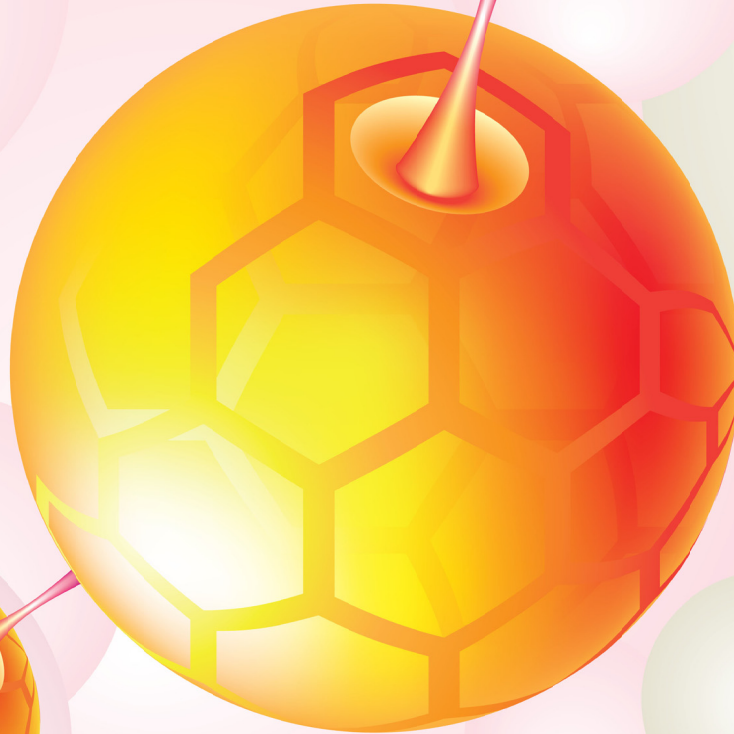
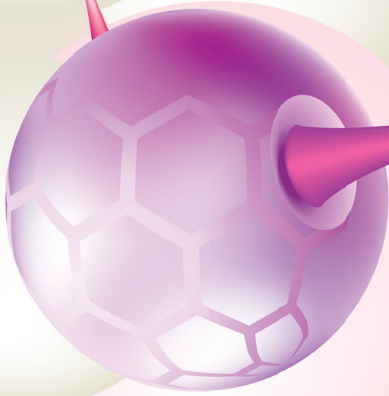
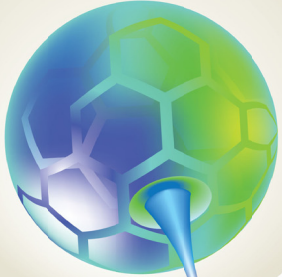




**ACHCA**  
American College of  
Health Care Administrators

*Catalyst for excellence in post-acute  
and aging services leadership.*



**2014 Annual Report**

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## Mission, Vision & Values

**Mission:** Catalyst for excellence in post-acute and aging services leadership.

**Vision:** To be the premiere membership organization providing professional leadership development opportunities for post-acute and aging services health care administrators. Dynamic leadership forges post-acute and aging health care services that are desired, meaningful, successful and efficient.

**Professional Values:** ACHCA:

- ▶ Identifies post-acute and aging services leaders
- ▶ Recognizes post-acute and aging services leaders
- ▶ Supports post-acute and aging services leaders
- ▶ Advocates for the mission of post-acute and aging services leaders
- ▶ Promotes professional excellence among post-acute and aging services leaders

# Letter to Members

The American College of Health Care Administrators (ACHCA) concluded 2014 with 52 years as The Professional Membership Society for long term care administrators. Together, our dedicated leaders and loyal members have made positive strides advancing our leadership mission, while also being acutely focused on the various challenges to our future. Provider budget constraints have placed restrictions on member travel and external engagement; Technological advances have changed members' expectations and attitudes on preferred communication and networking options; Regulatory requirements have intensified compliance and federal and state oversight of associations; and a competitive membership environment, paired with the increasing cost of doing business, create financial challenges for professional societies. Our drive to succeed comes from our alignment around a compelling vision, our clarity of mission, and our certainty of the values our leaders and organization hold for the future. We continue to recognize new and innovative opportunities for ACHCA, its members, and post-acute care and aging services administration.

Our members provide leadership excellence across the spectrum of health care, and now, more than ever, must interface with our acute care partners to ensure seamless care and services to our mutual clients, to minimize unnecessary hospitalizations, to ensure quality, and to optimize payment streams. They must be active participants in the accountable care environment. Our new mission statement, ***Catalyst for Excellence in Post-Acute and Aging Services Leadership***, positions ACHCA to better support our administrators to meet their leadership challenges beyond long term care settings.

ACHCA's five areas of professional concentration – **•Connect • Learn • Advance • Actualize • Lead** – provide a framework for our organizational plan. During 2014, ACHCA offered education programs, professional advancement, recognition, and collegial networking that addressed the current and future needs of our administrators. Below are some of the highlights.

## Connect

Through the network of chapters and districts, ACHCA's 2,200 members find education, collegial support, and friendship. Chapter revitalization efforts are almost complete as we positioned our volunteer led chapters and districts to be successful as business entities, as well as enhance grassroots networking and education across the country. Chapter leaders have been supported to develop their chapters. Time, energy, and dedicated leadership have been directed at ensuring greater awareness and un-

derstanding about chapter affiliation requirements including: alignment of chapter bylaws with national ACHCA; submission of an Annual Chapter Assessment Report (ACAR) that documents business activities conducted by the chapter; and adherence to federal and state legal and tax reporting requirements. Chapter viability ensures that the chapters are connected with National to provide the optimum member experience. National continues to work with those states that either do not have a viable chapter or are struggling with viability due to leadership challenges. Although it has been a goal for National ACHCA to file for IRS Group Rule once a sufficient number of chapters are positioned to participate in that application, that initiative is still under discussion pending further analysis of benefit and risk.

The member networking community called ***ACHCAConnect***, introduced in 2013, is now fully implemented. All ACHCA members are able to communicate with one another in various networking communities regardless of geography or distance. This networking community provides a valued member benefit and is a major driver for cross chapter and district networking. For more information about ***ACHCAConnect***, go to <http://connect.achca.org>.

With 22 viable chapters, six districts, and enhanced virtual/electronic communications, such as ***ACHCAConnect***, ACHCA is expanding its reach to serve members at the grassroots level across the country.

Engaging students and emerging leaders is critical to our future. The Collegiate/AIT membership category allows us to better serve these members early in their careers and aligning collegiate level programs with state chapters creates opportunities for early collegial networking. In addition, ACHCA provides complimentary bridge membership to newly licensed administrators to engage them early in their careers and our support of the National Emerging Leadership Summit (NELS) in Washington, DC visibly supports the advancement of emerging leaders in post-acute care and aging services. The ACHCA mentoring program is now in its fourth year and is being rolled out to the chapter and district level to ensure greater chapter engagement and to connect mentors and protégés at the local level.

ACHCA ended the fiscal year with 2,210 members adding 526 new members, which included 171 newly licensed complimentary bridge members, along the way. ACHCA launched the Chair's Membership Challenge in July 2014 to encourage members to invite new administrators to join ACHCA. The member retention rate was 81% which exceeds the 76% industry individual membership retention

*(Continued on page 3)*

# Letter to Members (continued)

rate reported in the *2014 Membership Marketing Benchmarking Report* produced by Marketing General Incorporated. Eight carefully selected Affinity and Member Benefit Partners provide resources to our members and ACHCA alike. Chapter, district, and national networks provide significant opportunities for involvement, growth and learning to current and emerging post-acute and aging services leaders.

In 2014, the revered P2P Yahoo files started their transition to the *ACHCAConnect* member community as part of the P2P Open Forum library. This transition will be completed in 2015. In addition, ACHCA's Mobile App, *MemberCentric*® has been enhanced with QR Code capabilities, which allow members to readily connect at ACHCA conferences. *MemberCentric*® lets ACHCA members receive the latest professional news, view the latest posts to the P2P Open Forum, and view ACHCA events all from a smartphone or mobile device.

*ACHCAConnect* and other virtual tools provide networking communities that support members and staff alike:

- For ACHCA Chapters:

- The Chapter Leaders Community is an invitation only community that provides chapter leaders with easy access to chapter development and management tools and resources. The site serves as a knowledge base for chapter leaders across the country to network and share best practices;
- Chapter management, communications, and meeting technology applications such as GoToMeeting © and GoToWebinar © are available to the chapters to network with members in various geographic regions of the state or country;
- A monthly electronic *Chapter Leader Connection* (CLC) newsletter keeps chapters and districts connected to important ACHCA news and information which then allows the chapters to recreate a meaningful chapter initiated newsletter.
- ACHCA *eServices* at <https://members.achca.org> provides chapter leaders access to resources from the 2013 Leadership Development Institute.

- For ACHCA members:

- The ACHCA website [www.achca.org](http://www.achca.org) provides enhanced access to professional and membership information;
- *ACHCA eServices* at <https://members.achca.org> provides member only access to member profiles, conference registration and resources, and the ACHCA store. Members can apply for or renew professional certification, make donations, and complete voting online;
- ACHCA's members only electronic news blast, *eNews*, provides timely member, chapter, and industry updates twice a month;
- The quarterly newsletter, *Continuum*, presents articles of interest and keeps members connected to each other and the national association.

- Members, Prospective Members, and Nonmembers:

- Can navigate and connect with professional information, link to industry resources, access discounts on products and services, conduct online event registration, have access to conference resource materials, and make online donations on the newly launched donation page (<http://connect.achca.org/achcadonations>);
- Can access *Career Link* and our social media connections on LinkedIn, Twitter, and Facebook;

- Retired members:

- Retired membership is available to retired administrators age 55 and older who have had 5+ continuous years as an ACHCA member.

## Learn

ACHCA provides post-acute and aging services administrators opportunities for personal growth while gaining critical knowledge in a number of ways. In fiscal year 2014, ACHCA provided three national conferences, including the Winter Marketplace in San Diego, California; the Annual Convocation in Las Vegas, Nevada; and the Summer Leadership Conference in Bermuda. Online continuing education, available on demand, provided convenient just in time education in the comfort of one's home or office. ACHCA continued to cultivate our partnership with Redilearning to develop and execute web based education available at the CE Store <http://store.redilearning.com>.



In addition, an increasing number of chapters provided local educational opportunities, and three of the six districts offered district level educational conferences. ACHCA's National office provides assistance to the districts by securing NAB CE approvals.

### **Advance**

Professional certification is tangible evidence of an administrator's commitment to the public, provides personal satisfaction and achievement, and engenders employer recognition. Nursing home and assisted living administrator certifications are available for both members and nonmembers. In 2014, ACHCA raised the bar on our professional certification exams by contracting with ProExam to be our third party exam provider that ensures exam validity, integrity, and also conducts our exam metrics.

Unfortunately, due to the ProExam transition and exam revision, our certification program went dark for several months. The number of administrators who achieved professional certification in 2014 was 6, bringing the total number of certified nursing home administrators (CNHA) to 327 and the number of certified assisted living administrators (CALA) to 47. In addition, there are a total of 24 certified subacute administrators (CAS) (a certification category that is no longer available).

The ACHCA value study, conducted in collaboration with eHealth Data Solutions and the LTC academic community, measured the comprehensive benefits of professional certification, Fellow status, and ACHCA membership to both the administrator and the overall profession. The research study demonstrated that SNF administrators' professional membership, advanced certification, and the achievement of Fellow status are positively related to improved resident care. Members of the ACHCA, and especially members holding FACHCA and CNHA credentials, tend to offer better quality of care to residents of their organizations. The education, networking opportunities, and leadership standards promoted by the ACHCA are believed to contribute to higher performance and better levels of quality care and outcomes in the ACHCA members' organizations. The Value Study results are pending publication in a peer reviewed journal.

### **Actualize**

Members of the ACHCA are leaders within the profession, committed to providing comprehensive health, personal, and social services for persons who require therapeutic, protective, and supervised environments. There is a professional emphasis on post-acute and aging services that improves the quality of care provided for individuals served.

ACHCA members are professionals who adhere to the *Code of Ethics*, and are dedicated to advancing leadership excellence across the spectrum of health care administration through education, research and professional development and achievement. ACHCA's *Code of Ethics* is a vital aspect of leadership excellence. The code is a tool for long term care administrators that helps establish a strong ethical foundation for professional practice. To view ACHCA's *Code of Ethics*, visit [www.achca.org](http://www.achca.org) and click on "About ACHCA".

ACHCA's *Principles of Excellence for Leaders in Long Term Care* enunciate the highest principles of leadership in long term care. These principles exemplify leaders who strive constantly to pursue the highest level of excellence. To view ACHCA's *Principles of Excellence for Leaders in Long Term Care*, visit [www.achca.org](http://www.achca.org) and click on "About ACHCA".

Advancement to Fellow (FACHCA) represents the highest level of membership in the ACHCA. Obtaining and maintaining the FACHCA credential demonstrates the administrator's commitment to professionalism and dedication to leadership and service excellence. Fellowship is a mark of distinction that sets the administrator apart from his/her peers. Thirteen members advanced to Fellow in 2014 making the total number of active Fellows 429.

ACHCA's national recognition and awards program seeks to promote leadership excellence in post-acute and aging services administration, education, journalism, and public service. The 2014 Awards Ceremony provided awards to 6 chapters and 8 distinguished and emerging leaders in long term care. Two student scholarships were provided. In addition, 42 facility leaders received the Eli Pick Facility Leadership Award at the Convocation for their leadership in achieving top facility performance in their states on the ACHCA's identified performance indicators. An additional 234 facility leaders received a remote recognition for their achievement and were e-mailed their certificates.

### **Lead**

In 2014 ACHCA, in collaboration with the NAB, launched an AIT Preceptor Development Work Group to 1) prepare licensed administrators to serve as qualified preceptors for administrators in training; 2) address the frequently voiced need by student/pre-licensure candidates seeking an AIT site; and 3) draft an AIT Preceptor Curriculum and plan for acceptance/standardization across state boundaries for entry to practice requirements. This work group continues their focus in 2015.

*(Continued on page 5)*

# Letter to Members (continued)

The Academy of Long Term Care Leadership and Development supports the ACHCA's mission by advancing leadership excellence in long term care administration through education, research, and development. The Academy strives to be the premiere resource for establishing practice guidelines and future leadership capacity of health and aging services administration. The Academy is a thought leader, advocate, and voice for evidence-based practices and cutting edge developments that position leaders to proactively lead a dynamic, challenging, and socially significant field.

The Academy:

- Collaborates, endorses, and provides educational programs on leadership.
  - Co-sponsored the Fifth National Emerging Leadership Summit (NELS), which was held July 2014 in Washington, D.C. This event actively engages the next generation of leaders in health and aging services while providing a platform to learn the emerging leader perspectives on the profession.
- Coordinates & supports leadership development initiatives.
  - Continued to support the ACHCA Mentoring Initiative in 2014 with the generous support of an external grant. In 2013-2014 the mentoring program had 9 matched mentor/protégé pairs. The mentoring program has expanded to engage mentor/protégé pairs at the chapter and district level.
  - Sponsored the fifth student poster exposition at Convocation 2014 with 11 poster presenters.

The ACHCA leadership and staff actively participate in industry initiatives and forums representing the leadership voice for our members. ACHCA:

- is a founding member of the Advancing Excellence Campaign (since 2006) and actively participates on the AE Board and work groups; The CEO represented ACHCA as its representative on the AE Board for 2014;
- was a 2014 member of the Center for Excellence in Assisted Living (CEAL);
- is an active participant on the AHCA Quality Committee, the GWU National Emerging Leadership Summit planning committee, and the Joint Commission's Long Term Care Professional and Technical Advisory Committee;
- participates in the industry selection of LTC award winners such as the AMDA Quality awards;

- participates in the invitational meetings from governmental meetings and trade and professional associations.

While we reflect on the past year's successes and challenges, we must focus on our future success as a membership society. ACHCA has the ability to make significant contributions to the professional advancement of our members and all post-acute and aging services administrators. With the help of our members, our committee volunteers, and our supporters, we will be stronger and available to the next generation of leaders in post-acute and aging services administration.

ACHCA's elected national leaders, chapters, and national staff are committed to providing the high-quality programs and services members need to develop and grow as leaders. We thank all chapters for their support and participation throughout the year and look forward to an exciting future. Through connecting, learning, advancing, actualizing and leading, administrators can seize the opportunities at hand and ahead to be the *Catalyst for Excellence in Post-Acute and Aging Services Leadership*.



Michael Hotz, CNHA, FACHCA  
Chair, ACHCA Board of Directors



Daniel Shields, CNHA, FACHCA  
Vice Chair, ACHCA Board of Directors



Molly Savard, CNHA, FACHCA  
Secretary/Treasurer, ACHCA Board of Directors



Roxanne Galloway, CNHA, CALA, CAS, FACHCA  
Immediate Past Chair, ACHCA Board of Directors



Marianna K. Grachek, CNHA, CALA, FACHCA  
President & CEO, ACHCA

# 2014 - 2015 Board of Directors



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Ken Reynolds, CNHA, FACHCA  
*Tennessee*

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*Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont*

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Kathryn Richardson, FACHCA (Current)  
Toni Lynn Davis, CNHA, FACHCA  
*New Jersey, New York*

District 3 Director  
Cydney Bare, CNHA, FACHCA  
*Indiana, Kentucky, Michigan, Ohio, West Virginia*

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Eric Hadley, CNHA, CALA, FACHCA  
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District 5 Director  
Robert Lane, CNHA, FACHCA  
*Arizona, California, Colorado, Hawaii, Idaho, Kansas, Montana, Nebraska, Nevada, New Mexico, North Dakota, Northwest (AK, WA), Oklahoma, Oregon, South Dakota, Utah, Wyoming*

District 6 Director  
Doyle Love, CNHA, FACHCA (Current)  
Ron Present, CNHA, CALA, FACHCA  
*Arkansas, Illinois, Iowa, Louisiana, Minnesota, Mississippi, Missouri, Tennessee, Texas, Wisconsin*

## Strategic Plan & Goals

- ◇ Create financial viability for ACHCA
- ◇ Implement quality programs and services
- ◇ Enhance member satisfaction
- ◇ Promote external positioning of ACHCA as a premier LTC professional membership association

# Selected Financial Data

Consolidated Statements of Financial Position as of September 30, 2014

<b>ASSETS</b>	<b>30-Sep-14</b>	<b>30-Sep-13</b>
Current Assets		
Total Checking & Savings	279,008.88	234,857.17
Total Restricted Funds	219,777.90	211,480.44
Total Accounts Receivable	3,075.00	1,400.00
Other Current Assets		2,949.13
Total Prepaid Expenses Convocation	-	50,000.00
Total Prepaid Expenses Winter Marketplace	5,000.00	5,000.00
Total Current Assets	506,861.78	505,686.74
Total Fixed Assets	-	962.00
<b>TOTAL ASSETS</b>	<b>506,861.78</b>	<b>506,648.74</b>
<b>LIABILITIES &amp; EQUITY</b>		
Liabilities		
Total Accounts Payable	13,318.84	40,717.54
Total Other Current Liabilities	30,213.07	27,187.62
Total Liabilities	43,531.91	67,905.16
Equity		
Permanently Restricted Fund Equity	120,486.90	112,189.44
Temporarily Restricted Fund Equity	99,291.00	99,291.00
Total Restricted Fund Equity	219,777.90	211,480.44
Unrestricted Net Assets	227,263.14	167,457.89
Net Income	16,288.83	59,805.25
Total Equity	463,329.87	438,743.58
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>\$ 506,861.78</b>	<b>\$ 506,648.74</b>

\*For a complete copy of ACHCA's audited financial statements or other financial information, please contact Marianna Grachek at [mgrachek@achca.org](mailto:mgrachek@achca.org).



# 2014 Contributors

On behalf of ACHCA, we thank our generous supporters for their contributions. All gifts, memorials, and tributes received by ACHCA are gratefully acknowledged. *October 1, 2013 - September 30, 2014*

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Center for Health and Aging Services Excellence  
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## Academy Life Members

For the list of Academy Life Members, please visit <http://connect.achca.org/achcadonations>

*(Continued on page 9)*

# Fellow Promise Keepers

## Thank You to Our Fellow Academy Promise Keepers

(as of February 1, 2015)

Support your professional society and make a promise over 4 years. Become a Promise Keeper Today!

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Academy  
Mentoring  
Scholarships



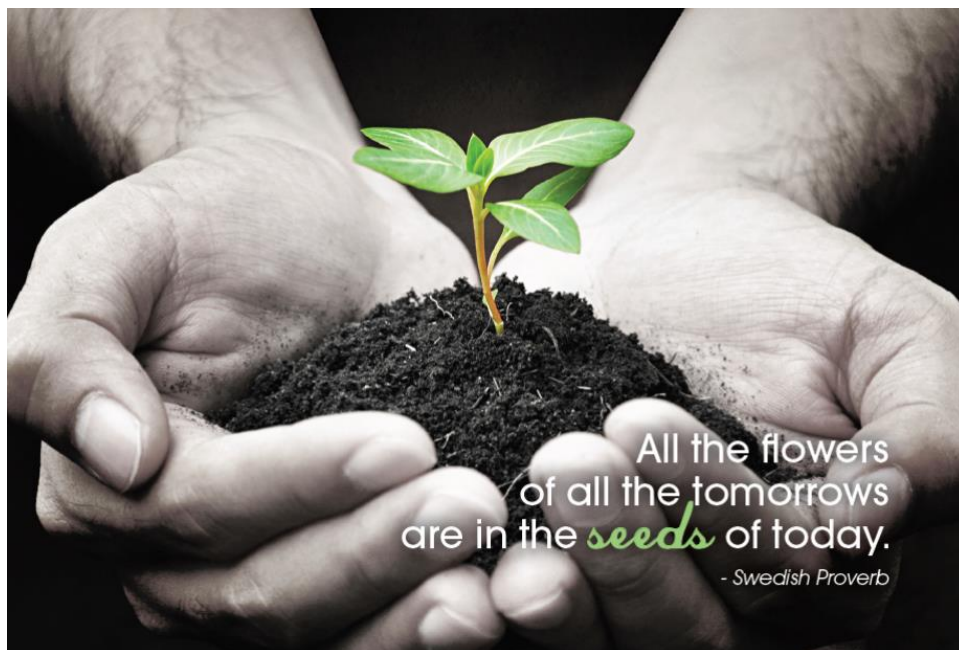
Fellow  
Promise



Memorials  
Tributes



Planned Giving  
David B. Oliver  
Legacy Society



# Awards & Scholarships

Congratulations to our 2014 award and scholarship winners. Winners were recognized at the Awards Luncheon during the 48th Annual Convocation and Exposition in Las Vegas, Nevada.

## Individual Awards

### Outstanding Member Award

Allan Z. Swartz, FACHCA (Minnesota)  
Molly H. Savard, CNHA, FACHCA (Connecticut)

### New Nursing Home Administrator Award

Sara J. Sherwood (Maine)

### Public Service Award

Govind Bharwani, PhD (Ohio)

### Business Partner Award

Redilearning Corporation (Florida)

### Champion Award

Saint Joseph's College of Maine (Maine)

### Distinguished Nursing Home Administrator Award

Michael P. Duffy, FACHCA (New Jersey)

### Distinguished Service to ACHCA Award

Stephen L. Esdale, CNHA, FACHCA (Massachusetts)

### Chair's Award

Douglas Olson, PhD, FACHCA (Wisconsin)

## W. Phillip McConnell Student Scholarship

Amber R. Weinhart  
Kent State University

### Jennifer Combs-Wilber

Saint Joseph's College of Maine

## Chapter/District Achievement Awards

### Connecticut Chapter

Educational Advancement Project & Professional Advancement Initiative

### Georgia Chapter

Partnership with GHCA

### Maine Chapter

Business Affiliate Program & Membership Recruitment and Retention Project

### New Hampshire Chapter

Newsletter: Granite State Report & Chapter Website

### New Jersey Chapter

Chapter Website

### South Carolina Chapter

Increasing Chapter Value and National Membership

### Texas Chapter

Membership Recruitment





# Past Presidents & Chairs

5/1/1963 - 5/1/1966	Theodore E. Hawkins ‡	5/1/1998 - 5/1/1999	Peter C. Marshall, FACHCA
5/1/1966 - 5/1/1967	Carl A. Becker ‡	5/1/1999 - 5/1/2000	Clay F. Crosson
5/1/1967 - 5/1/1968	Alton E. Barlow ‡	5/1/2000 - 5/1/2001	Judith A. Passerini, Retired Emeritus Certified
5/1/1968 - 5/1/1970	Sister Ambrosette M. Pflueger ‡	5/1/2001 - 5/1/2002	Mary B. Lazare (Paspalas)
5/1/1970 - 5/1/1971	Donovan J. Perkins ‡	5/1/2002 - 5/1/2003	Orlando J. Bisbano, Jr, CNHA, FACHCA
5/1/1971 - 5/1/1972	Eleanor B. Baird ‡	5/1/2003 - 5/1/2004	Lisa B. Poskanzer, CNHA, FACHCA
5/1/1972 - 5/1/1973	Derril D. Meyer	5/1/2004 - 5/1/2005	Walter M. Collins
5/1/1973 - 5/1/1974	Edward Brody ‡	5/1/2005 - 5/1/2006	Sara V. Sinclair, Retired Emeritus Certified
5/1/1974 - 5/1/1976	Gerald A. Bishop ‡	5/1/2006 - 5/1/2008	Larry I. Slatky, CNHA, FACHCA
5/1/1976 - 5/1/1977	Hoyt Crider, PhD ‡	5/1/2008 - 5/1/2010	Stephen L. Esdale, CNHA, FACHCA
5/1/1977 - 5/1/1978	E. B. Baker	5/1/2010 - 5/1/2012	Timothy C. Dressman, CNHA, CALA, FACHCA
5/1/1978 - 5/1/1979	Stuart H. Goldberg	5/1/2012 - 5/1/2014	Roxanne L. Galloway, CNHA, CALA, CAS, FACHCA
5/1/1979 - 5/1/1980	Nicholas D. Demisay	5/1/2014 - Present	Michael A. Hotz, CNHA, FACHCA
5/1/1980 - 5/1/1981	Lilla O. Hagan ‡		
5/1/1981 - 5/1/1982	Andrew L. Fennelly, Fellow Emeritus ‡		
5/1/1982 - 5/1/1983	Rev. Robert W. Schlicht, FACHCA ‡		
5/1/1983 - 5/1/1984	Dennis F. Sullivan, FACHCA		
5/1/1984 - 5/1/1985	Robert V. Siebel, CNHA, FACHCA		
5/1/1985 - 5/1/1986	Mardell E. Brandt, FACHCA		
5/1/1986 - 5/1/1987	Mark J. Finkelstein, CNHA, FACHCA	‡ <i>Deceased</i>	
5/1/1987 - 5/1/1988	Richard Thorpe, FACHCA		
5/1/1988 - 5/1/1989	James L. Farley, CNHA, FACHCA		
5/1/1989 - 5/1/1990	Kenneth M. Ogren, FACHCA		
5/1/1990 - 5/1/1991	Richard A. Fratianne, CNHA ‡		
5/1/1991 - 5/1/1992	Jack D. Billingsley, CNHA, FACHCA ‡		
5/1/1992 - 5/1/1993	Miner L. Brown		
5/1/1993 - 5/1/1994	Sonja L. Johnson, FACHCA		
5/1/1994 - 5/1/1995	Daniel Farley, PhD, CNHA, Fellow Emeritus		
5/1/1995 - 5/1/1996	Gary Michael Riffe, FACHCA, Retired Emeritus Certified		
5/1/1996 - 5/1/1997	Keith R. Knapp, PhD, CNHA, FACHCA		
5/1/1997 - 5/1/1998	Ronald K. Klipping		



# Foundation/Academy Chairs

## Academy Chairs

2007-2009	Larry I. Slatky, CNHA, FACHCA
2010-2011	Walter M. Collins
2011-2012	Larry I. Slatky, CNHA, FACHCA
2012-2015	Timothy C. Dressman, CNHA, CALA, FACHCA

*\*The Foundation was disbanded in the early 2000's. It was reinstated as The Academy of Long Term Care Leadership and Development in 2007.*

## Foundation Chairs

5/1/1981 - 5/1/1983	Mardell E. Brandt, FACHCA
5/1/1983 - 5/1/1984	Stuart H. Kanowitz, FACHCA, Retired Emeritus Certified
5/1/1984 - 5/1/1986	Fr. Barnabus Hunt
5/1/1986 - 5/1/1987	Larry I. Slatky, CNHA, FACHCA
5/1/1987 - 5/1/1988	Karen Struve
5/1/1988 - 5/1/1990	Sally A. Craven
5/1/1990 - 5/1/1991	Floyd B. Rhoades, Jr.
5/1/1991 - 5/1/1993	James L. Knepler
5/1/1993 - 5/1/1995	Raymond F. Rustige, Retired Emeritus Certified
5/1/1995 - 5/1/1997	Eileen Jenkins
5/1/1997 - 5/1/1998	Raymond Rustige, Retired Emeritus Certified
5/1/1998 - 5/1/1999	Robert Heatley, FACHCA
5/1/1999 - 5/1/2001	Michael Reilly
5/1/2001 - 5/1/2002	Lisa Poskanzer, CNHA, FACHCA



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## Established Chapters

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Ed Smith  
Mesa, AZ

### Connecticut Chapter President (D-1)

Blair Quasnitschka  
Glastonbury, CT

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Luann Foos  
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### Georgia Chapter President (D-4)

Delores (Lorrie) Scroggs, CNHA  
Lithonia, GA

### Indiana Chapter President (D-3)

Mark Prifogle, FACHCA  
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### Massachusetts Chapter President (D-1)

Joanne Shaw  
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Lisa Cooney  
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### Missouri Chapter President (D-6)

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St. Louis, MO

### Mississippi Chapter President (D-6)

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### Pennsylvania Chapter President (D-4)

Mary Kender  
Langhorne, PA

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Elizabeth Sarro, FACHCA  
Warwick, RI

### South Carolina Chapter President (D-4)

Mitzi Myers  
Conway, SC

### Tennessee Chapter President (D-6)

Guy Crosson, CNHA, FACHCA  
Chattanooga, TN

### Texas Chapter President (D-6)

Peter Hayden  
Tyler, TX

### West Virginia Chapter President (D-3)

Michael Gore, CNHA, FACHCA  
Milton, WV

## Chapters Under Development

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Robert Siebel, CNHA, FACHCA  
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### Kansas Chapter Liaison (D-5)

KJ Langlais  
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### North Dakota Chapter President (D-5)

Doug Panchot  
Jamestown, ND

### Wisconsin Chapter Liaison (D-6)

Matt Mauthe, CNHA, CALA, FACHCA  
Madison, WI

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**Molly Savard, CNHA, FACHCA - Treasurer**

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Sharon Colling, CNHA, CALA, FACHCA

Philip DuBois, CNHA, FACHCA

Daniel Farley, PhD, CNHA, Fellow Emeritus

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Theresa Sanderson, CNHA, FACHCA

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Cydney Bare, CNHA, FACHCA  
Steven Gold, CNHA, FACHCA  
Eric Hadley, CNHA, CALA, FACHCA  
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Eric Hadley, CNHA, CALA, FACHCA  
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### MCDD Membership Value Subgroup

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Robert Burke, PhD  
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LaNette Flunker  
Mary Helen McSweeney-Feld, PhD



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# ACHCAConnect Has Gone Mobile

In 2013, ACHCA launched a state of the art CRM social technology networking community called *ACHCAConnect*. While *ACHCAConnect* has proven to be an excellent member benefit to assist our members in seeking support/advice from their colleagues, accessing the vast resources located in the Peer2Peer Open Forum Library, or to catch up on the latest news in long-term care, our membership is on the go. In order to make sure our members have access to the wealth of information available within *ACHCAConnect* at their convenience – on the go, at home, or in the office- ACHCA launched *MemberCentric*®, the organization's first mobile app.

*MemberCentric*® is available for Android, iPhone, iPad, iPod Touch and Kindle Fire. Users of other mobile devices can access the app through their mobile browser. *MemberCentric*® allows ACHCA members to find and connect with other members; receive the latest professional news; and view all of the upcoming events all from the palm of your hand!

The App Features include:

- **Discussions within Your Communities** – Collaborate with other members and get answers to your questions. All of the groups that you are subscribed to on *ACHCAConnect* are available via *MemberCentric*®. Read and reply to existing discussions or start a new discussion.
- **People** – Get quick access to your fellow *ACHCAConnect* members. Search the directory by first name, last name or company.
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# ACHCA Staff & Directory of Services

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# Code of Ethics

## PREAMBLE

The preservation of the highest standards of integrity and ethical principles is vital to the successful discharge of the professional responsibilities of all long-term health care administrators. This Code of Ethics has been promulgated by the American College of Health Care Administrators (ACHCA) in an effort to stress the fundamental rules considered essential to this basic purpose. It shall be the obligation of members to seek to avoid not only conduct specifically proscribed by the code, but also conduct that is inconsistent with its spirit and purpose. Failure to specify any particular responsibility or practice in this Code of Ethics should not be construed as denial of the existence of other responsibilities or practices. Recognizing that the ultimate responsibility for applying standards and ethics falls upon the individual, the ACHCA establishes the following Code of Ethics to make clear its expectation of the membership.

## EXPECTATION I

**Individuals shall hold paramount the welfare of persons for whom care is provided.**

*PRESCRIPTIONS: The Health Care Administrator shall:*

- Strive to provide to all those entrusted to his or her care the highest quality of appropriate services possible in light of resources or other constraints.
- Operate the facility consistent with laws, regulations, and standards of practice recognized in the field of health care administration.
- Consistent with law and professional standards, protect the confidentiality of information regarding individual recipients of care.
- Perform administrative duties with the personal integrity that will earn the confidence, trust, and respect of the general public.
- Take appropriate steps to avoid discrimination on basis of race, color, religion, sex, pregnancy, sexual orientation, citizenship status, national origin, age, physical or mental disability, past, present or future status in the U.S. uniformed services, genetics or any other characteristic protected under applicable law.

*PROSCRIPTION: The Health Care Administrator shall not:*

- Disclose professional or personal information regarding recipients of service to unauthorized personnel unless required by law or to protect the public welfare.

## EXPECTATION II

**Individuals shall maintain high standards of professional competence and personal conduct.**

*PRESCRIPTIONS: The Health Care Administrator shall:*

- Possess and maintain the competencies necessary to effectively perform his or her responsibilities.
- Practice administration in accordance with capabilities and proficiencies and, when appropriate, seek counsel from qualified others.
- Actively strive to enhance knowledge of and expertise in long-term care administration through continuing education and professional development.
- Demonstrate conduct that is in the best interest of the profession.

*PROSCRIPTIONS: The Health Care Administrator shall not:*

- Misrepresent qualifications, education, experience, or affiliations.
- Provide services other than those for which he or she is prepared and qualified to perform.
- Conduct themselves in a manner detrimental to the best interest of the profession.

## EXPECTATION III

**Individuals shall strive, in all matters relating to their professional functions, to maintain a professional posture that places paramount the interests of the facility and its residents.**

*PRESCRIPTIONS: The Health Care Administrator shall:*

- Avoid partisanship and provide a forum for the fair resolution of any disputes which may arise in service delivery or facility management.
- Disclose to the governing body or other authority as may be appropriate, any actual or potential circumstance concerning him or her that might reasonably be thought to create a conflict of interest or have a substantial adverse impact on the facility or its residents.

*PROSCRIPTION: The Health Care Administrator shall not:*

- Participate in activities that reasonably may be thought to create a conflict of interest or have the potential to have a substantial adverse impact on the facility or its residents.

## EXPECTATION IV

**Individuals shall honor their responsibilities to the public, their profession, and their relationships with colleagues and members of related professions.**

*PRESCRIPTIONS: The Health Care Administrator shall:*

- Foster increased knowledge within the profession of health care administration and support research efforts toward this end.
- Participate with others in the community to plan for and provide a full range of health care services.
- Share areas of expertise with colleagues, students, and the general public to increase awareness and promote understanding of health care in general and the profession in particular.
- Inform the ACHCA Standards and Ethics Committee of actual or potential violations of this Code of Ethics, and fully cooperate with ACHCA's sanctioned inquiries into matters of professional conduct related to this Code of Ethics.

*PROSCRIPTION: The Health Care Administrator shall not:*

- Defend, support, or ignore unethical conduct perpetrated by colleagues, peers or students.



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