nursing Homes with Dementia, Strokes, Parkinson's Disease and other physical and cognitive challenges feeding the homeless, serving their communities, still feeling needed, having a reason to get out of bed." Mr. Lysobey created a way to people to experience the transformative power of purpose!

Here's another inspiring excerpt from A Heart to Serve website:

"Once a month, dedicated volunteers gather at their nursing homes and prepare a meal for homeless individuals at nearby shelters. Regardless of their physical and cognitive challenges, all willing participants have a role in preparation. Carrots are chopped. Cheese is shredded. Smiles are shared. They then make the journey to their local homeless shelter where they serve the meals they've prepared. For the program's participants, Community Meals it isn't about hand-outs – it's about outreach. The residents scoop their hard work onto plates and pass them across the table – what they get back is a room full of smiles, a few friends, and a renewed sense of purpose within themselves."

I am hopeful that this article will serve as a springboard to engage staff at your facility in conversation about value and service, about battling the ravages of ennui, and creating a culture where everyone has a sense of purpose. What innovative ideas might you have? Don't discount any idea because it's "too [fill in the blank]." Invite creativity and be outlandish! It might just be a small part of a huge idea to spark transformation in your community.

I'm sure there are other fantastic programs around the country and to those staff, thank you! For other communities that may not have started on this journey, consider, what would a nursing home with productive and engaged residents look, and sound like? To walk around the property, in the building and see people engaged in meaningful work/projects and not just 'existing' or waiting?

One of the book reviews for *The Great Unexpected* caught my eye. Just a few months ago, this reviewer, of the same age as the characters in the book, wrote, "I hope young people will read the book and perhaps realize that we old folks are living, feeling people who have worth." I believe that most of us working in long term care believe that and are eager for creative ways to acknowledge their worth and incorporate it into the daily fabric of facility life.

To all the wonderful people working so hard in long term care communities around our country (and world!), thank you for your selfless service. May 2020 be a year of renewed spirits and dedication to the transformative power of purpose, for all of us.

Contact Paige at 520-955-3387 or at paige@paigeahead.com
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DO YOU KNOW HOW TO PLAY SPADES?

By: Joel VanEaton, BSN, RN, RAC-CT MT VP of Compliance and Regulatory Affairs

Just in case you were busy with other things, in the spring of 2019, as most of us were in the throes of preparing to cross the PDPM threshold in October, CMS quietly spent two thirds of the FY 2020 Proposed Rule introducing us to Standardized Patient Assessment Data Elements or SPADEs. SPADEs is a catchy acronym that encapsulates all of the elements that will ultimately be included in the assessment tools for all Post-Acute providers (SNF, Home Health, LTCH, IRF) so that places of care can be compared, “apples to apples”, and so that there can be more robust interoperability. This is the IMPACT Act in action via Quality Reporting.

Please see our blog on the proposed rule [here](#) for a complete analysis of the then proposed SPADEs. Also, as you begin to get up to speed regarding the specifics, the Proposed Specifications for SNF QRP Quality Measures and Standardized Patient Assessment Data Elements, located [here](#), will be essential. The importance of getting ahold of this now is that the MDS 3.0 data set has been revised to accommodate all of the SPADEs that were introduced in the Proposed Rule as well as revised and a new QRP measures. A DRAFT version of the MDS has been posted [here](#). **This version, v1.18.0, is slated to become effective October 1, 2020.**

This is the biggest revision to MDS 3.0 since MDS 3.0. The DRAFT comprehensive assessment is 61 pages in length, an increase of 10 pages from the current 51. Make no mistake about it, the leap to be skilled at completing this revised tool will take some time so the sooner you get started the better. As my mom always used to say, “no rest for the weary”. The PDPM is here and we continue to assimilate. The new game we now have to learn is SPADEs.

A very significant change to the MDS is the elimination of most of Section G in federally required assessments. Functional limitation in range of motion and mobility devices have been

retained and added to section GG. Section GG has also been revised to add a new section that requires section GG to be assessed relative to the resident’s performance in the last 7 days. Section Q has also undergone a much-needed revision for clarity.

Along with these changes, CMS is proposing SPADEs for five categories specified in the IMPACT Act. These categories are:

- Cognitive function (e.g., able to express ideas and to understand normal speech) and mental status (e.g., depression and dementia)
- Special services, treatments, and interventions (e.g., need for ventilator, dialysis, chemotherapy, and total parenteral nutrition)
- Medical conditions and co-morbidities (e.g., diabetes, heart failure, and pressure ulcers)
- Impairments (e.g., incontinence; impaired ability to hear, see, or swallow)
- Other categories as deemed necessary by the Secretary

The addition and revision of MDS Items is what has caused the revised MDS to balloon to 61 pages. The tables below will introduce you to the revised and new QRP measures as well as the SPADEs, cross walked with the appropriate MDS revisions that CMS recently posted to accommodate them. As you navigate his table, you would be well served to have a copy of the revised MDS 3.0 in hand. A copy of the Proposed Specifications for SNF QRP Quality Measures and Standardized Patient Assessment Data Elements might also be helpful. It’s time to get ready for SPADEs. It’s the new game we are going to have to learn. Join me at <https://www.simpleltc.com/mds-changes-spades-webinar/> for a free webinar to learn even more!

Revised QRP Measures	Revised MDS Section A
<p>Discharge to Community–Post Acute Care (PAC); assesses successful discharge to the community from a PAC setting, with successful discharge to the community including no unplanned rehospitalizations and no death in the 31 days following discharge. This measure has been revised to exclude baseline NF residents or Residents who had a long-term NF stay in the 180 days preceding their hospitalization and SNF stay, with no intervening community discharge between the long-term NF stay and qualifying hospitalization.</p>	<p>New MDS items at A1805 and A2105 have been added to assess for where a resident entered from and the resident’s discharge status to accommodate more specifically this revised QRP measure exclusion of baseline NF residents.</p>

<u>New QRP Measures</u>	<u>Revised MDS Section A</u>
Transfer of Health Information to the Provider–Post-Acute Care (PAC) ; assesses for the timely transfer of health information, specifically a reconciled medication list. This measure evaluates for the transfer of information when a patient is transferred or discharged from their current setting to a subsequent provider	New items at A1805, A2105, A2121, A2122 have been added to accommodate this QRP measure.
Transfer of Health Information to the Patient–Post-Acute Care (PAC) . This proposed measure assesses for and reports on the timely transfer of health information, i.e., a current reconciled medication list, to the patient/resident when discharged from their current setting of post-acute care	New items at A1805, A2105, A2121, A2123, 2124 have been added to accommodate this QRP measure.
<u>SPADEs for Cognitive Function</u>	<u>Revised MDS Sections C and D</u>
The Brief Interview for Mental Status (BIMS)	Along with the current BIMS, new MDS items at C0220, C0320, C0420 and C0520 have been added to accommodate a completion of the BIMS on discharge.
The Confusion Assessment Method (CAM)	Along with the current CAM, new MDS items at C1320 has been added to accommodate completion of the CAM on discharge.
Mental Status (Depressed Mood) PHQ-2 to 9	New MDS items at D0150, Resident Mood Interview (PHQ-2 to 9) have been added to accommodate the new PHQ-9 format and skip patterns. New MDS items at D0120 and D0170 have been added to accommodate completion of the new Resident Mood Interview (PHQ-2 to 9) on discharge.
<u>SPADEs to Assess for Special Services, Treatments, and Interventions</u>	<u>Revised MDS Sections K, N and O</u>
Chemotherapy	New MDS items at O0110A1 have been added to indicate the rout of chemotherapy administration and if this was administered on admission, while a resident and at discharge.
Radiation	New MDS item at O0110B1 has been added to indicate Radiation Administration and if this was administered on admission, while a resident and at discharge.
Oxygen Therapy	New MDS items at O0110C1 have been added to indicate the type of flow of oxygen administration and if this was administered on admission, while a resident and at discharge.
Suctioning	New MDS items at O0110D1 have been added to indicate the timing of suctioning that is provided and if this was administered on admission, while a resident and at discharge.
Tracheostomy Care	New MDS items at O0110E1 have been added to indicate the that tracheostomy care was administered and if this was administered on admission, while a resident and at discharge.

Invasive Mechanical ventilation	New MDS items at O0110F1 have been added to indicate the type of non-invasive mechanical ventilation that is administered and if this was administered on admission, while a resident and at discharge.
Non-invasive Mechanical Ventilation	New MDS items at O0110G1 have been added to indicate the type of non-invasive mechanical ventilation that is administered and if this was administered on admission, while a resident and at discharge.
IV Medications (Antibiotics, Anticoagulation, Vaso-active Medications, Other)	New MDS items at O0110H1 have been added to indicate the type/class of IV medication that is administered and if this was administered on admission, while a resident and at discharge.
Transfusions	New MDS items at O0110I1 have been added to indicate that Transfusions were administered and if they was administered on admission, while a resident and at discharge.
Dialysis (Hemodialysis, Peritoneal dialysis)	New MDS items at O0110J1 have been added to indicate the type of dialysis that is administered and if this was administered on admission, while a resident and at discharge.
IV Access (Peripheral IV, Midline, Central line)	New MDS items at O0110O1 have been added to indicate the type of IV access that was provided and if this was provided on admission, while a resident and at discharge.
Parenteral/IV Feeding	In addition to the choices for indicating nutritional approached provided while not a resident and while a resident, New MDS items have been added at K0520A (Parenteral/IV Feeding) to indicate whether nutritional approaches were also provided at admission and on discharge.
Feeding Tube	In addition to the choices for indicating nutritional approached provided while not a resident and while a resident, New MDS items have been added at K0520B (Feeding Tube) to indicate whether nutritional approaches were also provided at admission and on discharge.
Therapeutic Diet	In addition to the choices for indicating nutritional approached provided while not a resident and while a resident, New MDS items have been added at K0520D to indicate whether nutritional approaches (Therapeutic Diet) were also provided at admission and on discharge.
High-Risk Drug Classes: Use and Indication (anticoagulants; antiplatelets; hypoglycemics (including insulin); opioids; antipsychotics; and antibiotics)	New MDS items have been added at N0415 to indicate whether the resident is currently taking a high-risk medication, and if an indication for the medication is noted. A new MDS item N0425 has also been added to assess this information on discharge.

<u>SPADEs to Assess for Medical Conditions and Co-Morbidities</u>	<u>Revised MDS Section J</u>
Pain Interference	New MDS items at J04120, J0510, J0520 and J0530 have been added to determine more specifically how pain interferes with sleep, therapy and day-to-day activities. New MDS items at J0320, J0420, J0550, J0560 and J0570 have been added to assess for pain/interference on discharge.
<u>SPADEs to assess for Impairments</u>	<u>Revised MDS Section N/A</u>
Hearing Impairments	No new MDS items or revisions. This SPADE will use the current MDS item B0200.
Vision Impairments	No new MDS items or revisions. This SPADE will use the current MDS item B1000.
<u>SPADEs to assess for a new category: Social Determinants of Health</u>	<u>Revised MDS Sections A, B and D</u>
Race and Ethnicity	New MDS items at A1005 and A1010 have been added to determine more specifically a resident's ethnicity and race.
Preferred Language and Interpreter Services	New items at A1110 have been added to more specifically determine a resident's preferred language and whether he or she needs or wants an interpreter.
Health Literacy	New items at B1300 have been added to help determine the resident's health literacy, which is how often he or she needs to have help when reading written material provided by a doctor or pharmacy. New MDS item B1320 has been added to assess for health literacy on discharge.
Transportation	New MDS items at A1250 have been added to assess for whether a lack of transportation has kept a resident from medical appointments, meetings, work, or from getting things needed for daily living. New MDS items at A1270 have been added to assess for this on discharge.
Social Isolation	New MDS items at D0700 have been added to assess for social isolation, that is how often a resident feels lonely or isolated from persons around them. New MDS items at D0720 have been added to assess for this on discharge.



PLEASE SAVE THE DATES OF April 22-23, 2020 for the 8th annual National Long-Term Defense Summit!

2019 was amazing and look forward to education, networking and fun in New York City in 2020! You'll love The Parker Hotel and the penthouse Estrela conference room with 360 degree views of the city and Central Park! Please plan to join us!!!! For more information, please contact me at rebecca@adelmanfirm.com.

NAL Professional Not Coming Addressed to You Personally?

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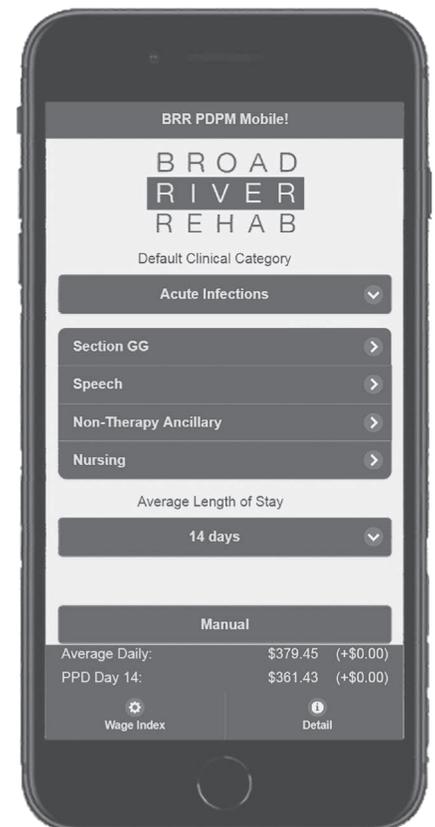
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