The Post-acute Care Unit:

EASING THE TRANSITION FROM

Hospital to Home

A PUBLICATION OF CHRISTIAN HEALTH CARE CENTER
Christian Health Care Center recently marked an exciting milestone in its 97-year history. In April, Sandra De Young, EdD, became the first female Chair of the board of trustees. Dr. De Young, who is a registered nurse and Dean of the College of Science and Health at William Paterson University of New Jersey, has been a dedicated trustee for a total of 18 years over the past three decades. During her board service she has served as Vice Chair, Chair of the Strategic Planning Committee, and a member of the Executive, Joint Conference, and Personnel committees.

Ms. De Young follows in the footsteps of Anthony Van Grouw Jr., MD, who served as Chair for nine years. As a 30-year board member, Dr. Van Grouw, a recently retired orthopedic surgeon, has served on every board committee in every capacity. His commitment to the Center is unfaltering; he will continue to serve as a trustee.

For many trustees, volunteers, and employees, dedication to Christian Health Care Center is part of their family’s fabric. Dr. Van Grouw’s father served as the board’s Secretary for 24 years. His grandfather was a trustee in the 20s and 30s, and his grandmother was an Auxilian. Dr. De Young’s father was a 35-year employee of the Center, and her mother served as an Auxilian for 51 years, including 36 years as its President.

The Center is grateful to all its trustees for their continued service. Through the board’s guidance the Center has established new programs to benefit the community. The most recently developed service – the Post-acute Care Unit (PACU) – is profiled in this issue of Center Life. As more and more individuals require short-term nursing care following a hospitalization, the PACU stands ready to fulfill their needs.

This issue of Center Life also includes the debut of several new features, including Mental-health Briefs, Elder-care Briefs, Volunteer Viewpoint, and Center Point, an employee profile. These new columns were created to keep you informed about Center programs and introduce you to some of the people who care for your loved ones and the community.

Christian Health Care Center views its mission as a significant responsibility. We are thankful to God for giving us the opportunity to care for our neighbors and for His continued blessings in all we do.

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President and CEO
SANDRA DE YOUNG, EdD
Chair, Board of Trustees
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Past Chair, Board of Trustees

"I want to thank you all for the magnificent care you gave to my father during his stay at Christian Health Care Center. Times were really tough on everyone, but knowing he had the best people around looking after him gave me comfort. I’m sure most of the staff would say something like, ‘We were just doing our jobs,’ but trust me, it was way beyond that. The exceptional work that you all did made a very difficult situation for my family as relaxed and comfortable as possible. You always kept me abreast of any issues, no matter how small or seemingly insignificant. Every time I went to visit I was greeted by smiles and saw first-hand the terrific care given, not just to my father, but to all the residents. No offense, but I hope to never go through a nursing home situation again. However, if it is necessary, I will feel confident in not searching around but in going directly to one place – Christian Health Care Center."

Robert Cottignies Jr.

ACCOLADES AND ANNOTATIONS
The clinical staff of Heritage Manor Nursing Home at Christian Health Care Center (CHCC) detected a trend. More and more individuals requiring short-term nursing care following a hospitalization were being admitted to Heritage Manor.

“The number of individuals requiring post-acute care started to rise,” says Peter Peterson, LNHA, Heritage Manor/Southgate Vice President/Administrator. “We began admitting a large volume of individuals who had been hospitalized for complex medical conditions, surgery, or other illness, such as cardiac disease, gastrointestinal illnesses, and renal disease. They weren’t typical long-term care patients. They needed concentrated therapy and other skilled services that could help them transition back to the community. This changing population lent itself to the establishment of a dedicated Post-acute Care Unit (PACU) in 2005.”

The PACU at CHCC provides care for 48 patients; future plans call for the unit to expand to a capacity of 60. A multidisciplinary team utilizes an outcome-focused approach to deliver complex clinical and therapeutic interventions. Great emphasis is placed on patient and family education.

As is the standard with all CHCC programs, the mind and spirit of PACU patients are also nurtured. Chaplains and activities staff members play a major role in the delivery of interdisciplinary care.

Establishing the PACU also meant educating the staff about acute-care issues and shifting the focus from long-term to short-term care.

“We launched the Neighborhood Project on the PACU, which created an environment combining a ‘neighborhood’ feel with a team approach to care,” says Virginia Bakelaar, RN, PACU Clinical Director.

Although the average length-of-stay on the PACU is 24 days, patients remain on the unit until they can return to their former residence safely and at their pre-hospital health status.

“The care we provide is guided by community need,” Mr. Peterson says. “That’s what guided our forefathers in 1911 and that’s what continues to guide us today.”
Our PACU patients are individuals with multiple, complex diagnoses. They may have just had surgery, a colostomy, or pneumonia, or have been diagnosed with a medical condition such as diabetes, cardiac disease, or renal failure. A few years ago, these individuals would have remained in an acute-care hospital for at least five days. If complications were to develop, that would usually happen on day four or five. Today, patients are discharged from the hospital after two or three days, so if complications arise, in all likelihood that will happen while in our PACU,” says Mrs. Mericle, who serves as Nursing Services Director for the PACU, as well as the Center’s Heritage Manor Nursing Home and Southgate behavior-management unit. “Our clinical staff, which includes registered nurses, licensed practical nurses, certified nursing assistants, physicians in various specialties, and rehabilitation therapists, are extremely professional and clinically adept to care for these patients. We’re part of a dedicated multidisciplinary team that includes social workers, discharge planners, activities staff, and chaplains. Our primary goal is to improve patients’ functionality so they can return to their former residences safely and at their pre-hospital health status.

Delivering a highly proficient level of care in a post-acute setting requires planning, analysis, critical thinking, skills, knowledge – and compassion. Care begins prior to admission and continues after discharge. Hospital records are reviewed before a patient arrives so that the development of a beneficial, effective care plan can begin.

“A large part of the care plan involves continual input from the patient and his/her family,” says Kathy Urban, LPN, Medicare Utilization Review Coordinator for the PACU. “They are members of the Interdisciplinary Care Team (IDC), which meets formally two to 10 days after admission, depending on the acuity level of the case. And because of the typically short length-of-stay on the PACU, we start talking about discharge at this first meeting.”

In general, subsequent IDC meetings take place on a weekly basis throughout a patient’s stay. Patient progress, however, is monitored and measured on a daily basis. “Progress in rehabilitation is a big driving factor as far as when a patient can be discharged,” Mrs. Urban says. “Another big factor is clinical needs – how a patient is adjusting to new medications or how well is a patient learning to use a glucose monitor.”

Although patients are assigned a PACU physician upon admission, they continue to receive care, if necessary, from their personal physician and outside medical services not available in the PACU, such as dialysis. The PACU’s Coordination of Physician Services office schedules appointments and coordinates transportation for patients.

Patients are discharged from the PACU when they can return to their former residence safely and at their pre-hospital health status, and when post-discharge services, such as visiting health services or Meals on Wheels, are arranged. “Care continues at home,” Mrs. Mericle says. “In order for that to happen successfully, we need to respect patient wishes, take family issues into consideration, and educate patients and their family members. We want the best possible outcome for our patients.”
Rehabilitation:

Functionality. Independence.

These are two major goals motivating patients in the Post-acute Care Unit (PACU) at Christian Health Care Center. Through Rehabilitation Services, a key component of the PACU, individuals work toward restoring functional abilities compromised due to surgery, illness, injury, or disease. A team of skilled, licensed physical, occupational, and speech therapists provides intensive therapy in an effort to help patients return to their former residences safely and at their pre-hospital health status.

Individualized rehabilitation plans are created by the Rehabilitation Services staff in collaboration with other professionals on the patient's Interdisciplinary Care Team. The patient's overall health, age, and physical limitations are taken into consideration when developing a beneficial plan, as are physiological changes and decreases in exercise tolerance, maximum heart rate, muscle strength, joint mobility, peripheral blood flow, vision, hearing, motor speed skills, coordination, and balance.

Aiding in a successful rehabilitation program is the support of family and friends. Encouraging loved ones to remain dedicated to their therapy program and learning how to assist, when necessary and appropriate, is beneficial in helping patients reach their goals.

Discharge is directly related to progress in rehabilitation. Once an individual has achieved his/her treatment goals and is clinically stable, a discharge date is set. Patients are often given exercises to continue at home in an effort to maintain the level of function attained within the PACU.

Physical therapy can include:
- exercises to restore strength and balance;
- training to walk safely with or without canes or walkers;
- training to move safely from bed to chair and back again;
- the use of heat, ultrasound, and electrical stimulation modalities to assist in pain control;
- training of aides and/or family members in safe techniques for assisting in care;
- evaluating the need for splinting of the legs for minimizing loss of motion; and
- consulting with physicians and staff on other equipment needs of the individual.

Occupational therapy can include:
- training in performing activities of daily living such as dressing and feeding;
- wheelchair prescription and management, as well as consultation on additional specialized seating needs;
- exercise to enhance the individual's ability to care for himself/herself; and
- evaluation for splinting of arms and hands for minimizing loss of motion.

Speech therapy can include:
- evaluation for swallowing problems,
- diet recommendations, and
- treatment for loss of swallowing and/or speech function.
“Social workers perform a tremendous range and amount of services,” says Teresa Colombrito, CSW, Director of Social Work for the Post-acute Care Unit, at Christian Health Care Center. A team of five social workers offers assistance, support, and education to patients and their families, from admission to post-discharge. Services range from making referrals to and arranging services from community agencies and outpatient programs, to helping identify potential limitations after discharge from the PACU.

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Patient— and family— education is a significant component of the PACU. Research confirms that individuals who have been educated about their disease, illness, or surgical procedure are better able to manage their condition and have an improved quality of life.

“All PACU patients receive education about their condition, their medications, necessary precautions they need to take, home-care possibilities, and post-discharge medical appointments,” says Kathy Urban, LPN, Medicare Utilization Review Coordinator for the PACU.

A patient’s educational needs are evaluated upon admission so that education is provided by the most appropriate discipline. Videos, pamphlets, printed instructions, and Krames On-demand, an online educational source which provides personalized medical and drug information, are a few of the educational tools utilized by the PACU.

For many patients, demonstrations — with “return demonstrations” by the patient and his/her family, if appropriate — are the most vital educational modalities. An individual recently diagnosed with diabetes, for instance, will be taught how to test blood sugar and self-administer insulin. He/she will then be observed performing the tasks to ensure that they are being executed safely.

“PACU patients with new ostomies are taught how to care for an ostomy, use necessary supplies, and recognize complications that would require a call to their physician,” Mrs. Urban says. “We usually wait to begin teaching ostomy patients until they’re comfortable with their ostomy. As needed, we’ll teach family members how to change an ostomy.”

For some patients, time of day is an important factor related to education. “People who require insulin frequently need it later in the afternoon, around 4 p.m. Fortunately, many family members find this to be a convenient time to come in, observe the staff administering the insulin, and learn how to administer it themselves,” Mrs. Urban says.

All PACU patients, if appropriate, are instructed on how to order supplies. “Before they are discharged from the PACU, all their supplies are ordered so that when they arrive home everything they need will be there,” Mrs. Urban says. “Home-care nursing may be set up, as well, so that teaching can be reinforced at home and the patient’s clinical condition can be followed by a home-care nurse.”

A patient’s educational progress is discussed during a weekly Utilization Review meeting. Appropriate adjustments are made to his/her individualized educational program in an effort to enhance care and facilitate discharge.

“Our goal is to provide the knowledge and skills that the patient and his/her family need to successfully manage the illness or condition after discharge,” Mrs. Urban says. “We’re just a phone call away if they have any questions once they leave the PACU.”

Maryann Richardson, RN, right, observes Post-acute Care Unit patient Ida Rohrs, performing a blood-glucose level test.

Ida Rohrs has become quite adept with a glucose monitor. By the time she is discharged from the Post-acute Care Unit (PACU) at Christian Health Care Center in a few days, she will be proficient in monitoring her diabetes and self-administering insulin, thanks to Maryann Richardson, RN, and the other PACU patient educators.
SUCCESSFULLY RECOVERING FROM SURGERY OR ILLNESS or managing a medical condition hinges not only on quality clinical care, but also on proper nutrition. An appropriate, healthy diet contributes to physical and mental well-being and minimizes side effects of injuries, illnesses, diseases, surgery, and/or age-related physiological changes. At Christian Health Care Center, patients on the Post-acute Care Unit (PACU) benefit from the expertise of registered dietitians who are skilled in analyzing an individual’s nutritional status and developing a beneficial diet for his/her current health condition.

“Good nutrition can help lessen symptoms and enhance quality of life,” says Joan Esposito, RD, who works with PACU patients. The process begins with a nutritional assessment. A dietitian reviews the patient’s hospital record to extract as much background information as possible. A personal interview with the patient and, when appropriate, his/her family then follows to gather information about weight history, conditions which may affect nutrition, food allergies, medications, dental status, blood tests, skin condition, ability to feed oneself, swallowing ability, and food preferences.

“We also determine a person’s nutritional knowledge about his or her current needs,” Ms. Esposito says. “For instance, if a person is a diabetic, has he or she been educated about the disease? Is more education needed?”

Because the majority of PACU patients are over 65, aging factors must also be taken into consideration. As a person ages, metabolism slows. The gastrointestinal tract becomes less efficient. The mouth produces less saliva, which can lead to chewing and swallowing difficulties. The thirst mechanism decreases, so the need for water may not be apparent. The number of taste buds decreases, which can reduce the appetite. Loose, weak teeth or poor-fitting dentures can affect the ability to chew.

“When necessary, the dietitian will consult with the speech therapist. We work together to determine the right consistency of food, such as regular, chopped, pureed, or liquid diet,” Ms. Esposito says. “After we’ve gathered all the data and factored in physiological considerations due to normal aging, we have an overall nutritional picture and can determine the optimum diet for the individual and his/her health status and lifestyle.”

To help ensure that the most beneficial and nutritional items are selected, a dietitian reviews the PACU’s menu with the patient. When the patient first arrives, the dietitian tries to continue the diet that was followed in the hospital and makes changes as the patient’s condition progresses.

Throughout a patient’s stay, a dietitian will continually monitor weight, food consumption, appetite level, and skin condition. When necessary, they will consult with the patient’s physician to discuss the use of vitamins, nutritional supplements, etc.

“When patients are discharged, they leave with instructions and handouts about a diet plan specific to their medical condition or illness,” Ms. Esposito says. “Our goal is to provide nutritional information that is useful and enlightening to patients and their families.”
“Activities are vital therapies,” says Alison Argott, Activities Director for the PACU and Heritage Manor Nursing Home. “They’re structured to address the mental and physical capabilities and needs of each PACU patient.”

Like the other disciplines involved in a PACU patient’s care, an activities staff member conducts an assessment upon admission. The individual’s functioning level is assessed, and interests, likes, and dislikes are noted. PACU patients, in general, enjoy individual activities, such as reading books, doing puzzles, and drawing, as well as one-on-one social opportunities, like conversing with an activities staff member about current events or movies. Whenever possible, an activities staff member will retrieve special-request items, such as drawing supplies, for patients.

“In the morning, the activities staff delivers newspapers to PACU residents. This is a great opportunity to talk with them and let them know about group programs that are being offered throughout the day,” Ms. Argott says. “In the afternoon we come back with what we call Activities a la Cart. We have a cart filled with magazines, puzzles, books, playing cards, snacks, and beverages. It’s another opportunity for us to spend time with the patients. The bottom line is that we want them to know that we’re there for extra support and socialization.”

This one-on-one time with patients enables the activities staff to become efficient, vital observers. If a change is noted – positive or negative – in a patient, she will alert a clinical team member.

“The Activities staff is very in tune with patients,” Ms. Argott says, “because of the one-on-one time they spend with them.”

Although most PACU patients prefer individual activities, they are all invited to attend group activities slated for Heritage Manor residents. Since PACU patients are involved in rehabilitation and education during the day, however, it’s often difficult for them to attend group programs. A slate of evening activities presents an opportunity to socialize with other patients.

“Evening activities usually start with Sunset Café, which features assorted beverages, in the dining room. Later we may schedule bingo or the screening of a movie recently released on DVD,” Ms. Argott says. “Eventually we’re going to expand evening programs to include activities like karaoke.

“Patients are never pressured into participating in activities. Our goal is to make them feel comfortable and respected; stimulate the mind; and offer diverse, enjoyable, educational, and interactive activities based on their strengths and interests. The mental and physical stimulation contributes to recovery.”
All Roads Lead to Christian Health Care Center

Pat Burwitz’s travels from her former residence in Fairview to her daughter’s house in North Haledon often took her past Christian Health Care Center. And each time she passed the Center on Sicomac Avenue, the same thought popped into her head.

“I always thought, ‘I really would like to volunteer there,’” she says. “My parents were in a facility in Illinois that is very much like the Center. I felt that by volunteering here it would be a way of giving back to the senior community.”

Despite her intention to join the Center’s volunteer force, Mrs. Burwitz didn’t get around to calling Dot Faasse, Coordinator of Volunteers, until she heard a “motivating” announcement at church in 2002.

“Our pastor at the time was Rev. William Faulkner, DMin. He announced that he was leaving the parish and was going to become a chaplain at Christian Health Care Center,” Mrs. Burwitz says. “I said to myself, ‘This is telling me something.’ The next day I called Dot, came in to talk to her, and became a volunteer.”

As a volunteer at Heritage Manor Nursing Home, Mrs. Burwitz assists with bingo and other group activities, transports residents to religious services, and helps residents complete satisfaction surveys, among other duties.

“I enjoy being with the residents,” Mrs. Burwitz says. “You become like a family member to them.”

Last year, 227 adults and 136 teens volunteered 13,568 hours at the Center. In addition to assisting with activities, volunteers perform a wide range of duties, such as making “friendly visits” with residents, organizing fund-raising events, and serving on the boards of trustees.

“The volunteer experience at the Center is so rewarding on so many levels,” Mrs. Faasse says. “Our volunteers are an exceptional group of dedicated and caring individuals. Their efforts and commitment are invaluable. They are an unending source of devotion to our mission.”

Adults and teens can contact Mrs. Faasse at (201) 848-5797 for more information on volunteering.

I’ve been told that the beautiful, tall redwood trees of California always grow in clusters. You never find one standing by itself. The reason, it appears, is that redwoods have a shallow root system, so a tree standing alone can easily be blown over in heavy storms. But, a group of redwoods stand firm against destructive winds because each intertwines its roots with those of the trees surrounding it. By supporting each other they withstand heavy storms, thrive, and flourish.

I think it’s fair to assume that the residents, patients, and clients who come to Christian Health Care Center feel that they arrive in “heavy storms.” They must contend with shaking winds of vulnerability and uncertainties, fragility of body, absence of familiar surroundings, loss of reassuring routine, and separation from loved ones. Spiritually, physically, and psychologically, they are challenged as these various “heavy storms” buffet their now-tender sense of self. They must weather their storm if their life’s journey is to hold meaning and joy. No easy task for most.

It is in these circumstances that we who minister at the Center offer our intertwined root system to help our residents, patients, and clients weather their heavy storm. Our roots are made strong by our common desire to live our faith by becoming “the hands of Christ.” These roots express themselves in devotion. We are committed to serve our residents, not the other way around. There is no such thing as going out of our way. It is our way. Perfect we are not, but our intent is to be so and is pursued relentlessly. A nurturing and supportive “holding environment” cracks all who come until they are able to stand well on their own. It is this common faith that inspires us to care for our “neighbor” in the midst of his or her life’s storms. Like the beautiful redwoods, we all stand tall when our lives are intertwined with the lives of others. How can it be otherwise when roots are anchored securely in the sacred soil of faith!
**ELDER-CARE BRIEFS**

**SENIOR RESIDENCES WELCOME**

**New Directors**

Hillcrest Residence, a 31-unit residence for independent seniors, welcomed Mary Mariconda, CTRS, as its new Director. Mrs. Mariconda previously served as the Assistant Director/Activities Coordinator of Christian Health Care Adult Day Services of Wyckoff. “Throughout my 19 years at Christian Health Care Center I worked at adult day services, which is downstairs from Hillcrest,” Mrs. Mariconda says. “I went up and down those stairs so many times, and I always had such a warm, friendly feeling when I visited Hillcrest. Now my path has changed, and I’m a neighbor to Hillcrest no more. Instead, I am honored to be part of the Hillcrest family, and it already feels like home.”

A new leader was also welcomed at The Longview Assisted Living Residence. Pamela Rooney, CTRS, ADC, CALA, who previously served as Hillcrest Director, was named as Administrator of the 80-unit assisted-living facility. Prior to her position at Hillcrest, Mrs. Rooney served as the Activities Director at Heritage Manor Nursing Home. She recently completed a year-long fellowship for “emerging leaders of tomorrow” sponsored by the American Association of Homes and Services for the Aging.

“The fellowship program has been life-changing both personally and professionally,” says Mrs. Rooney, a 14-year employee. “It broadened my view of the direct and indirect impact that leadership and relation-building can have among those we serve.”

**MENTAL-HEALTH BRIEFS**

**Medical Director Named for Inpatient Mental-health Services**

Mohammed A. Elrafei, MD, joined Christian Health Care Center (CHCC) as Medical Director of Inpatient Mental-health Services at Ramapo Ridge Psychiatric Hospital. His responsibilities include providing and overseeing care of patients, as well as providing leadership to the medical and clinical staffs. Dr. Elrafei graduated from Ain Shams University in Cairo, Egypt, and was an intern at the university’s hospital. He completed his residency in psychiatry at Bergen Regional Medical Center. Dr. Elrafei is board certified in psychiatry by the American Board of Psychiatry and Neurology.

Prior to joining CHCC, Dr. Elrafei served as the psychiatric unit medical director at Chilton Memorial Hospital, Pompton Plains. He is an associate attending physician at St. Joseph’s Regional Medical Center and maintains a private practice at 401 Hamburg Turnpike, Wayne.

**Renovations Improve Care, Efficiency, and Atmosphere**

Renovations to the Nurses’ Station on the Ramapo Ridge Psychiatric Hospital (RPH) Geriatrics Unit have enhanced patient care, efficiency, and the hospital’s atmosphere. The renovations, generously funded by The Bolger Foundation, complement the interior design of the RPH’s 2006 addition, which houses the Adult Unit. Annette VegaDeFazio, Facilities Development Project Coordinator, selected the style, color, and shape of the Nurses’ Stations to “create a space in which patients feel that they are enveloped by compassionate care, to create a space that is aesthetically pleasing and pleasing to the soul.”

RPH is a full service, 58-bed inpatient hospital for adult and geriatric patients. Additional mental health programs include Christian Health Care Counseling Center, RPH’s outpatient service; the Ramapo Ridge Partial Program, a voluntary, short-term outpatient program; and Pathways, a partial-hospitalization program to treat adults who experience both a development disability and a co-existing psychiatric disorder.
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The Christian Health Care Center Foundation received the following contributions between October 1, 2007, and March 31, 2008.

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**Walter Haggmood Sr.**
**Evelyn Haggmood**
John E. Huber
Frank and Kathleen Desavino
Marcella D. Donnelly
Jane and Fred Fieseler
Marquente S. Kamer
Mr. and Mrs. Otto K. Muddberg
Mr. and Mrs. Robert Muddberg
Henry and Georgina Schlobohm
Antoinette Spina
Charlotte and Gus Spina
Shirley and Bob Thourot
Tyrae L. Hultin
Evelyn J. Groch
**Rosanna M. Hyland**
Howard and Esther Belger +
Gabrielle M. Divore +
Joanne Devine +
Ray Diom +
Eileen M. Goldsmith +
Ruth Kosch +
Barbara J. Maier +
Vickie Potrasso +
Kathleen Vehn +
Joseph Prosser +
Lori Quider +
Sam and Gale Sessa +
Robin and Samantha Toder +
Karen and Paul Van Onderbrugt +
Gertrude Irwin
Marjorie S. Twumma
Jacob Vander Meulen Jr.
Roger D. Vander Meulen
**Lillian Jacobs**
Mr. and Mrs. Frederick Schoeffel
Hilda Jansen
Joseph and Theresa Fett
Jennifer Jansen
Joseph and Theresa Fett
Peter Jellena
Laurajean Jellena Quikkelaar
Alberta Jone
Charlotte Spencer
John Van Haste
Geneva Van Haste
Samuel Van Haste
Geneva Van Haste
Mr. and Mrs. Bert Van Kluteren
Joseph and Theresa Fett
Abraham Van Lenten
Mr. and Mrs. Cornelius Lokker
Jacobia Van Lenten
Mr. and Mrs. Cornelius Lokker
Bernard Van Ry
Robert N. Van Ry
Martina Van Ry
Robert N. Van Ry
Nicholas Vander Have
Dr. and Mrs. Anthony Van Groo.
Gladys Veltengrub
Bobb and Molly Gorski
Senior Citizens Three C’s Chapter II
Mark, Mary Beth, Marie, and Michael Slovic
Dorothy Vervaet
William H. Boonstra
Angela Warsak
Judy and Michael Amoroso
Anne R. Baker
Jack and Alice Bendian
Ralph and Phyllis Cicelli
Diane and Steven Clarke
Frances Danley
Dina Egurian
Tricia Grover
Mr. and Mrs. John A. Kedersha
Ellen P. Kelly
Dennis and Laura Klapper
Paul and Maribou Pinajian
James and Carolyn Soojas
Tom and Cathy Winklewicz
Jolaina and Rick Zellers
Ralph Wolf
Dorothy and Donald Scholtz
Astrid Zabrike
Bill and Karen Faubner
Janet Dohrnes Hermann
Catherine Zwik
Jean Zwik
In honor of Henry and Trudy Atoma
in honor of their 50th wedding anniversary
Herb and Joan Soodma
George and Evelyn Blake
in honor of their birthdays
Mr. and Mrs. Henry E. Groos
Dorothy Corlis
in honor of Carol Lee Crowley
Esther Cornell
in honor of her Christmas
Jancie T. Read
Harold Dyer
in honor of his 80th birthday
Garry and Dolly Hoogerhyde
Mr. and Mrs. Ronald Papaj
Garret and Raeana Dykhouse
in honor of their 60th wedding anniversary
Mr. and Mrs. David W. Dykhouse
Huberta G. Smith
Raeana Dykhouse
in honor of her 80th birthday
Wilma and Elmy Dykman
Alice C. Fredericks
in honor of her Christmas
Jancie T. Read
Bernard Gallant
in honor of his 80th birthday
Betty and Bill Almroth
Barbara and Henry Groos
in honor of their birthdays
Evelyn and George Blake
William and Barbara Hansel
in honor of their 50th wedding anniversary
Paul and Karen Van Ostenbridge
Helen Heibel
in honor of Barbara Sisch
Mr. and Mrs.
Kenneth Hiemstra
in honor of their 50th wedding anniversary
Charles Shotmeyer
Wanda Koc
in honor of Leslie Koc
Joan C. Koc
in honor of Phyllis C. Sweetman
Sarah L. Lappe
in honor of Mr. and Mrs. David D. Lappe
Virginia Lee
in honor of the Chinese New Year
Evergreen Court Residents
Anna Jean and Arie Leegwater
in honor of their 50th wedding anniversary
Elmo and George Blake
Mr. and Mrs. Charles Cilaczi
The J. De Witte family
Wilma Kureh
Douglas and Vickystryk
Karen and Paul Van Ostenbridge
Garret G. Neuenhuis
in honor of his retirement
Ed and Lucy Neuenhuis
Neal and Jan Neuenhuis
Rich and Trudy Neuenhuis
Bill and Den O'Connor
Douglas and Vickystryk
Mr. and Mrs.
Garret Rozema
in honor of their 60th wedding anniversary
Ed and Max Prum
Pat Trommelen
in honor of her 60th birthday
Garry and Dolly Hoogerhyde
Gladys Van Ry
in honor of Robert N. Van Ry
Babs Vander Gaag
in honor of her birthday
Carl and Judy Toff
Elizabeth Weber
in honor of her birthday
Mr. and Mrs. John J. Barry
Odiele H. Wootzel
in her honor
Kurt H. Wootzel
Dorothy Woyse, in honor of her birthday
Judith M. Woyse
Church Gifts
Bethany Reformed Church
Clinton Avenue Reformed Church
Cornerstone Women’s Ministry
Ebenzer Netherland Reformed Sunday School
First Reformed Church of Hawthorne
First Reformed Church of Pompton Plains
First Reformed Church of Saddle Brook
Free Reformed Church
Grace United Methodist Church
Netherlands Reformed Congregation
Old North Reformed Church
Purcell Reformed Church
Pompton Reformed Church
Preakness Reformed Church
Second Reformed Church
Union Reformed Church of Franklin Lakes
Wyckoff Reformed Church
For nearly five years, Blenda Ball, left, Madge Schlapfer, and Elinor Connor of Pompton Reformed Church in Pompton Lakes have been knitting blankets for Christian Health Care Center. Their warm and colorful creations are much-appreciated by Center residents.
Amanda Zunick, LSW
Social Worker, Christian Health Care Adult Day Services of Wayne

My hometown: Hawthorne, NJ

My degree: I have a bachelor of social work, a bachelor of arts in psychology, and a master of social work from Widener University in Chester, PA.

My work experience prior to Christian Health Care Center (CHCC): Before I came to CHCC I was a clinician for the pre/post adoption program at Catholic Community Services in Jersey City. I did individual and family counseling for foster families looking to adopt the children they were fostering.

Why I work at CHCC: I really wanted to work with the geriatric population, and you don’t get a better facility than Christian Health Care Center. It’s the best of the best. I don’t know how anyone could work for an organization in which he or she doesn’t feel confident with the care provided.

Inspirations: My family, especially my sister who is three years older than me. She is someone I’ve always looked up to. She works with autistic children. I find it interesting that we both went into caregiving fields.

Proudest achievement: Getting through my education and having my son.

Unforgettable challenge in my job: The biggest challenge I’ve always faced is the loss of a resident or client. Helping families get through the loss helps you to get through it, too.

Most memorable experience at CHCC: A couple was celebrating their 65th wedding anniversary. The husband lived at The Longview Assisted Living Residence and his wife lived at Heritage Manor Nursing Home. He wanted to celebrate with a party. I worked with our Food Services Department to plan the event. The couple had a lovely party. I was so touched. It all went so smoothly.

Wish list: Finding a cure for Alzheimer’s disease

For more information about Christian Health Care Adult Day Services of Wayne, call (973) 305-9155. For more information about Christian Health Care Adult Day Services of Wyckoff, call (201) 848-5829.
Christian Health Care Center (CHCC) purchases mailing lists in an effort to communicate with community members who may benefit from receiving our publications. We recognize the fact that some residents prefer not to receive our materials. However, CHCC does not control the deletion of names from a purchased list. To reduce unsolicited third-class mail, go to the Direct Marketing Association website at www.dmachoice.org.

SAVE THE DATE

Harvestfest

Thursday, October 16, 2008

McBride Field
Franklin Lakes Road
Franklin Lakes

A fall celebration of German cuisine and culture to benefit Christian Health Care Center

For more information, call Darcy Bickert, Christian Health Care Center Foundation Assistant Director, at (201) 848-5796 or e-mail events@chccnj.org.