

# KEYSTONE

## SERVICES EDITION

ISSUED 2014



# KEYSTONE

## SERVICES EDITION

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312 Chestnut Street, Suite 103, Meadville, PA 16335

**KEYSTONE BLIND ASSOCIATION - LAWRENCE COUNTY**

2304 Wilmington Road, New Castle, PA 16105

**BEAVER COUNTY ASSOCIATION FOR THE BLIND (BCAB)**

616 Fourth Street, Beaver Falls, PA 15010

**CENTER FOR THE BLIND AND VISUALLY IMPAIRED (CBVI)**

**CENTER FOR THE BLIND AND DISABLED (CBD)**

100 West 15<sup>th</sup> Street, Chester, PA 19013

**MONTGOMERY COUNTY ASSOCIATION FOR THE BLIND (MCAB)**

212 North Main Street, North Wales, PA 19454

# KEYSTONE

## SERVICES EDITION

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Rehabilitation Therapist  
Kathy Buskirk works with  
Cara, a print impaired client.  
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# The Keystone Family

By Ann Peterson, VICE PRESIDENT OF SERVICES

**The main office** of Keystone Blind Association (KBA) is at 1230 Stambaugh Avenue, Sharon, PA 16148 (724-347-5501). The agency provides Specialized Services to more than 170 individuals in Mercer County. Prevention of Blindness services and educational programs are provided at schools, senior centers, high rises, agencies, industries and nursing homes in the community. Prevention specialists conduct pre-school vision screenings, vision screenings for adults and participate in health and info-fairs throughout the county. Over 5,300 Mercer and eastern Trumbull County residents received Prevention Services in 2012.

In 1986, the Pennsylvania Association for the Blind (PAB) awarded Keystone a grant to provide Specialized Services to visually impaired residents of Crawford County. That office is now located at 312 Chestnut Street, Meadville, PA 16335 (814-333-3121). Services are provided to about 40 visually impaired people county-wide. Prevention services are provided for over 2,955 Crawford County residents.

On July 1, 2012, the PAB gave KBA funding to provide both Specialized Services and Prevention of Blindness Services in Lawrence County. That office address is 2304 Wilmington Road, New Castle, PA 16105 (724-856-3527). Already, the Lawrence County staff has provided specialized services to more than 30 visually impaired individuals. Since July, KBA has provided Prevention screenings and educational programs to over 284 children and adults in the Lawrence County.

In addition to these offices, KBA also has two other in-house agencies, as well three affiliate agencies across the state of Pennsylvania.

Created in 2000, Keystone Independence Management (KIM) provides management services to all of the agencies in the KBA family. These services include Accounting, Human Resources, and Administration. KIM is headquartered at the offices of KBA in Sharon, PA.

In 2002, Keystone Vocational Services (KVS) was opened to manufacture tools to sell to the the federal government. KVS markets these tools and other industrial products under the KEY Enterprises name. The workcenter is located on Division Street in Sharon, PA (724-347-3711).

The first agency to be brought on as an affiliate to KBA was Beaver County Association for the Blind (BCAB). KIM began providing administrative operations in 2006. Located at 616 Fourth Street, Beaver Falls, PA 15010 (724-843-1111), BCAB provides services to Beaver County individuals.

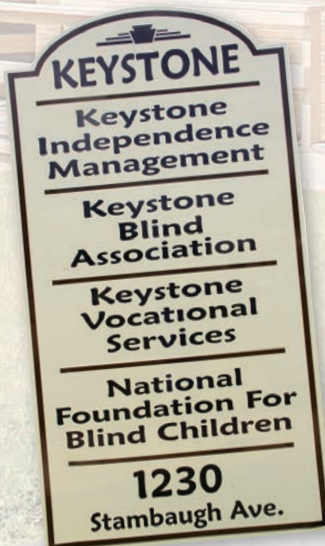
2009 saw the addition of another affiliate, Center for the Blind and Visually Impaired (CBVI). CBVI provides services to the greater Delaware Valley, and is located at 100 W. 15<sup>th</sup> Street, Chester, PA 19013 (610-874-1476).

The most recent agency to become a KBA affiliate is Montgomery County Association for the Blind (MCAB). KIM began providing management services to MCAB in 2012. MCAB is located at 212 North Main Street, North Wales, PA 19454 (215-661-9800) and provides services to Montgomery County, near Philadelphia.

Though on opposite ends of the state, KBA and its affiliates work together to provide a variety of services and products to not only the individuals of Pennsylvania, but also to the federal government.

KEYSTONE  
BLIND ASSOCIATION

KBA's Headquarters in Sharon, PA.





# Casework Services

By Ann Peterson, VICE PRESIDENT OF SERVICES

**Casework services provided** by Keystone Blind Association include transportation with sighted guide, support services, life skills programs, support groups, information and referral, access to talking books and the talking newspaper, assistance with housing, Keystone Kids and Young Adults events.

A service provider meets with the consumer to assess the need for the service(s) and to agree on a plan tailored to meet those needs. Support services enable the consumer to be independent and active at home and in the community.

- Transportation with sighted escort service is provided for grocery shopping, personal needs shopping, medical trips, banking, Post Office and to take care of household business.
- Support Services include mail-reading, bill-paying and check-writing, form completion, picking up and delivering adaptive devices, changing light bulbs or batteries, setting watches, clocks, , making large print copies, etc.
- Life Skills programs are presented by mobility or rehabilitation instructors or by community resource professionals to share information about programs, services or skills that can improve a consumer's quality of life.
- A variety of Support Groups are available to address the consumer's needs. There are support groups

for technology users, groups for individuals who want to share information about consumer issues and groups for people who want to discuss general information about coping with vision loss. The intent of peer support is to improve communications among people who are visually impaired, to improve coping and problem-solving skills, self-esteem and self-awareness.

- Information and referral services are provided for individuals to use community resources for food products, meals, income, rebates and other agencies or organizations that can provide assistance.
- KBA can process applications for Carnegie Library for the Blind, which provides talking books in several formats, Braille books and described movies.
- KBA volunteers record the Sharon Herald so that vision-impaired consumers can listen to the paper daily on the phone.
- Keystone Kids events provide opportunities for children and youth (ages 5 – 18) to attend outings and group activities while they practice communication, mobility, assistive technology and self-advocacy skills.
- Young Adult events provide individuals (19-30) the opportunity to network in social and recreational settings.

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*We support KBA! Good luck in the future!*

Dr. Kathleen Mastrian,  
Penn State University - Shenango  
and

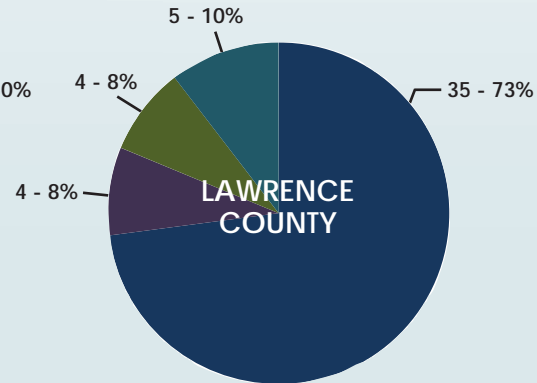
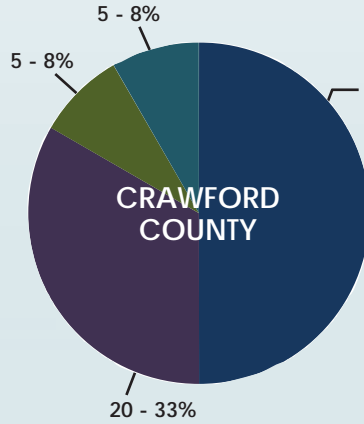
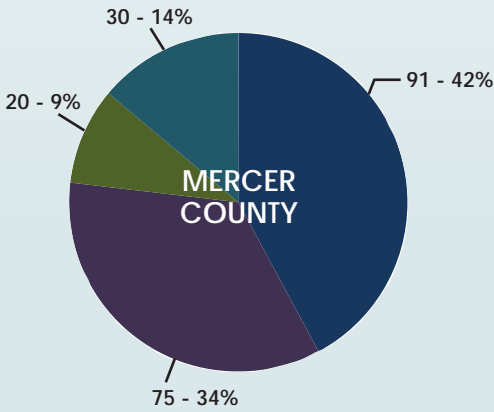
John (Chip) Mastrian, Retired

*appreciate and support the work  
of KBA in our community*

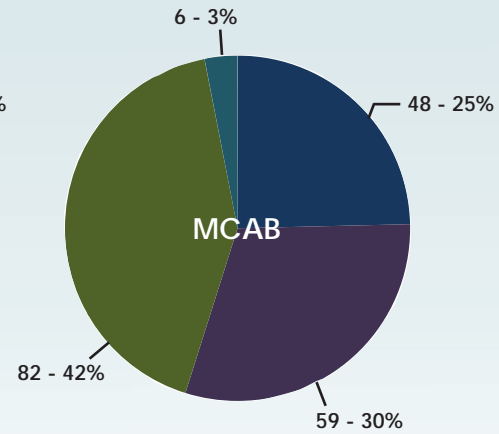
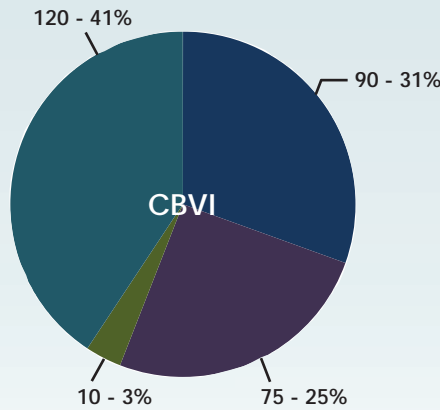
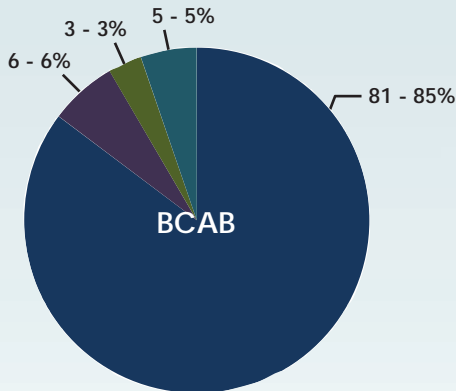
# Client Demographics

2012 figures. All numbers approximate.

## HUMAN SERVICES - KBA AGENCIES



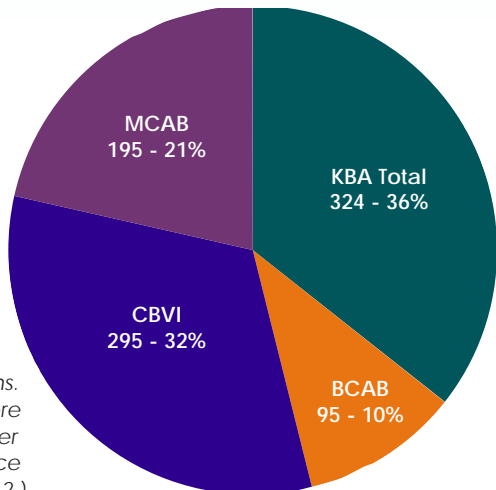
## HUMAN SERVICES - AFFILIATE AGENCIES



### LEGEND

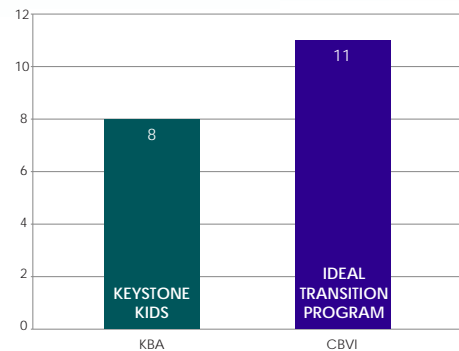
- Casework
- Rehabilitation/Low Vision
- Orientation & Mobility
- Assistive Technology

## TOTAL SERVICES - ALL AGENCIES



\*Numbers include duplications. (Clients were counted per each service used in 2012.)

## CHILDREN'S PROGRAMS

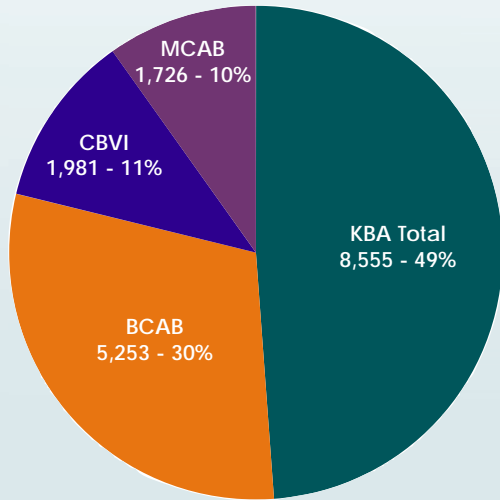


### LEGEND

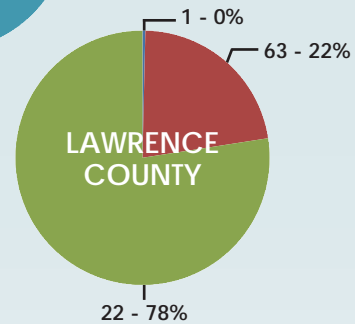
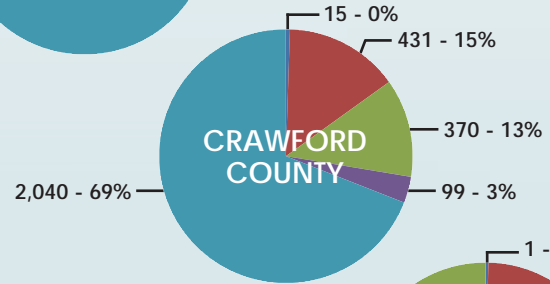
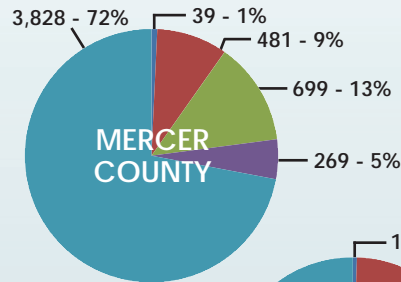
- KBA - Keystone Blind Association (Mercer, Crawford, & Lawrence Counties)
- BCAB - Beaver County Association for the Blind
- CBVI - Center for the Blind and Visually Impaired
- MCAB - Montgomery County Association for the Blind



## TOTAL POB UNITS - ALL AGENCIES



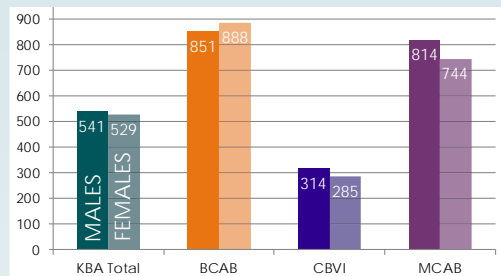
## POB SERVICES - KBA AGENCIES



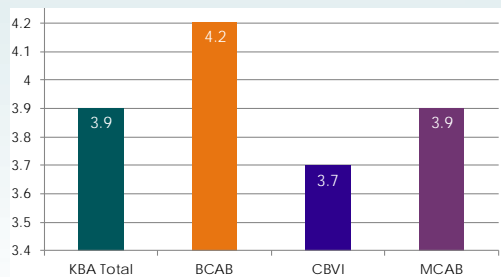
### LEGEND

- POB - Prevention of Blindness
- PSVS - Preschool Vision Screening
- AVS - Adult Vision Screening
- Eyeeglasses
- Eyeeglasses Clean/Repair
- Preschool Vision Screening
- Adult Vision Screening
- Education

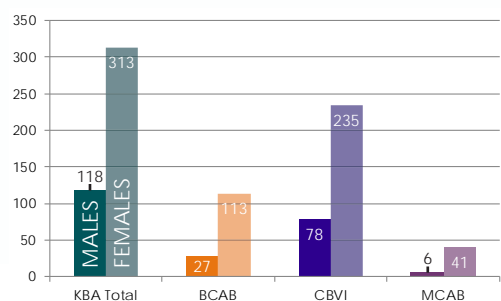
## PSVS - MALES AND FEMALES



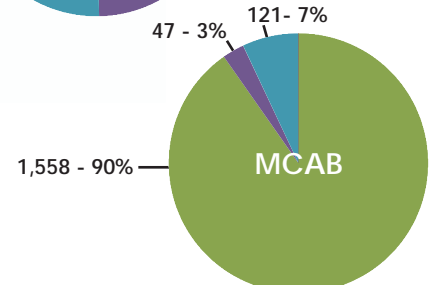
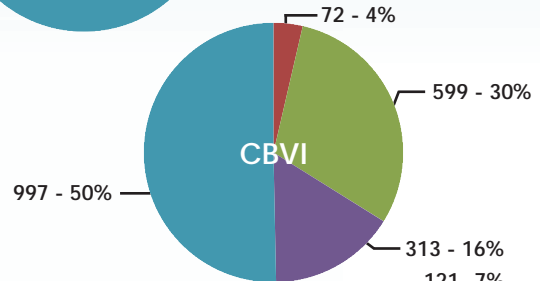
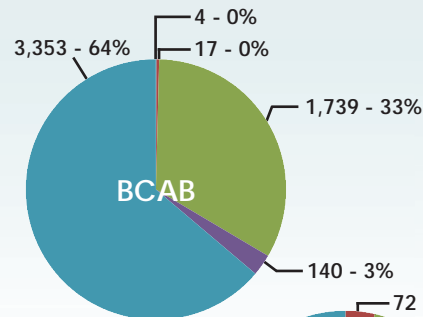
## PSVS - AVERAGE AGE



## AVS - MALES AND FEMALES



## POB SERVICES - AFFILIATE AGENCIES



## AVS - MOST COMMON AGE GROUP

Age Group	KBA Total	BCAB	CBVI	MCAB
80-84				
65-69				
55-59				
N/A				

# Prevention of Blindness

By Shirley Shanes, PREVENTION OF BLINDNESS SPECIALIST

**Keystone Blind Association** and affiliates provide PreSchool Vision Screenings to identify preschool aged children who may be experiencing visual difficulties due to amblyopia (lazy eye). These children are then referred for a complete eye examination with an eye-care professional. If detected and treated early, most children will develop improved or normal vision.

Children with amblyopia usually do not know that what they are seeing is not normal, and are unable to tell their parents that something is wrong. Unless there is an obvious sign such as crossed eyes, there is nothing to suggest to the parent that there may be a problem.

Amblyopia is caused by any condition that affects normal use of the eyes and visual development. There are three major causes of amblyopia:

- Amblyopia commonly occurs with strabismus (misaligned or crossed eyes.)
- Although both eyes may be healthy and functioning well, they may not be functioning together. Amblyopia can occur when one eye is more nearsighted, farsighted, or astigmatic than the other. The image received can be double or blurred. The brain suppresses or pays less attention to the eye that is not the clearest. When this happens, the vision in the ignored or "lazy eye" cannot develop normally.
- Any factor, such as cataracts, that prevents a clear image from being focused inside the eye can lead to amblyopia.

To schedule a screening for your preschool, please contact Shirley Shanes at KBA, 724-347-5501, ext. 218.

The Prevention of Blindness Department also provides adult screenings throughout KBA's service area. The POB Specialists stress the importance of regularly scheduled eye exams and assist in the early detection of glaucoma.

Screenings include distance and near visual acuities, color perception, and depth perception. Age Related Macular Degeneration screenings are also provided using an Amsler Grid. Individuals are instructed in the use of the Amsler, and are provided with one to continue the screenings at home.

Intraocular Pressure (glaucoma) screenings are conducted using a non-contact tonometer or "puff of air". The readings are displayed, and provided at the time of the screening.

Individuals who fail the vision screenings or have abnormal readings during the IntraOcular Pressure (glaucoma) screenings are referred to eye care professionals for complete eye examinations.

Part of Keystone Blind Association's mission is to prevent blindness. Along with the adult and preschool vision screenings, KBA provides several other programs throughout our service area to meet this goal.

## ADDITIONAL PROGRAMS

### PUBLIC EDUCATION & AWARENESS

Educational and informational presentations are provided to preschools, schools, colleges, senior centers, clubs, and organizations on a wide variety of vision related topics. "Treasure in Sight" for preschoolers, "Introduction to Blindness" for school age children and adults, "Macular Degeneration", "Glaucoma", and "Diabetic Retinopathy" are a few examples. Programs using low vision simulation glasses are also very popular.

### HEALTH FAIRS

KBA staff provides services at several health fairs each year. Glaucoma screenings, vision screenings, educational displays, and educational materials are available for attendees.

### EYEGASSES CLEANING / ADJUSTMENTS

Free eyeglasses cleanings and adjustments are offered at senior centers, senior living facilities, and personal care / nursing homes.

### EYEGASSES DISPENSING

Eyeglasses are provided at a low cost to financially eligible residents of KBA's service area. Persons participating in this program must have a current eyeglasses prescription.





# Orientation & Mobility

By Luann Cade, ORIENTATION & MOBILITY SPECIALIST

**I am an** Orientation & Mobility Specialist. Most people call me an O&M or mobility teacher. I have even been called the “cane lady”. However, more often than not, many people do not know what I do.

Orientation is to know where one is in space. It is the ability to use one’s senses to understand current location in their environment at any given time. Mobility is the ability to travel from point A to B. Essentially, it is the ability to move from one place to another. An Orientation & Mobility Specialist teaches the concepts, skills, and techniques necessary for a person, with a visual impairment, to travel safely through the environment.

As an O&M teacher, I work with individuals to attain their mobility goals. This may be traveling throughout their home, walking outside to get their mail, taking a walk around the block, or getting on a bus and going to work. It may include walking with a walker, cane, using a monocular for distance viewing, providing sun lens for glare protection, or protective techniques. It may be working at their home, school, or out in the community. It may include learning how to cross streets, using public transportation, climbing steps, walking at the mall, or maneuvering through the local grocery store. It frequently includes re-enforcement of skills with employers, teachers, or family members. It includes coordinating services with agencies, IEP meetings at schools, contact with parents and teachers, scheduling, report writing, speaking engagements, in-service trainings with staff members, ordering and delivering equipment, mapping out safe routes to travel or intersections to cross, obtaining bus schedules, making tactile maps, and promoting public awareness. Add in the hours I spend in my vehicle getting to and from the people that need my help. To say I am “on the road” most of my day is an understatement.

Throughout my job, I have worked with young children through older adults, and everyone in between. I have worked with two-year-olds, up to my oldest client who was 101 years young. Each new person is different, with different needs, abilities, and goals. What may work for one person, will not work for another. When I tell others what I do, I often hear “what a noble profession.” But, to me it is so much more than that. Do I teach others how to use the cane? Absolutely! But more often than not, they end up teaching me so much more. It gives me great joy to see an individual attain his or her goals, no matter how big or small the feat. The new sense of pride and independence they receive is the greatest reward an O&M teacher could have.

We have contracts with several schools in Mercer, Beaver,

and Mahoning (Ohio) counties. We provide O&M lessons to school- aged children from elementary to high- school. We see the children on a weekly, monthly, or consult basis, depending on their current needs. We work closely with the individual school districts to address the needs of each visually impaired child. All lessons are school-based, and IEP goals are set up together with the staff, parents, and O&M teacher.

Our adult clients are referred to us from a variety of sources including family members, assisted living staff, work situations, or themselves. After an initial evaluation, we assess their needs and work together to create a realistic plan to address their current and long-term goals. Adult training takes place at their home, workplace, on public transportation, or in their local community setting.



During a lesson, Luann works with clients to increase their orientation & mobility skills.



# TVI Services Provided to Schools

By Kimberly Paglia, COMS, TVI

***A Teacher of the Visually Impaired*** (TVI) is central to the educational team of a student with a visual impairment. TVI's are certified teachers who receive specialized training to work with students who have visual impairments. The responsibilities of the TVI vary, depending on the needs of each student, but generally include:

- Evaluating the student to determine needs.
- Direct instruction in the skills the student needs to learn because of a visual impairment.
- Preparing or obtaining learning materials in the appropriate accessible format (braille, large print, audio, etc.)
- Making referrals for additional services such as Orientation & Mobility or a Low Vision Assessment.
- Analyzing the classroom and other environments for access and safety as related to a student's visual impairment.

- Providing consultation and training members of the educational team (teachers, parents, staff) to help them learn effective strategies for teaching a student with a visual impairment.
- Directing the paraeducator, if one has been assigned to the student, in providing the appropriate support.

Schools have several options to provide TVI services to their students. Larger districts, with a high population of students with visual impairments, may choose to hire a full- or part-time TVI to work in the district. More often, though, school districts will contract with an outside agency for these services. The Keystone Blind Association began providing TVI services in 2008. School districts can take advantage of the full range of TVI services at a competitive contract rate. Services are delivered using an itinerant model, where the teacher travels to the school or home to work with students.

## Rehabilitation Education

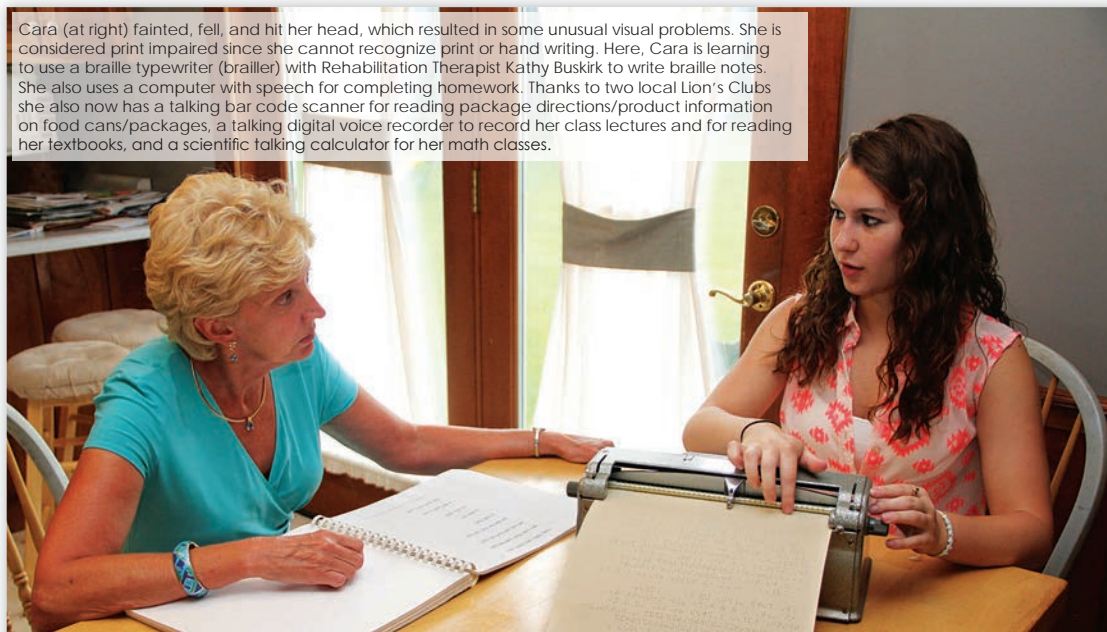
By Kathy Buskirk, CERTIFIED VISION REHABILITATION THERAPIST

***The rehabilitation education*** program at Keystone Blind Association provides instruction with adaptive techniques that enable visually impaired and blind persons to independently perform daily living tasks. Vision Rehabilitation Therapists complete comprehensive assessments, service plans and make referrals for other services when needed. Instruction is provided in the areas of personal management, home management, communications, low vision skills, orientation and movement in familiar indoor environments and leisure/family interaction activities.

keyboarding, handwriting, using writing guides to complete household correspondence and finances, and audible/low vision methods for information storage and retrieval. Low vision skills include using large print, lighting options, glare control, use and review of low vision devices to enhance and maximize the use of remaining vision. Indoor mobility skills in familiar areas include using sighted guide and protective techniques, trailing skills; low vision/tactile/audible games, cards, techniques for handicrafts and adaptive sporting equipment.

Personal Management skills development includes keeping time, identifying/organizing money, personal grooming, medical management, and other self-care skills. Instruction in the area of home management include kitchen safety and food preparation skills, labeling and organization, home repairs, sewing adaptations and general home care. Communication instruction include braille instruction,

Cara (at right) fainted, fell, and hit her head, which resulted in some unusual visual problems. She is considered print impaired since she cannot recognize print or hand writing. Here, Cara is learning to use a braille typewriter (brailier) with Rehabilitation Therapist Kathy Buskirk to write braille notes. She also uses a computer with speech for completing homework. Thanks to two local Lion's Clubs she also now has a talking bar code scanner for reading package directions/product information on food cans/packages, a talking digital voice recorder to record her class lectures and for reading her textbooks, and a scientific talking calculator for her math classes.





# KBA's Low Vision Diplomate

**Dr. Paul B. Freeman** is an optometrist who graduated from the Pennsylvania College of Optometry in Philadelphia in 1974. He is presently the head of low vision rehabilitation services at Allegheny General Hospital in Pittsburgh, Pennsylvania and provides low vision rehabilitation services at Keystone Blind Association in Sharon, Pennsylvania and Beaver County Association for the Blind in Beaver Falls, Pennsylvania. He provides rehabilitative care for individuals of all ages, including those suffering from the visual consequences of acquired brain injury. In addition, he is the optometric consultant to the Western Pennsylvania School for Blind Children, and is involved in vision programs throughout western Pennsylvania's school districts.

Dr. Freeman has been an investigator in a number of vision research projects to determine the efficiency of sophisticated low vision devices, to assess the psychological implications of low vision, and to explore the relationship of vision and the learning process.

Dr. Freeman lectures both nationally and internationally and was a Distinguished Clinical Practitioner at the University of Houston, College of Optometry, from 2000 to 2001. Dr. Freeman was part of AARP's Webinar: Keep Your Safety in Sight, Prepare for the Effects of Aging Vision on Driving, presented for the AARP Driver Safety Program, May 2011, Washington, DC, and was also involved in AARP Smart Driver training videos, AARP Driver Safety, November 2012, Alexandria, VA.

He has authored numerous articles, and served as the editor of *Optometry*, *Journal of the American Optometric Association* from February, 1999 to June 2012. Dr. Freeman is presently co-editor-in-Chief of the Elsevier eye care portal *PracticeUpdate*. He co-authored the book "The Art and Practice of Low Vision," and wrote "Believing is Seeing."

Dr. Freeman is a low vision diplomate in the American Academy of Optometry (1 of only 2 in western Pennsylvania), and was chair of the diplomate program and Low Vision Section of the AAO from 1989-1992. As one of the founders of the American Optometric Association's Low Vision Section, he served as its chairperson from 1987-1989.

Dr. Freeman has received numerous awards, including the Golden Triangle Radio Information Center Award, for working with the visually impaired (1985), the Pennsylvania Council for the Blind's Distinguished Service Award (1996), the State University of New York, College of Optometry's William Feinbloom Award (1997), the Pittsburgh Business Times' Healthcare Hero Award: Physician of the Year (1997), the American Optometric Association Low Vision Section's Vision Care Award (1999), Pennsylvania Council of the Blind Honorary Service Award 2010, The COVD Distinguished Service Award in 2011, and the Merit Award from the Pennsylvania Optometric Association in 2012.

Dr. Freeman has consulted with many private care practitioners in establishing successful low vision services both nationally and internationally.



*Dr. Freeman currently provides low vision rehabilitation services at Keystone Blind Association in Sharon, PA and Beaver County Association for the Blind in Beaver Falls, PA, on Thursdays of each month. He plans to expand the number of days at each agency in accordance with increasing client appointments. To schedule an appointment, please call KBA at 724-347-5501 or BCAB at 724-843-1111.*



# Low Vision: A Collaborative Effort

By Jenn Lilly, CERTIFIED VISION REHABILITATION THERAPIST

**Taking care of** visually impaired people effectively requires that all professionals know when it is necessary to interact with colleagues.

Many professionals can help individuals with the rehabilitation of their visual impairment, from doctors who specialize in maximizing the use of “remaining” vision, to orientation and mobility specialists (O&M), teachers of the visually impaired (TVI), assistive technology specialists, low vision therapists, and vision rehabilitation therapists (VRT). It is very important to have an interdisciplinary team that can work well together in a seamless fashion to help visually impaired individuals. The goal is to maximize the visual function of this population.

At Keystone Blind Association, we are fortunate to have professionals who have the expertise described above, and who work together to help our clients achieve their visual goals. Most often this begins in our Low Vision Clinic. Visually impaired individuals are scheduled to see the optometrist who provides a low vision evaluation.

He does a comprehensive eye examination consisting of a goal oriented history, an eye health evaluation, determination of the need for regular eyeglasses, and prescription of non-refractive sight enhancement (magnification, environmental modifications, etc.). The doctor always writes a letter to the patient’s referring eye doctor, primary care doctor, and any other professionals who may be part of the patient’s health care (or sometimes educational) team, further supporting the philosophy of an interdisciplinary team approach. After the first visit, most patients are scheduled back to see the rehabilitative therapists who work closely with the doctor. At this visit, the therapists systematically show the recommended low vision devices that could help in achieving the visual goals established early on. If a patient finds a device to be beneficial, but is unsure if it will be of equal value at home, and, depending on the type of device, the patient might take the device home to see if it is beneficial in the home environment. If needed, a home visit with a VRT can be scheduled as well.

When the VRT goes into the patient’s home, along with working with the low vision device, the environment can be assessed and modifications can be made. Sometimes, making modifications in the home can help a patient function more effectively with the low vision device, as well as improving the patient’s overall activities of daily living. The benefit to the patient is that what was done in the clinic (an “ideal” environment) is being integrated into a real life setting. For example, a recent patient was using a microscope (a strong reading lens) at the office and was able to use it for reading the newspaper, her bible, magazines, etc. When she was loaned the microscope and tried it at home, she found that she was unable to read as well as she had in the clinic. The VRT went to her home to see if she could remedy the situation, and the first thing she noticed was how dark it was. The VRT clipped a light onto the glasses, turned it on, and, directing the light at the paper, the patient was reading; the patient remarked, “Wow that is so much better! What did you do?” The VRT explained that the lighting in the room was not ideal, and that unless the client was reading with better lights, or on a bright day, her general lighting was not sufficient. Now that she was using the microscope with extra light, the client was able to use the device without any difficulty.

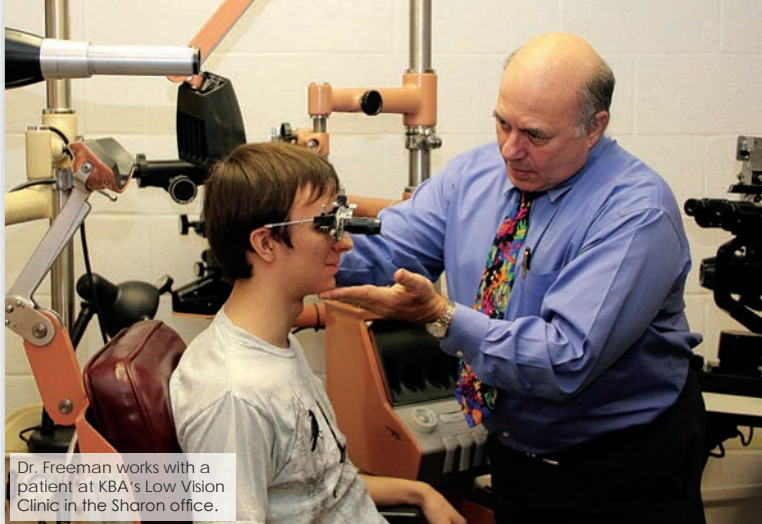
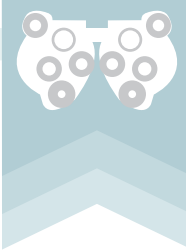
When indicated, patients can be referred for other specialized services within the agency as well. For example, if a patient expresses concern about safe traveling, or frequently falling, that person can be referred for O&M training. The O&M specialist might work with the patient on skills to improve all aspects of mobility, possibly including

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Dr. Freeman works with a patient at KBA's Low Vision Clinic in the Sharon office.

any low vision device that was worked with while in the clinic. For example, one patient who has retinitis pigmentosa (RP, a condition affecting the peripheral vision) was having difficulty navigating through the environment, so the doctor prescribed a reversed telescope (an optical device that minimizes objects in the environment so that more information is accessible to the patient) mounted in glasses. The patient then worked with the O&M specialist who offered additional traveling techniques, and the low vision specialist who instructed the client on the proper technique of using the reversed telescope. After receiving training, she was able to be an active participant in traveling along with her guide dog.

With technology becoming a huge part of life, patients often ask where to get technology training. The doctor or therapist can refer that person to the assistive technology specialist to

get training in computer technologies. When using a computer and adaptive programs, a patient might also use a low vision device to help with viewing a monitor. For example, if a person is using Zoomtext (a screen magnifier program for the computer), the information displayed can be enlarged, but without proper glasses to accommodate for the distance from the monitor, a small blurry image can become a large blurry image. The appropriate lenses can reduce the blur, thereby helping the patient see the monitor more clearly, enhancing their computer experience.

A collaborative effort is important for maximizing the "remaining" vision of patients. Each patient is unique and often times has different needs. These patients are referred to all of the professionals who can help with their identified needs, ensuring the best rehabilitative care possible.



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# Sustaining Independence Through ASSISTIVE TECHNOLOGY

By Kim Graham, DIRECTOR OF COMPUTER ACCESS TECHNOLOGY SERVICES

**Sustaining independence within** general everyday life functions is often times quite challenging; for many individuals with visual impairments, this challenge is amplified. Fortunately for a multitude of visually impaired or blind individuals, various types of assistive technologies are available for providing effective visual supplementation within basic through advanced level life functions.

Assistive technology is technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. For low vision or blind computer users, various types of software and peripherals are available to provide visual supplementation within computer tasks.

Some examples of these types of computer-based tools include screen magnifier and screen reader programs, voice recognition programs and features, and scan and read programs/devices. A screen magnifier program allows for a low vision individual to zoom or magnify on-screen information; many of the available screen magnifier programs afford

the user the capability of zooming the on-screen information size from 1.25x – 36x its original size! A screen reader program allows for a blind individual to access on-screen information by having such relayed audibly; this affords the

user the ability to access information with their ears rather than having to use their eyes.

Voice recognition technology allows for a low vision or blind individual to control and access a computer system via their voice. This technology is extremely beneficial for those users who may also experience physical difficulty with the mobility of their hands/fingers, or who simply lack keyboarding skills.

A scan and read, or optical character recognition program/device, allows for low vision or blind individuals to use their computer system in order to gain access to hard-copy, print materials. This technology affords the user the ability to access such materials without relying on sighted counterparts.

For low vision or blind individuals who are not involved with computer use, but who would also benefit by being able

to further sustain their independence, there are many types of standalone, stationary, and portable assistive technology solutions available too.

With further relation to sustaining independence as a low vision or blind individual in today's technology-immersed world, assistive technology is also available on select cellular phone models. An extremely popular and effective cell phone choice for low vision and blind individuals is the Apple iPhone. The OSX operating system offers both integrated screen reader and screen magnifier features. Setup of these accessibility features is necessary. By using some basic finger gestures applied to the device's touchscreen, low vision and blind users are capable of accessing and navigating various phone and app-related areas. Google's recent Android OS platforms offer the TalkBack accessibility-related screen reader app (already installed on recently-released phone models), as well as the capability to download an effective screen magnifier app. In conjunction with the assistive technology features/apps available on the Apple and Google cellular phone platforms, there also exist a variety of beneficial available low vision and blindness-related apps for use on related devices.

Transitioning into the use of technology may be difficult for some. For those who may be new to, or for those who just desire learning more about assistive technology, skilled Computer Access Technology Program specialists are available at the Keystone Blind Association and its various affiliate agencies. Specialists are able to provide quality assessment, training, and technical support services if and when necessary. Although the challenges of everyday life may be amplified for those living with low vision or blindness, sustaining independence within various personal and professional aspects in life is possible with the implementation and use of assistive technologies.





# Eyeglasses Program

By Shirley Shanes, PREVENTION OF BLINDNESS SPECIALIST

**Have you ever** wondered what happens to all of those used eyeglasses that are donated to Keystone Blind Association by Lions Clubs, churches, senior centers, businesses, etc.? Where do they go? Who do they go to? Their arrival at Keystone Blind Association is only the first step on a long journey.

Lion Paul Mitchell of the Fredonia Lions Club sorts and boxes the used eyeglasses each month at KBA. When he has a large number of boxes, he delivers the used eyeglasses to LensCrafters in Erie, Pa. There they are cleaned, and the prescriptions are read in a lensometer. The eyeglasses are then classified for international missions.

In 1988, LensCrafters created the LensCrafters Foundation and its "OneSight" program to provide clear vision and collect and distribute used eyeglasses to the poor in

developing countries. Since Lions Clubs International has been collecting and recycling used eyeglasses for more than 70 years, it was natural for the two organizations to work together. This year Lions Club and LensCrafters volunteers

will travel on 13 missions to 8 countries to provide eye examinations and eyeglasses. Your donated glasses may find their way to Thailand, India, Gambia, South Africa, Nicaragua, Peru, Mexico, or China.

If your old eyeglasses are taking up space in your drawer or closet, let them out to travel to a foreign country. (They won't even need a passport!) It is as easy as dropping them off at your local KBA affiliate office or giving them to a Lions Club member in your area.

The simple act of dropping your old glasses into a collection box close to home will help to change the life of a person far away.



# The Talking Newspaper

By Domingo Bermudez, TALKING NEWSPAPER COORDINATOR

**The talking newspaper** is a service that is made possible by individuals who donate up to one hour a day reading certain articles to the public. You can listen to the Sharon Herald by dialing 724-347-5510. There is a simple menu to follow which is composed of 8 choices or topics to pick from. Some of the topics are weather, headlines, birth, obituaries, articles for sale, sports, grocery ads, and comics.

Clients can also listen to the *Vista* newsletter thru the talking newspaper. The newsletter is available four times a year.

This publication contains the yearly dates of events provided by KBA, articles of interest, and KBA news. In the future, we hope to offer other newspapers from surrounding areas like Grove City and New Castle. If you would like any further information about the talking newspaper please call 724-347-5501.

So stay informed by utilizing this resource that is available to all, especially our visually impaired clients.





# Keystone Kids

By Kimberly Paglia, COMS, TVI

**The Keystone Blind Association's** Keystone Kids program is a community-based instruction program that is specifically designed for children with visual impairments. Through a variety of fun and educational experiences, Keystone Kids promotes personal growth and independence for children who are blind and visually impaired.

During the school year, activities are scheduled on a monthly basis. Students participating in these monthly activities enjoy socializing with their peers while also practicing many of the skills they need. In the summer time there are several week-long day camps which focus on topics such as career development, assistive technology, concept development, independent living skills, and the arts.

All activities are coordinated and staffed by professionals in the field of visual impairment including Teachers of the Visually Impaired, Certified Orientation & Mobility Specialists, and Certified Rehabilitation Teachers. Students from eight counties in Western PA and Eastern OH participate in the program. There is no charge for students to participate, and often transportation is provided as well. For more information about the Keystone Kids program, contact Dawn Cavna, Keystone Kids Coordinator.



The Keystone Kids visited Disney World in 2005 and 2010.



Enjoying a corn maze on a fall day.



Attending a Pirates baseball game at PNC Park!



Horseback riding is a whole new experience for the Kids.



In 2009, the Kids got to visit the Greenville Symphony Orchestra, play some of the instruments, and enjoy a concert that night.



The Kids enjoy the sunny beach weather in Erie.



Bowling is a fun activity the Kids love to do.



Going for a train ride on the Oil Creek & Titusville Railroad!





# Young Adults Striving for INDEPENDENCE

By Jenn Lilly, CERTIFIED VISION REHABILITATION THERAPIST

**As we grow**, we learn to be independent, to establish our own opinions, values, and goals; this is an important goal for every person. To be independent is to be self-sufficient, minimally relying on others to assist in general activities of daily living; this is no different for those whom are visually impaired. As a visually impaired young person, there will be certain things for which you will have to rely on others. However, at KBA, we encourage our young adults to learn the skills necessary to be as independent as possible.

Although the young adults program at KBA gives young adults a great opportunity for socialization and support, one of the main goals of this program is to help young individuals become as independent as possible in daily living activities. Some of the areas we cover are communication, technology, cooking, cleaning, orientation and mobility, organization, money management, transportation, and self-advocating.

All of these skills are important to help an individual with a visual impairment get through each day. To support these skill areas, young adults come to an age-appropriate group activity that focuses on these skills. For example, a group may go out to dinner. Those who are visually impaired might have to use technology (i.e., magnifiers) to read from the menu to determine what they want to eat. Those who are totally blind might have to use their communication skills to ask the waitress for a Braille menu or to ask for assistance to find out what types of drinks, appetizers, and entrees are available.

After the young adults figure out what they would like to eat, they then have to communicate that to the waitress. As the food is delivered to the table, they may have to ask the waitress, or a fellow guest, what is on their plate and where the food is located. They then have to understand proper eating techniques, so they do not spill things on the table, themselves, or others around them. When they are finished eating they may need to use the restroom, which will require orientation and mobility skills.

When everyone is finished with the meal, and they get their checks, they are responsible for paying the bill. They may use technology (i.e., money identifier), a folding method, a special wallet, or could (again, depending on the vision) use magnification to look at the money. When they are finished paying, they may have to find their way back to the vehicle in the parking lot, with assistance if necessary, including cane techniques and sighted guide. (Even though we want these clients to be independent we do not want anyone to be harmed, so we are mindful of safety.)

As is evident from the above example, one event can incorporate many of the skill areas necessary for independence. Other activities that we plan, to support independence as well as appropriate socialization, are making dinner, playing adaptive games, bowling, skating, snow tubing, movie night, camping, etc. Different activities may work on different daily living with the ultimate goal of learning to be self-reliant.



A group of Young Adults enjoys camping for a weekend at "Kamp Keystone".



Bowling is a favorite activity among the Young Adults.

# Jenn Lilly: Growing with KBA

By Jenn Lilly, CERTIFIED VISION REHABILITATION THERAPIST

**I was born** with aniridia, which means “without an iris,” a genetic condition that not only affects the iris, but affects other parts of the eye as well. I also have glaucoma and had cataracts removed. My mother has aniridia, and I was the second child born with aniridia in my family. My older sister Stacy also has aniridia. When we were very young, my mother wasn’t aware of any services for us in our area.

When my older sister went to kindergarten, she started to receive vision services through our Intermediate Unit at school. (This is an agency that serves school students who have any kind of impairment.) The IU assigned a teacher of the visually impaired (TVI) to work with Stacy on typing, computer skills, Braille and large print. The TVI also worked with her on any school work with which she had difficulty.

The TVI referred my sister, my mother, and me to Blindness and Visual Services (BVS), a branch of the Office of Vocational and Rehabilitation Services. BVS works with all age groups from early invention services for young children to advocating for the elderly population. I remember a very nice gentleman named John Farnum, a BVS vocational counselor, who became an advocate for the three of us. He provided information for my mother so that she could apply for financial support for medical treatments we would need, select the appropriate eye doctor to see, and contact private agencies (such as Keystone Blind Association) that

my family and Keystone Blind Association, which continues today. We met Kathy Lilley, who became like family to us. She took us grocery shopping and rushed us to the hospital for emergency eye surgery. We could always count on her. Throughout my childhood, Kathy encouraged, supported, and inspired me to be the best person that I could be. She encouraged me to get involved with the Keystone Kids program at KBA. I met all kinds of kids that had different types of eye conditions. I was shy as a kid and often felt isolated and alone. I didn’t know any other kids in my school who were visually impaired. Kathy felt it would be good for me to go to the Keystone Kids program so that I could meet other kids who had vision loss. She also thought this would help me reach an important goal in my Individual Educational Plan (IEP): to interact more with my peers.

I became an active participant in the kids program. I loved attending and would count the days between each event. As Kathy had predicted, the program was very beneficial to me, socially and educationally. The program helped me focus on what I wanted to do with my life, beginning with obtaining a college education. Kathy Preece, then the coordinator of the program, encouraged me to be the best person I could be. She told me I could do anything I put my mind to, even college. So, as a senior in high school, I was getting my driver’s permit (I was able to meet the acuity requirements), getting ready for college, and preparing to leave home for the



Craft time with Kayla Withers at a Keystone Kids event.



Jenn and Dawn Vagasky, a fellow Keystone Kid.



Dancing at the Keystone Kids' Artist Celebration.

can help with services. My mother was visually impaired and could not drive, so Mr. Farnum recommended transportation services from Keystone Blind Association (KBA). He also arranged transportation with KBA for a pediatric ophthalmologist in Erie who is still the eye doctor I see to this day!

This was the beginning of a very long relationship between

first time. I was terrified of all these things, but Kathy was there to fortify me, telling me that I could do it. (In fact, she took me to get my driver’s permit!) I am still involved with this program, now as a mentor and an assistant coordinator.

Off to college I went, to start the next stage of my life. When I arrived at Slippery Rock University, I quickly realized that I



had to be my own advocate because the professors did not have the time or resources to check up on each student. During the first month of school, I found it increasingly difficult to see the board or to keep up with all of the reading. I relayed this problem to my BVS caseworker, Rebecca, who suggested that both Stacy and I see a low vision specialist. We went to see Dr. Paul Freeman. After the initial evaluation, we had follow up appointments to work with devices that could help us both in school. The results were amazing: with the use of an optical aid we were both able to see 20/20!

During the follow up visit the therapist showed us many devices that could enhance reading and viewing the black board. After working with the multiple devices, I decided that a CCTV (I had used one in high school), a smaller hand held electronic magnifying system, a hand held magnifier and a pair of strong reading glasses were the most beneficial devices for me to use. I benefitted from all of these items at some point throughout college.

When I was a sophomore, I changed my major from math to special education (Community Programs for Americans with Disabilities -CPAD). I interned with Keystone Blind Association. I felt that choice would allow me to impact individuals who were visually impaired like me. I met with Jonathan Fister, CEO/President of Keystone Blind Association, to see what kind of work I could do as an intern. He surprised me

I began my employment at KBA in January 2010. I also began my graduate studies for vision rehabilitation therapy online through Salus University, Philadelphia, while I was working. As part of my classwork I worked in KBA's low vision clinic which helped me to better understand principles of rehabilitation teaching. I also worked with our young adults program.

Now that I have my MS degree in Vision Rehabilitation Therapy I continue to work at KBA in several positions:

- I work in the low vision clinic with the same optometrist who helped me during my college years, Dr. Paul Freeman. My responsibilities include scheduling appointments, making reminder and follow-up calls, participating in follow up appointments to demonstrate low vision devices, and conduct environmental assessments in patients' homes.
- I conduct in-home VRT evaluations to remediate problems and remove obstacles or potential hazards. I prepare reports and keep records for each person.
- I coordinate the young adults program (ages 18-30) to provide opportunities for visually impaired individuals to experience things that their sighted peers may do and to work on activities of daily living (identifying and managing money; ordering, eating and tipping at a restaurant; attending a play or concert).



Jenn assists students during Career Caravan.



Helping out at the 2012 Game Day with VP of Services, Ann Peterson.

by asking me if I would consider continuing my education to get Master's Degree in Vision Rehabilitation Therapy (VRT). I was happy to know that he had faith in my ability. Once I started my internship, I fell in love with my role at KBA. This is when I decided that I would attend graduate school to be a VRT.

I am very busy, but wouldn't want it any other way. I plan to grow with KBA as it expands and grows. I only hope I can impact those whose lives I touch as much as I was impacted. Nothing could make me feel like I have accomplished more in life than this.



# IDEAL Program

By Rosemary Keefe, CBVI COMMUNICATIONS COORDINATOR

**Transitioning from high school** to college or the workplace is challenging for most young people but this transition is definitely compounded if the student is blind or visually impaired. The summer IDEAL (Individual Development through Experience, Assessment and Learning) Program for blind and visually impaired high school students at the Center for the Blind and Visually Impaired (CBVI) is devised to address these challenges.

IDEAL is a four week residential program held each summer during July and August at the Center. The curriculum is specially designed to develop skills for independence. Mobility lessons offer instruction in the use of the white cane, orientation to sidewalks and street crossings and access to public transportation. The Home Management program emphasizes all the skills necessary for independent living: cooking, doing laundry, cleaning, bill paying, banking, organizational skills, etc. Computer classes introduce students to the latest and best assistive technology for use in the classroom or the workplace, including all iProducts. Students also receive college and career guidance, hone their Braille and keyboarding skills, and work with academic remediation as needed.

Students attend full days of classes but enjoy social activities such as dining out, movies, bowling and mall trips in the evening and field trips to cultural events, amusement parks and area points of interest on weekends.

This social aspect of IDEAL is important to students like Joe who is visually impaired due to Retinitis Pigmentosa. "I really appreciated meeting kids who have the same eye condition that I have," said Joe. "It was good to actually have time to sit and talk to someone my own age about RP issues. I never had that before." Chimed in his friend Luke, "I just enjoyed being with other kids – we laughed a lot!"

At the conclusion of the summer program, the staff invites family members, counselors, and teachers to meet with each participant to discuss his or her progress during the program. At this meeting, the group develops plans and recommendations geared towards facilitating an effective transition into college life or the workplace for the student.

For more information about the IDEAL program, access the CBVI website at [www.cbvi.net](http://www.cbvi.net) and click on IDEAL, or contact the agency's Communications Coordinator at 610-874-1476 ext.161.



**TOP** IDEAL Saturday field trips, like this one to the Adventure Aquarium, combine learning and fun and are always a hit!

**MIDDLE LEFT** Using the "hand-over-hand" method, an instructor introduces Brittnee to safe techniques for stove-top cooking.

**MIDDLE RIGHT** Basic skills for independent living, like vacuuming, are an integral part of the IDEAL curriculum.

**BOTTOM LEFT** Adaptive software for the blind and visually impaired plus additional assistive technologies allow students easy access to our 21st century cyber-world.

**BOTTOM RIGHT** Students enjoy the self-sufficiency that comes with good white-cane skills for independent travel.



# A Foundation for Blind Children

By Kimberly Paglia, COMS, TVI

**The National Foundation** for Blind Children (NFBC) was established in 2008 by KBA to serve as a resource for families, professionals, schools and organizations in meeting the needs of children who are blind and visually impaired. The centerpiece of the NFBC is the website ([www.foundationforblindchildren.org](http://www.foundationforblindchildren.org)), which serves as a central clearinghouse for ideas and projects that support the growth and independence of children who are blind and visually impaired. Visitors to the website can find resources for starting their own children's programs including detailed lesson plans as well as information about different programs nationwide.



The National Foundation for Blind Children has its roots in the unique and sometimes ground-breaking programs for blind children developed to meet the needs of these children in communities across the country. Developing and disseminating programs that prepare children who are blind or severely visually impaired for independent living are the main focus of Foundation efforts.

Since blindness is a low-incidence disability, children who are blind tend to be isolated, often being the only one in their family, church or school who has a visual impairment. In

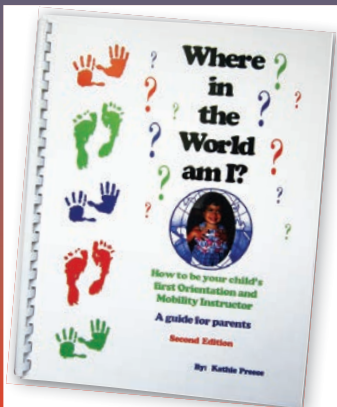
addition, schools are struggling to address all the areas of the expanded core curriculum (ECC) for these students. Areas of the ECC include independent living, career education, assistive technology, recreation & leisure, social interaction, visual efficiency, compensatory skills, and orientation & mobility.

Extra-curricular programs for children who are blind and visually impaired can help fill the gap by providing these children with additional opportunities for concept development in all areas of the ECC. These programs also give students the chance to interact with other children who are blind and visually impaired, developing positive relationships that foster self-esteem. There are many agencies, schools and organizations nationwide that have developed unique and effective programs. The National Foundation for Blind Children identifies "best practices and programs" from the field of children's programs and provides a forum for sharing those practices through the website.

## Where in the World Am I? A guide for parents

By Kathie Preece,  
COMS/Teacher for the Visually Impaired

*"Where in the World Am I?"* contains many concepts and skills that can be taught through play activities by parents, Teachers of the Visually Impaired, Orientation and Mobility Specialists or Early Childhood teachers.



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