

Practical Guide to Selecting Eldercare Facilities



Topeldercares.com

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By John Brady

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Chapter 1: Eldercare: Many Possible Solutions

First of all, take a deep breath and relax. The mere fact that you are reading this booklet puts you leagues ahead of most people in your situation. Instead of plunging ahead and frantically looking for a solution, you are starting to plan, considering your situation, evaluating the alternatives. It's a good start!

The person needing eldercare might be you, a parent, relative or friend. In many ways the process is a lot easier if it is you who needs the care. You know what you want, so once you understand the possibilities that match your situation you can usually see a clear solution. But if the person who needs care is a relative or friend, it is more complicated. To you the optimum solution might be obvious— but your loved one might not agree (strenuously!) This booklet will help get you through this process.

As the title of this chapter suggests, there are many, many possible solutions to eldercare. None of them is perfect; the reality of eldercare is that is a tough, challenging process with no easy answers. But preparation, love, hard work, and common sense can help make the best of a difficult situation.

Here is a partial list of the care possibilities that typically exist for anyone needing eldercare. For the sake of simplicity, we will assume a female relative is the one needing the care in this book. This list is presented as a continuum of solutions that ranges from the least amount of change required to those that provide the greatest amount of support.

- Stays where she lives now. Support options include joining a NORC (Naturally Occurring Retirement Community), using community services, or any combination of private and family care resources
- Moves to a new, more senior-friendly home (with or without extra care)
- Moves into your home (with or without extra care)
- Moves to an independent living facility
- Moves to a family type facility
- Moves to an assisted living facility
- Moves to a CCRC (Continuing Care Retirement Community)
- Moves into a nursing home

We'll go into each of these alternatives in more detail in Chapter 2, but first it's important to understand where you and your loved one are in the process. You need to assess how much and what kind of care you can provide, along with what other resources are available to help. The more care that is needed or the less you can personally provide, the more outside care that will be required.

Let's start with you. Do you think you might be able to care for your elder by yourself, or with the support of other family members or professional help? Certainly that is many people's first response – "I want to take care of my mother (father, aunt, etc.)." As many

find out the hard way, however, the care requirements are very challenging and well beyond what many people are prepared or able to give.

First of all it takes a lot of time and patience to take care of elders, particularly as they age, lose mobility, and physical function. It also takes money – do you or your elder have enough of it to outfit a home with all of the equipment and accessibility required? Hint: If you are considering home care for a loved one, borrow a wheel chair and see how easy/difficult it is to negotiate your home – chances are it's very difficult. Considerable physical strength and/or enormous patience is required, particularly with the very frail or those with dementia. If you have never seen the skill and professionalism exhibited by top-flight care givers, don't underestimate what is required – week after week, month after month.

Your elder. What kind of shape is your elder in? Are they mentally and physically in great shape, but just planning for their eventual aging? Or is their condition something less than that? Is there a dementia or Alzheimer's diagnosis? Are they already infirm or have a chronic or serious medical condition? The answers to those questions will limit the possibilities. In general, the more serious the health problems, the more care needed.

More important than what condition they are in are your loved one's preferences. The overwhelming majority of people want to finish their days in their own homes. In many cases you could argue that is a bad decision - leading to loneliness, poor nutrition, accidents, neglect, and poor medical care, among other problems – but that still won't change a lot of people's minds. On the other hand some elders recognize and welcome the idea of getting help, which is an easier situation for you. Finally, there are elders who obviously cannot care for themselves in their homes and need to be moved – willing or not.

Your elder's preferences are important and need to be listened to. Just because you think an option is best, doesn't make it the right one. As mentioned above, there are many solutions – the one that your elder can warm up to is usually the best one. In cases where their preferred solution clearly isn't the appropriate one, hopefully you can make good arguments, get professional assistance, and use gentle persuasion to arrive at a solution that makes the most sense for your elder (see Chapter 4).

Chapter 2: The Options: Pros And Cons

For the sake of simplicity we will try to consolidate many of your eldercare alternatives, and provide pros and cons for each:

Staying in the existing home

Staying in the existing home does not have to mean no help. Fortunately there are many community resources that can help – whether the elder continues to live in their existing home, moves to a new home, or moves in with a relative. Those include adult day care, meal programs (like Meals-on-Wheels), senior centers, friendly visitor programs, help

with shopping and transportation, state and municipal senior services, churches, and other volunteer organizations.

Pros:

- Usually the elder's top preference
- Least disruption to their life
- Ideal when the elder is independent and strong
- If a NORC is available, this can be ideal
- Most continuity
- Possibly the lowest cost

Cons:

- Not appropriate when serious care is needed
- Expensive if 24 hour care required
- Socially isolating
- Hard on the caregivers
- Dangerous without constant care
- Requires extensive safety/access improvements such as ramps, grab bars, communications

Moves into new home designed for senior living

Pros:

- Usually better suited for senior living
- Many elders prefer this form of independent living
- Possible social benefits of community living
- Ideal if NORC is available
- Lower cost
- Good if it is the elder's decision

Cons:

- May not provide enough care
- Moving can unsettle the elder
- Has to be senior-friendly in terms of safety and access

Moves into your home

Pros:

- Might be the low cost solution
- Close to family
- Good if wanted by all parties
- Best when some outside care can help

Cons:

- Will almost always require modifications to become senior-friendly in terms of safety and access
- May not provide enough care

- Moving can unsettle the elder
- Can emotionally and physically wear out the caregiver
- May not be room for outside caregiver

Moves into Family-type or Group Home

In many communities you can find families or small facilities that take in seniors and provide loving eldercare. Some are licensed, some or not. Careful inspection and reference checking is imperative.

Pros:

- Usually a lower cost solution
- With the right owners and care takers this can be an ideal solution, providing good care in a connected, non-institutional setting

Cons:

- If your elder needs a lot of care, this option might not provide enough support
- Elder will usually have to move again if health deteriorates
- Might not have resources of a larger institution

Moves into independent living facility

This is usually an apartment situation where the elder lives independently but relies on the facility for some support, such as one meal per day, maintenance, etc. Many have extensive recreational and social activities.

Pros:

- Usually a lower cost solution
- Great if health remains good
- Usually more recreational and social options
- Very dependent on quality and resources of facility
- Best when some outside care is readily available, or same facility has options for assisted living or long term nursing care

Cons:

- May not provide enough care
- If health deteriorates, elder will have to move again

Assisted living facility

These facilities provide help with activities of daily living like bathing, dressing, and using the bathroom. Some type of nursing care is often available, frequently as an additional expense.

Pros:

- Provides a high level of care in a pleasant style of living
- Usually more recreational and social options
- Best when same facility has options for long term nursing care

Cons:

- Usually quite expensive
- If facility doesn't have long term nursing care option another move might be required

CCRC (Continuing Care Retirement Community)

CCRC's are retirement communities with a range of housing options and levels of care. You can find out if a CCRC is accredited and get advice on selecting this type of community from CARF - <http://www.carf.org/default.aspx?>, For more information on CCRC's go to the "[Eldercare Advice](#)" at Topeldercare.

Pros:

- Usually the smartest, most forward thinking option
- Very flexible: start off with independent living, then move to assisted living and nursing care if/as needed
- Never have to move again (except in case of severe illness)
- Very dependent on quality and resources of facility
- Normally these places have extensive recreational, social, and medical resources
- High quality of living
- Predictable expense for the rest of your life

Cons:

- The most expensive option
- Pre-existing medical conditions often preclude admission (difficult if one member of couple is healthy and the other is not)

Nursing Care Facility

This type of facility typically provides the most care and is reserved for those elders who not only cannot live independently, but also have health issues. "Retirement home" is more of an old-fashioned type of facility that is often similar to a nursing home

Pros:

- Best (usually the only solution) when health situation has deteriorated
- Quality of life is very dependent on resources and staff facility

Cons:

- Usually a very expensive option
- Often a very institutional environment
- If one is aware of one's surroundings, the quality of life can be very poor in the wrong facility

Remember that your elder has many choices for their personal care and health services. You can get help online at www.aoa.gov. Or, call the Eldercare Locator at 1-800-677-

1116 (weekdays 9:00 a.m. to 8:00 p.m. Eastern Time) and ask them for your local Area Agency on Aging telephone number.

You can also get a great deal of help at www.medicare.gov. Select “Publications” or print a copy of the booklet *Choosing Long-Term Care* (CMS Pub. No. 02223). You can also order a free copy by calling 1-800-MEDICARE (1-800-633-4227). You can get a copy of *A Consumer's Guide to Nursing Facilities*. This guide has information on the various types of long-term care facilities, how to choose the proper level of care, and what to look for in a long-term care insurance policy. To order your free copy, call 1-800-628-8140 or, write to the American Health Care Association, 1201 L Street NW, Washington, DC 20005. Or, look at www.longtermcareliving.com

Chapter 3: Checking out the best place for your elder

By now you know what the basic eldercare choices are. You have evaluated the needs of your elder and the resources you can bring to bear on a solution. If you have decided that you are going to use an outside facility or provider to care for your elder, now it's time to get the names of some facilities in your area; then check online and make phone calls to find out about availabilities, costs, and resources. Then you can start checking references and make site visits to the facilities that look promising.

The good news is that the government has done extensive work to help make this job easier. For one thing, most eldercare facilities have regular inspections and are graded on a host of attributes and performance issues. The system isn't perfect, but the data is sufficiently available that it will help you weed out the places you don't want to consider, and alert to the ones you should. Look at www.medicare.gov on the web. Select “Nursing Home Compare.” There you will find detailed information on nursing homes in your area.

All of the time and effort you put into research will pay big dividends when it comes to quality of care and quality of life for your elder. If you take one piece of advice from this book it is this: don't scrimp when it comes to checking out where you want your loved one to live. Here are some other tips:

- Ask people you trust for suggestions
- Visit as many of the places as you can that look good on paper or have been recommended to you
- Ask questions and compare answers
- Go to council or meetings held with family members (ask facility staff for permission)
- Consider how convenient the location is
- Get the elder involved in the process.

Use all the information you get to compare different alternatives. Trust your senses. If you don't like what you see on a visit, if the facility isn't clean, or if you weren't comfortable talking to the staff, you should choose another facility. Here are some other specific things that [medicare.gov](http://www.medicare.gov) recommends you check out on your visits:

Quality of Life: Does the staff treat residents in a respectful way? Are there a variety of social, recreational, religious, or cultural activities? Do the residents have choices over their schedule and living space? Do the residents have privacy for visits or personal care?

Quality of Care: Are there enough staff? Are residents getting the care they need? Can residents still see their personal doctors? Does the home have any quality of care deficiencies? What did the quality information at www.medicare.gov on “Nursing Home Compare” show about this nursing home?

Transportation: Find out how your elder will get to the places he needs to go to – doctor’s visits, shopping, haircuts, dentist, etc.

Preventive Care: Does the facility make sure that residents get preventive care to help keep them healthy? Does it have a screening program for immunizations such as Flu (influenza) and pneumonia?

Hospitals: Does it have an arrangement with a nearby hospital for emergencies? Can your doctor care for you at that hospital?

Accredited (accreditation): Is the facility accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)? Being accredited is like having a “seal of approval.” It means the nursing home meets certain standards for care that JCAHO sets. You can find information on accreditation of nursing homes in your area at www.jcaho.org on the web. Select “Quality Check.”

Licensed: Are the facility and current administrator required to be licensed in your State? If so, are they? This means that they have met certain standards set by a State or local government agency.

Certified (certification): If you are getting skilled care, and Medicare or Medicaid are paying for your care, make sure the facility is Medicare- and Medicaid certified. This means the facility has passed an inspection survey done by a State government agency. Medicare and Medicaid will only pay for care in a certified facility. **Being certified is not the same as being accredited.** Also, some facilities set aside only a few beds for Medicare or Medicaid residents.

Chapter 4: How to get acceptance that it's time to move

Some facts for consideration

A Dartmouth geriatrician, Dr. Dennis McCullough, recently put some dimension on the problem: "...nine out of ten people who live into their 80's will wind up unable to take care of themselves, either because of frailty or dementia." According to Dr. McCullough, "Everyone thinks they will be the lucky one, but we can't go along with that myth."

If you are helping someone else in this transition, get him or her involved in making the decision as early as possible. People who are involved from the beginning are better prepared when they move into a new home. If the person you are helping is not alert or able to communicate well, keep his values and preferences in mind.

"My elder just won't move"

A frequent refrain we here from people with elderly parents or relatives is: "My elder just doesn't want to move – what can we do?" For the most part consistent persuasion is the best answer to this problem. If everyone in the family is in agreement that it is unsafe or unhealthy for the elder to remain living where she is now, you all need to agree on a consistent message. You don't want one member of the family saying one thing, while others are communicating something different.

An intervention might be appropriate in some cases to present that message. Or you could involve your local social services organization, an elderly friend, or a member of the clergy. It might take time to persuade the elder, so be patient. Often times an accident or near-miss accident might give you the opportunity to talk about what "could happen" in a non-threatening way.

Involving your elder in visits to different facilities could help. If they see others who are enjoying great facilities and social interaction, it might help get them off the fence.

Meeting with staff and other residents can frequently be useful. On the other hand, if the elder really doesn't want to move and their health and safety are not seriously in danger, there is not much you can do when the powers of persuasion fail.

Finding an eldercare facility that has the right services and a pleasant comfortable atmosphere requires a lot of planning. Remember, it is important to involve your loved one as much as possible in the planning and decision-making process.

Once the Decision Has Been Made

Once you get your elder's agreement on a new facility your support can help make the change from living at home to living in a new facility easier. Be their advocate by observing their care and living conditions and discussing concerns with the staff. Elders often have difficulty adjusting to their new environment, no matter how good or how high its quality might be. Adjusting to the new facility can be made easier with support and visits from family and friends. Here are some tips to help your elder become comfortable in his new home.

- Bring some of the elder's special personal belongings, like photographs or a favorite bedspread to make the room feel more familiar. What can you do in their room to help improve quality of life – like a large button TV remote, easy to use phone, decorations, etc? Check with the staff first to see what is permitted.
- Be an advocate for your elder. Talk with the staff to find out how your elder is doing. If something doesn't seem right, don't be afraid to ask questions or get more help.
- Encourage your elder to take part in the activities offered at the nursing home. It is a great way to meet new friends and become a part of the new community. As part of your support you might want to remind or even take the elder to some events, at least initially.
- Visits and phone calls help. If friends drop in from out of town, help facilitate a visit. Reminding clergy about your loved one's new residence might help too.
- Be aware of your elder's rights. Facilities must abide by a number of rules and regulations to protect the dignity and well-being of patients. Your job is to make sure they live up to those obligations. Ask to see the patient's bill of rights and be familiar with it.

Documentation:

A health care advance directive is a written document that says how your elder wants medical decisions to be made if he can't make decisions for himself. The two most commonly prepared health care advance directives are:

- **A Living Will** is a written legal document that says what type of treatments you want or don't want in case you cannot speak for yourself. This document typically only comes into effect if you're terminally ill (usually if you have six months or less to live) or permanently unconscious and cannot speak for yourself. A Living Will doesn't let you name someone to make health care decisions for you.
- **A Durable Power of Attorney for Health Care** is a legal document that names someone else to make decisions for your elder.

Chapter 5: Help with Financial issues

Care, whether it is provided in the home or in an in an eldercare facility, can be very expensive. The more care and services provided, the more the cost goes up. At the top of the scale, nursing homes usually provide 24-hour medical care as well as room, meals, activities, and some personal care. You may have to pay extra for other services or care for special medical needs. It is important to get a list of fees in advance and discuss these costs and how you will pay for them.

A first step is to assess the financial condition your elder. Do they have enough resources to be able to afford the kind of care you want them to have? More importantly, will they

be willing to spend it! This might involve the kind of discussion you have never had with your loved one, and it won't necessarily be easy. But the situation is critical to know before any decisions can be made. If your elder does not have sufficient resources, do you have the finances and the desire to pay them?

Most people who enter an eldercare facility begin by paying for their care out of their own pocket. Residents may pay for their eldercare needs using their personal resources, long-term care insurance, or with Medicaid if they are eligible. CCRC's, assisted living, and independent living facilities are almost always paid for with private funds.

Medicare will usually cover some skilled nursing and rehabilitative care, but generally does not cover custodial care or nursing home care (help with activities of daily living, like bathing, dressing, and using the bathroom). If the person lives longer than their money, Medicaid is a joint Federal and State program that helps with these medical costs, since it is designed for people with low incomes and limited resources. Medicaid pays for care for about 7 out of every 10 nursing home residents. Nursing home care is not covered by many types of health insurance. Don't drop your health care coverage if you are in a nursing home. Even if it doesn't cover nursing home care, you will need health coverage for hospital or doctor services or supplies while you are in the nursing home.

The financial aspects of eldercare are complex. Fortunately there is a lot of help available. Contact [medicare.gov](http://www.medicare.gov) for a list of resources to help. Contact your State Medical Assistance Office. Talk with the eldercare facilities you are considering – they deal with these issues everyday and usually have great advice. To apply for Medicaid, call your State Medical Assistance Office. Or, you can look at <http://www.medicare.gov/nursing/alternatives/pace.asp> on the web. They can tell you if you qualify for the Medicaid nursing home benefit, or other programs such as the Programs of All-inclusive Care for the Elderly (PACE), or home and community based waiver programs.

States have home and community based waiver programs to help people keep their independence, while getting the care they need outside of an inpatient facility. You can call the Area Agency on Aging. You can get the telephone number of your local Area Agency on Aging by looking at www.aoa.gov on the web. Select "About AoA and the Aging Network." Then select "Area Agencies on Aging." You can also call the Eldercare Locator at 1-800-677-1116 (weekdays 9:00 a.m. to 8:00 p.m. Eastern Time) for your local Area Agency on Aging telephone number.

Note: Federal law protects spouses of nursing home residents from losing all of their income and assets to pay for nursing home care for their spouse. When one member of a couple enters a nursing home and applies for Medicaid, his or her eligibility is determined under what are called the "spousal impoverishment" rules. "Spousal impoverishment" helps make sure that the spouse still at home will have the money needed to pay for living expenses by protecting a certain amount of the couple's resources, as well as at least a portion of the nursing home resident's income, for the use of the spouse who is still at home.

Other forms of **power of attorney** are also useful. For example, someone has to have the ability to pay bills and make financial decisions should your elder become incapacitated from stroke, medical condition, dementia, etc. It is imperative that you have these documents in place – before something goes wrong. Ask your elder what arrangements are in place. If there is some doubt or no documents, check with their attorney and/or financial advisor.

Chapter 6: Top 9 Steps for Successful Eldercare

1. Plan Ahead – The day for eldercare will come so be ready for it
2. Involve your elder in the decision and value their preferences
3. Location is an important consideration – for the elder, for you, for relatives/friends
4. Subscribe to “forward thinking” – try to make one move that is good for life
5. Visit several facilities before you make a decision
6. Check references and Medicare inspection results
7. Don’t wait too long- if health condition deteriorates your options become limited
8. Prepare Health Care Directives, Living Will, Power of Attorney
9. Be involved - Help your elder make a smooth transition

Chapter 7: Facility Checklist

(Designed for nursing homes, but suitable for other facilities as well)

Name of Nursing Home: _____

Date of Visit

Basic Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
The nursing home is Medicare-certified.			
The nursing home is Medicaid-certified			
The nursing home has the level of care you need (e.g. skilled, custodial), and a bed is available			
The nursing home has special services if needed in a separate unit (e.g. dementia, ventilator, or rehabilitation), and a bed is available			
The nursing home is located close enough for friends and family to visit			
Resident Appearance			
Residents are clean, appropriately dressed for the season or time of day, and well groomed			

Nursing Home Living Spaces			
The nursing home is free from overwhelming unpleasant odors			
The nursing home appears clean and well kept			
The temperature in the nursing home is comfortable for residents			
The nursing home has good lighting			
Noise levels in the dining room and other common areas are comfortable			
Smoking is not allowed or may be restricted to certain areas of the nursing home. Furnishings are sturdy, yet comfortable and attractive			
Staff			
The relationship between the staff and the residents appears to be warm, polite, and respectful			
All staff wear name tags			
Staff knock on the door before entering a resident's room and refer to residents by name			
The nursing home offers a training and continuing education program for all staff			
The nursing home does background checks on all staff			
The guide on your tour knows the residents by name and is recognized by them			
There is a full-time Registered Nurse (RN) in the nursing home at all times, other than the Administrator or Director of Nursing			
The same team of nurses and Certified Nursing Assistants (CNAs) work with the same resident 4 to 5 days per week			
CNAs work with a reasonable number of residents			
CNAs are involved in care planning meetings			
There is a full-time social worker on staff			
There is a licensed doctor on staff. Is he or she there daily? Can he or she be reached at all times?			
The nursing home's management team has worked together for at least one year			
Residents' Rooms			
Residents may have personal belongings			

and/or furniture in their rooms			
Each resident has storage space (closet and drawers) in his or her room			
Each resident has a window in his or her bedroom			
Residents have access to a personal telephone and television			
Residents have a choice of roommates			
Water pitchers can be reached by resident			
There are policies and procedures to protect residents' possessions			
Hallways, Stairs, Lounges, and Bathrooms			
Exits are clearly marked			
There are quiet areas where residents can visit with friends and family			
The nursing home has smoke detectors and sprinklers			
All common areas, resident rooms, and doorways are designed for wheelchair use			
There are handrails in the hallways and grab bars in the bathrooms			
Menus and Food			
Residents have a choice of food items at each meal. (Ask if your favorite foods are served.)			
Nutritious snacks are available upon request			
Staff help residents eat and drink at mealtimes if help is needed			
Activities			
Residents, including those who are unable to leave their rooms, may choose to take part in a variety of activities			
The nursing home has outdoor areas for resident use and staff help residents go outside			
The nursing home has an active volunteer program			
Safety and Care			
The nursing home has an emergency evacuation plan and holds regular fire drills			
Residents get preventive care, like a yearly flu shot, to help keep them healthy			
Residents may still see their personal doctors			

The nursing home has an arrangement with a nearby hospital for emergencies			
Care plan meetings are held at times that are convenient for residents and family members to attend whenever possible			
The nursing home has corrected all deficiencies (failure to meet one or more Federal or State requirements) on its last state inspection report			
Additional Comments:			

Use “Nursing Home Compare” on www.medicare.gov to help compare

Chapter 8: Additional Resources and Support

www.Topeldercares.com

Free booklets on Medicare and Related Topics

Guide to Choosing a Nursing Home (pdf)

<http://www.medicare.gov/Publications/Pubs/pdf/nhguide.pdf>

To order free booklets on Medicare and related topics, look at www.medicare.gov on the web. Select “Publications” to look at or print a copy of these booklets. You can also order a free copy by calling 1-800-MEDICARE (1-800-633-4227). Some booklets are available in Spanish, in Braille, on audio-cassette and Large Print (English and Spanish). TTY users should call 1-877-486-2048.

- ***Choosing Long-Term Care:*** This booklet helps explain the steps to choosing the type of long-term care that best meets your needs. (CMS Pub. No. 02223)
- ***Medicare Savings Programs:*** This flyer gives information about programs in your State (including Medicaid) that can help you pay health care costs. (CMS Pub. No. 10126)
- ***Medicare & You:*** This handbook gives basic information about Medicare coverage and benefits, health plan choices, rights and protections, and more. (CMS Pub. No. 10050)
- ***Medicare Coverage of Skilled Nursing Facility Care:*** This booklet explains when and how much Medicare covers for skilled nursing facility care. (CMS Pub. No. 10153)

- ***Medicare and Home Health Care:*** This booklet explains Medicare coverage of home health care. (CMS Pub. No. 10969)

- ***Medicare Hospice Benefits:*** This booklet explains Medicare coverage of hospice care for people who have a terminal illness. (CMS Pub. No. 02154)