



homesweet home

PICTURE A TRADITIONAL NURSING HOME WITH LONG CORRIDORS FULL OF SEMI-OPEN DOORS. PEERING INTO THE ROOM REVEALS SENIORS, MANY SHARING A ROOM WITH A STRANGER, LIVING OUT THEIR LAST MOMENTS OF LIFE. NOW PICTURE A FUNDAMENTAL CHANGE IN THE WAY SENIOR CITIZENS ARE CARED FOR, SOMETHING THAT INSTITUTES A DEPARTURE FROM THE TRADITIONAL NURSING HOME AND OFFERS A NEW APPROACH TO LONG-TERM CARE.



Joyce Roberts sits in her room recently at the Jensen Cottage on the campus of St. John's Lutheran Ministries Community in Billings.

This spring, Joyce M. Roberts, with a book folded in her lap, tiptoed her wheelchair slowly back and forth in a room adorned with personal items. Photos of her children and grandchildren sat atop a roll top desk. A clock that belonged to her late husband hung on the wall, chiming every hour.

Roberts was one of 12 seniors living at Jensen Cottage, a skilled nursing facility on the campus of St. John's Lutheran Ministries Community.

"It's really quite good here," Roberts said.

"If you ask for certain things, they are willing and they at least try."

Roberts moved from a nursing home in Lewistown into the cottage last August. She seemed to thrive in the cottage's homey environment, and because she responded so positively, was recently transferred into an assisted-living cottage.

A new way of thinking

The cottages are part of a group of eight skilled nursing and assisted-living faci-

BY ANNA PAIGE § PHOTOGRAPHY BY DAVID GRUBBS

ties on the St. John's campus, dubbed the Green House Cottages. An alternative to the traditional, institutional-type nursing home, these cottages are designed to create a home-like environment with a resident-centered approach to care.

The first homes of this kind opened in Tupelo, Miss., in 2003. The second installation was in Billings. Alan Godfrey, senior project manager for the Billings' cottages and architect at CTA Architects Engineers, modeled the St. John's cottages after the Mississippi Green Houses.

The cottage design is being used nationally to demonstrate a need for change within the nursing care industry, Godfrey said. The intent is to de-institutionalize long-term care by replacing large nursing homes with these small, intentional communities.

"It's probably the fastest-growing change in health care in the decade," Godfrey said. "The same type and amount of care is being provided, but the cottages have taken on a different feel. It feels like their home."

Godfrey's background in hospitals lent well to designing a cottage, because cottages are held to the same standards as a hospital, yet are designed to minimize the visual presence of medical equipment and supplies.

"Cottages essentially are nursing homes, which provide the highest level of care you can get in a facility," Godfrey said.

A homelike environment

Design is fundamental to this new approach in elder-care. At the heart of the building is a kitchen. Along the perimeter of the home are private rooms and bathrooms for the residents.

Ray Nelson, a resident of Jensen Cottage, sits at the breakfast bar with Danielle McKinsey, a cottage guide. Nelson is 103 years old.

Nibbling on a cookie and sipping a cup of coffee, McKinsey and Nelson converse.

"The breakfast bar is an area where a lot of interaction takes place," McKinsey said. "Families get to know other families and elders, and they all form bonds."

Often families of residents will visit and cook a meal for the entire house.

Mealtime is one of the fundamental changes instituted in a cottage environment. Caregivers serve dinner and eat along



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CERTIFIED NURSING ASSISTANT

with the residents in a comfortable dining room with a single large table, as opposed to eating in a cafeteria.

"Going to the cafeteria isn't very homelike. It feels more institutional," Godfrey said. "Hundreds of people are wheeled into a dining room, almost like cattle, then onto bathing and meds; it's a big process to handle all those people."



A shift in care

Kailey Walker, a certified nursing assistant at Jensen Cottage, started her career three years ago in assisted-living. She transferred to a skilled care unit of the St. John's nursing home, and then to working at the cottage.

"It's not easy to leave your home and have to rely on someone to care for you. But here, it's very homey and personal. It's an easier adjustment for somebody," Walker said.

The cottage residents are attended to by "sharaths," who are certified nursing assistants with 120 extra hours of training. Sharath is a Hebrew word meaning minister or someone who serves or attends another. Sharaths are responsible for the elders as well as cooking, housekeeping and laundry.

Each cottage is attended to by the same staff of sharaths, so they develop strong bonds with the residents and their families.

"The cottages create happier staff because they [staff] are more empowered," McKinsey said. "Sharaths, who provide the daily care, know the residents the best."



Clockwise from left: Caregivers and residents listen to Chuck Kosmann, who is one of many scheduled guest entertainers. Residents and caregivers eat together in the dining room at the Jensen Cottage. Each cottage is designed to feel more like a home environment. Ray Nelson, a resident of Jensen Cottage, sits with Danielle McKinsey, a Cottage guide. Nelson is 103 years old.

The price tag of care

“Cottages get all the attention but in my mind there’s a bigger story,” said Kent Burgess, president and CEO of St. John’s Lutheran Ministries.

When the cottages were complete, St. John’s was able to transfer 45 residents out of the traditional nursing home into the cottages.

In a traditional nursing home, two patients often share a room and bathroom, which cuts down cost. Yet most families prefer a private room, Burgess said.

Operating costs to deliver a day of care in a cottage are similar to that of a nursing home, Burgess said. The challenge is that the majority of St. John’s nursing home patients are Medicaid recipients. Of the \$220 per day it costs to stay in the cottage, Medicaid pays \$154.

Burgess hopes that through better efficiencies, over time the daily cottage rates will decrease.

“The building is going to cost you what it’s going to cost you,” Burgess said. “Would you rather live in a 120-person institution or a 12-person home?”

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WHAT THE FUTURE HOLDS

In the next 25 years, a huge influx of baby boomers will be reaching an age where they will need health care, yet the average nursing facility is dated and in need of repair.

Due to the age of many existing facilities, upgrading to code requires asbestos abatement, which costs more than building a new facility, Godfrey said.

“These facility owners have to build, and they are getting excited about doing something new,” Godfrey said. In fact, the shift from institutional care to cottage is taking root.

Currently there are 18 completed Green House developments in the U.S. and many in the works, Godfrey said.

“Just about every nursing home in Montana is working cottages into their master plans,” Godfrey said. “Many have five to 10-year goals to add cottages to their campus.”

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