

SENIOR HOUSING CONSIDERATIONS

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Making the decision to leave your home and move into a senior living setting is a big deal. It is a serious, life-changing choice that should be entered into carefully and thoughtfully. It could work out well, or it could turn out to be an entirely wrong decision that significantly interferes with being able to live out the Empowered Elderhood you are hoping for.

Do not make the decision to move into senior living hastily or as an emergency following a medical event. You need to do your homework and figure out what your needs really are, or you may make a mistake that is costly, both financially and in terms of your physical and psychological well-being. If it seems as if you will be quickly discharged from a hospital, figure out what you could do for 30 to 60 days to give you the opportunity to make the kind of plan you require. Do not let others make this decision for you. Give yourself time to make the right decision.



Be very careful about using services that advertise free help finding a place for Dad or Mom. These are actually real estate brokerage groups who have contracts to promote specific facilities that pay them significant fees if they manage to sell you on that facility. Their ability to be a good resource to you is limited by who is willing to pay them 1-2 month's rent for a move-in. Do your homework. Every place that interests you will be happy to talk with you and give you a tour without a third party involvement.

Before you start looking, have an understanding of what kinds of help you REALLY NEED, and have a plan in mind. Don't let a facility dictate what you need. They want to sell you services, and the more services they can convince you that you need, the higher the level of care that will be required and the more it will cost you. You undoubtedly have different objectives than they have. You want a plan that allows you to live a fully Empowered Elderhood.



Let's consider what you really need:

1. Do you need someone nearby 24 hours a day or just someone to help with daily or weekly tasks as long as there is a way to get help quickly in an emergency?
2. Do you need someone to help you get up, get dressed, get bathed, and get to the bathroom? Or do you just need help with meal preparation, cleaning, and home maintenance?
3. Do you need someone to administer medications, including things like insulin and breathing treatments, or can you handle any treatments on your own if someone helps you organize them?
4. Do you need a facility to provide regular transportation to shopping and to medical appointments, or can you handle those yourself because

you are still driving? Or can you work with family, friends, Uber, Go Go Grandparents, or special community transportation services to get where you need to go?

5. Is home and yard maintenance a significant issue for you, or do you know trustworthy people who will help on a paid or volunteer basis?
6. Are you lonely and feel you would benefit from meeting new people in a group setting, or do you already have family, friends, and community contacts who meet your need for companionship wherever you live?



7. Are you dealing with disabilities that could benefit from physical or occupational therapy or to rebuild endurance after an illness, or are you generally doing well and do not need any extra help right now?
8. Are you having significant memory and concentration problems to the point that you do not feel safe living alone? Or are you simply having occasional difficulty remembering people's names, what you want to say, or what you intend to do when you walk into a room?
9. Do you have a "terminal" illness and have been told you are not likely to live more than 6 months, or do you simply have a number of medical issues you are dealing with, but ones that are not expected to soon end your life?



With that information, here are some options to consider:

1. ***Stay at Home*** – If you just need a little bit of help and have strategies for handling the support you need, remaining in your own home may be the most economical and least disruptive option. Emergency care buttons, smart phones and Face Time apps provide ways to have quick contact with others if help is needed. Prepared meals and home deliveries offer viable meal options. Friends and relatives or home care agencies can be paid to provide some assistance, such as standing by during a shower or helping with laundry and cleaning. Medications can be delivered from the pharmacy prepackaged and set up with the day and time to take them. There are even “pill minders” with alarms to remind people to take their medications. Unless you are really lonely or need a high level of help, most people are happier if they can find a way to remain in their own home. This may be especially important if you are having some memory and other cognitive challenges. Remaining in a familiar environment is much easier than suddenly finding yourself in a totally new setting where you have to adapt.



2. **Senior Independent Living** – Many people assume that seniors need Assisted Living, but much of the time that is not true. Many of the services needed are adequately provided in Senior Independent Living settings. Senior Independent Living is significantly less expensive than Assisted Living. Most Senior Independent Living provides 1 to 3 meals a day, housekeeping, maintenance, security, activities, transportation to shopping and medical appointments, most utilities, and often a wellness nurse and maybe even a company that manages medications – distributing and reordering them for residents. When Independent Living is in a setting that also has Assisted Living, there may be in-house Rehabilitation Therapies available.

There are practical ways to figure out how to handle your own medications and how to safely shower without needing help in an Assisted Living. Senior Independent Living communities usually have onsite barber and beauty shop services to help. Once medication and cleanliness needs are taken care of, the reasons many people believe they require Assisted Living will disappear. By developing your own Bounce Back Plan you can bridge the gap between needing Assisted Living and doing fine in Independent Living. And it will save you a significant amount of money.



3. **Assisted Living** – If you need help getting in and out of bed, getting to the dining room for meals, managing toileting, and/or require help getting dressed and undressed, you will want to look at Assisted Living. If you choose Assisted Living, you will have a variety of help available...but, BE VERY CAREFUL. There are two ways to provide that care – Custodial Care and Restorative Care. Custodial Care is the most common approach to care and means a care assistant simply does for you anything you can't easily do for yourself. Often the care assistant

simply helps you in a way that makes sense to them. The problem with Custodial Care is that you rapidly get to the point you are able to do less and less for yourself, so you become increasingly dependent. This leads to the very serious problem that the average resident lives in Assisted Living only 22 months before deteriorating enough to require a move to a nursing home.

The alternative that you want to look for is an Assisted Living Accredited in Bounce Back Integrative Restorative Care or at least staffed with care assistants who are Certified in Bounce Back Restorative Care. Integrated Restorative Care works with you to help you gradually be able to do more and more for yourself, so you become increasingly independent. Typically, In-house Physical and Occupational Therapy are also working with the entire team to help you be as resilient and independent as possible. When Integrated Restorative Care strategies are used, the average resident remains in Assisted Living for over 7 years or is even able to move back to Independent Living. This is a much better strategy for assuring an Empowered Elderhood.



4. *Memory Units* - Most experts in dementia care do not look very favorably on Memory Care in the United States. In other places in the world, there are supportive, therapeutic programs for people living with dementia, but that is not the case for most Memory Care options in the United States. Memory Care is more expensive than Assisted Living, typically locks residents in for fear they may “wander,” and has staff primarily trained in how to deal with people when they get upset. Rarely do they have training in Integrated Restorative Care. While there are many therapeutic strategies that help people with cognitive challenges improve, most memory care does not offer these services. When you put people in a locked unit with others who are struggling, they usually get worse and not better.



People with cognitive challenges need to be around people who are not having difficulty. This modeling makes it easier for them to problem-solve, communicate, and make sense of things. The over-sold fear of “wandering” is rarely an issue for those who understand how to work with people with dementia. Rarely does anyone really “wander.” They are trying to go someplace to meet a need – food, company, toilet, temperature, etc. If you meet the need, the desire to go someplace goes away. These days there are many easy to use GPS devices that can prevent someone from leaving a designated area if they are not supposed to. Most experts recommend that people experiencing cognitive difficulty either need to be in a supportive senior setting, such as newer programs that use a Montessori approach, or they are better off remaining at home.

5. **Hospice Care** – Hospice Care is a separate level of service that can provide a limited amount of nursing care and help with things like bathing in your own home or in a care setting. Hospice should **ONLY** be utilized if you agree that you plan/expect to die within the next 6 months. **BE VERY CAREFUL WITH HOSPICE.** People often get talked into switching over to hospice so they can get free things – like medicine, supplies, nursing help, or help with bathing. As they say, “the devil is in the detail” and here it truly is. In signing up for hospice, you are giving up the ability to access any services that could save your life....because, technically, you are dying. So, you cannot get physical and occupational therapy to help you get stronger and able to do more for yourself. Often medications you have taken for years are discontinued and medications simply for “comfort care” (often

morphine) are substituted...because they are cheaper and you are dying anyway. Usually, you can no longer be transferred to a hospital or be treated for things you normally could fight and survive, like urinary tract infections or pneumonia. You don't get treatment because, after all, you're dying.

You NEVER want to agree to hospice care unless you believe you are dying within 6 months and do not want to do anything to prevent your death. Some Assisted Livings use hospice services to help shift some operating costs. Some Memory Care Units require residents to sign on to hospice. These are NOT places you want to consider. They have found strategies that serve them financially, but don't serve your best interests – so, avoid these facilities. They will take you OVER THE HILL!



6. ***Nursing Homes*** - Nursing Homes need to be used if you require 24-hour nursing care and cannot arrange for that at home. They are very expensive and increasingly state and federal support for payment of nursing home care is being reduced. Therefore, if possible, you want to be admitted to Skilled Nursing Rehab services provided in nursing homes to try to improve enough to be cared for at home or in an Assisted Living setting. If this is your strategy, you want to find a Skilled Nursing Facility that reports a high percentage of successful discharges

back to the community rather than those that usually move their patients into what are known as “long term care beds.”

If it appears you are going to be living the rest of your elderhood in a nursing home, try to find one that is a member of the Eden Alternative or says they provide “Person-centered Care.” Green Houses are small homes licensed as nursing homes that provide a person-centered, homelike environment and are usually your best choice if they are available.



You now have an overview of living options that are available and the kinds of things you will want to consider. Let’s look at a few additional aspects, starting with your first visit to a senior community.

Before you tour a facility, determine what you want your own Elderhood Empowerment Plan to look like and what kind of help you need to carry it out. You want to focus on each site’s interest in and ability to help YOU address what YOU want and need to carry out YOUR plan. You may not be particularly interested in many things they are trying to impress you with, like a movie theatre, billiard table, or chef-prepared meals. Notice if they are just trying to sell you an apartment or if they are interested in what YOU are looking for (such as transportation options beyond shopping or medical visits, or the availability of non-denominational religious services on Sunday.)

Do they listen and talk with you...or do they largely talk over you and focus on family members, telling them they don't have to worry about you if they just get you moved in? If they are not concerned about your wants and needs as YOU see them, it is highly unlikely, that they are at all person-centered.



Ask to meet privately with a small group of several residents. Ask how the food really is and if what is on the menu is what is actually served most of the time. Ask how many people go to the activities. Do they interact, contribute, laugh, or are they simply an audience? Notice the hallways and common areas. Do residents spontaneously gather there? Is there noise and laughter, or is it quiet? Does it feel like a community?

Before you tour, do your homework. Read the reviews on social media. Ask directly about any postings that concern you. Look at the pictures they post. Do the staff look like people you want to work with? Do residents look like people you might want to be friends with? If the facility is part of a larger corporate structure, read about the company. Look at the organization's priorities and philosophy. Are they primarily concerned with guaranteeing their investors a good return or, is there a strong indication that they are invested in the welfare of seniors they are caring for? See if their corporate officers are primarily attorneys and accountants, or do they also have a good

balance of those who understand how to help elders maximize their potential? Check their recent financial results. Is the company in trouble or for sale? You do not want to sign on with an organization that is about to change hands, catapulting you into working with a group you did not choose.

If you are looking at Independent Living, ask about the level of support they provide if a resident becomes ill. Do they have a nurse who will check on you or bring you chicken soup if you have a cold?...or, do they simply say that because you are Independent you have to go to the ER or your own physician if you are not feeling well? You want a place that cares about you and offers a little extra support if you should need it. Ask if they have any requirements that would force you to move to Assisted Living. You want to know what kind of autonomy you have to make your own decisions about where you live.

If you are looking at Assisted Living, ask to see the Care Plans. Ask specifically if they use Custodial Care or Restorative Care. Be certain they have In-House Rehabilitation Therapy. Ask what they do to help their residents improve and increase their independence. If they don't know what you are talking about and do not do Restorative Care, it is not a facility you want to choose. Look for one where staff are Certified in Bounce Back Restorative Care, or, ideally, the facility is accredited in Bounce Back Restorative Care.



Ask about the staffing pattern in Assisted Living. How many residents do they have and how many care givers are on each shift. Generally, you want no more than 8 to 10 residents per caregiver, with more help during the day and evening than overnight. Try to find out if they are currently fully staffed or if they have a number of open positions. Do they use a lot of temp personnel? When there are open positions or temps are used, it can be problematic, resulting in poorer care.

Before visiting, check the results of state licensing surveys on-line. If you find results that seem concerning, ask about them. Google the facility to see if there have been any recent lawsuits or dangerous incidents that make the news, and ask about them. You need to determine whether there are issues that should concern you.



Look carefully at the contract you are signing. Do they have the right to change the rate you are being charged with only a 30-60 days' notice, or are you signing an annual lease that locks in the rate? Be sure you are clear about any services they charge extra for and how those charges are determined. You want to live someplace where you can predict the cost each month with accuracy.

Ask about any infestations of bed bugs – if there are any now and what they are doing about it. Ask how they handle Covid, the flu, or gastrointestinal viruses that could be spread. You want to know that they have viable plans for disease control in place.

Finally, listen to your gut. Walk the halls. Get the feel of the place. Don't be impressed with the latest decorating or fanciest furniture. Is it a place you can imagine living?

Ask yourself how your Empowered Elderhood Plan would be enhanced by the resources being offered – then – as you always have – make a wise decision for claiming an empowered future.



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Melanie Adair has had over 20 years' experience operating and managing senior independent living, assisted living, and integrated memory care using restorative care strategies. With a background in health care management, speech and language pathology, psychology, and staff development, she has served as a health care manager, consultant and trainer, helping staff learn methods to maximize the potential of those they are working with.

Melanie has extensive experience working with the principles of psychobiology in linking thoughts and expectations to a better path for recovery from health care challenges. She recognizes elders' ability to grow and learn and live their best lives by never giving up when faced with problems, but instead work with them to discover new possibilities.