

“Considerations in Senior Care Planning - Age in Place or Move to Assisted Living?”



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To all who read this, My hope is that by sharing my experience from working in almost every aspect of facility care and home care, seniors will be able to make a more informed decision regarding the choice of moving to “Independent, Assisted, Memory Care Living” or staying at home. I understand that living at home is not always an option and some seniors are very happy with their choice to move to facilities. I speak on the subject because of the many seniors I know who regretted moving. My takeaway is this, “A bad day in your home is better than a bad in a facility”.

I welcome all feedback, thank you and God Bless Us All, Michele

Life at Home

OR

Life in a facility

Expect normal cost of living increases.

Senior living communities have an annual rising rent of 3-10%. (1)

Common infections are reduced with in-home health care providers who may see 3-12 patients weekly which keeps “contact transmissions” lower.

“Contact transmission” is the most common way of spreading infection in a healthcare setting. Common illnesses can spread multiple times/season in facilities with hundreds of people. (2)

You determine how you like your food, your home care help takes you to activities you choose, local volunteer and state funded support services are available to you to help you age in place. (3)

Food changes with every new dining director, program and building changes with new administrators, activities change with new Activity Directors, etc.

Your home or apartment require upkeep and maintenance, it is important to make modifications to age in place successfully. (3)

Facilities have maintenance challenges also, you could experience apartment flooding, elevators broken, fire drills, and wait just as long for repair work to be done.

I recommend that you keep your cell phone in your pocket or in a small belt bag, or get the Life Alert system. Especially if you have fallen, are prone to falls, on new medications, etc.

Call bells in Independent Living (IL) are not always easy to access, many keep their cell phones on them at all times or purchase a Life Alert type device.

No daily check-in, send a family member or friend a text, “Hello, I’m ok” when you wake up and before bed, “Goodnight”. (4)

No daily check-in at IL, send a family member or friend a text, “Hello, I’m ok” when you wake up and before bed, “Goodnight”.

You can pay and manage your own home care, or have the PACE program come to you for free! Visit www.paceyourlifemwv.com to see if you qualify.

If need help with medications, getting to doctors, dressing, bathing, or eating, they will ask you to move to Assisted Living (AL), the average cost of just room and board starts at \$4500/mo.

“Activities of Daily Living” keep people moving in their own homes, staying naturally active.

Some newcomers fall into sedentary lifestyles from being waited on, don’t stop moving it!!

Life at Home continued:

OR

Life in a Facility continued:

Home care shortages can create long wait times for assistance. Again, “a bad day at home is better than a bad day in a facility!”

Your laundry stays within your own home. Maybe it’s not always put away in the right place, but at least you have it. Security of your personal possessions - I advise people to create a Home Catalog (5) and buy a safe.

If you fall at home, call 911, or you use Life Alert or similar device, the EMTs will answer, come and assess you, then ER visit if necessary, then rehab facility if needed, then back home, with home care if needed, if you are alone, a social worker will supply resources to you.

Your home care staff will notice if you need more help and that will be provided to you.

The median time we need SN care at the end of life is 5 to 13 months. (7)

Think of the sounds and smells of home.

The home care manager or PACE provider will check in with you, also contact the Palliative program at your local hospital. They will come check on you quarterly and make suggestions if needed.

If there is decline in cognition at home, the home care manager will suggest changes and call your MPOA if you are not safe any longer - depending on the type of decline, it can take many years before you are not safe to be at home.

If your wishes are to naturally (SEAD) stop eating and drinking when the time comes, home support services change to help you with your wishes stated in your Advanced Directives.

Staff shortages can create long wait times for assistance. But you get charged the same.

AL, MC, and Skilled Nursing (SN) has no locking doors on rooms, Dementia residents wander in the wrong rooms, and the laundry practices still misplace items. Security of your personal possessions - I advise people to create a Home Catalog (5) and buy a safe.

If you fall, and your location has a SNF with a 24/7 registered nurse, they may have time to come assess, most likely they call 911, a trip to the ER, then rehab facility if needed, then back to the community. So, what is the real difference if you are in a facility and you fall?

When you decline in health, the facility will ask you to move to AL. You are responsible to move your own items. Rules change in AL; usually no pets, overnight guests, and limited access to the IL activities, including outings on the shuttle/bus. Many residents refuse to move to AL, instead they get their own home care service to come to their IL apartment.

22 months is the median stay in AL before moving to SN (6)

Think of the sounds and smells of a hospital which is very similar to AL and SN- ringing call bells, people in pain, music or TV playing loudly, lots of staff, it is illegal in many states to make announcements over the loudspeaker, but many use the loudspeaker anyway.

Facility calls family or Medical Power Of Attorney (MPOA) every time there is a change in care - it is their responsibility to keep you safe and keep family informed of everything that happens. SN holds quarterly care plan meetings that must be attended as well as the phone updates, approving new doctors, medications, etc. Calls to family come from nurses, social workers, the Dining, Fitness and Activity Directors, maintenance, etc.

If cognitive decline escalates, be sure you are in a facility that cares for all stages. It is usually very traumatic for a person with Dementia to move. Some facilities give 60 days to comply.

If your wishes are to naturally SEAD when the time comes, many facilities will not support this, even if it is in your Advanced Directives.

Questions to ask when hiring home care:

Please note - our government wants you to age in place. (It costs them less!). And, if you qualify for the PACE your LIFE program, they will manage home care services for you.

1. Is your service licensed and accredited by the state or local government and/or a professional association?
2. How long have you been providing care management services?
3. What are your fees? Will you provide information on fees in writing prior to starting services?
4. What is included and not included in your services?
5. What is the minimum hours per day I can hire?
6. What is the maximum hours per day I can hire?
7. Can I have a mix of different hours if needed?
8. Will I have the same provider each time?
9. Will I be informed if someone new will be filling in?
10. How do you check the background of your providers? Can you provide references?
11. How do you train your care providers?
12. Are you available for emergencies around the clock? What kind of emergency care do you provide?
13. How will you communicate to me?
14. Who do I contact if there's a problem?
15. If I wish to discontinue service, how much notice do you require? If I do not need service on a usual day of service, how much notice do you require?

(Most of these questions are found at

www.nia.nih.gov/sites/default/files/2023-04/worksheet-questions-hiring-care-provider.pdf

Questions to ask before moving into a facility: Always have an Elder Care Lawyer review your contract!

1. Are you undergoing any type of construction in the future? Where and when? Will I hear it? Will it affect my view?
2. How old are the building systems, do you have a facility manager that maintains everything in good operating order? What software system do you use to keep track of maintenance requests?
3. Who determines activities and how many residents does it take to request and start one?
4. Do you provide shuttle services to grocery stores, doctor appointments, does it run for church on Sunday? Does it cost extra?
5. Is there a meal plan, does that cost extra?
6. Do you have dining room restrictions, what are they?
7. Who is answering the call bell at all times of day?
8. Is there a nurse here 24/7 to assess me if I fall or have another medical issue?
9. How long is the wait list to move into assisted living - how many assisted living beds are there?
10. How long is the wait to move in to skilled nursing? How many skilled nursing beds are there?
11. Do you handle all stages of dementia?
12. Do I need to go off campus for rehabilitation from a fall or surgery?
13. I have celiac disease - will you be able to accommodate me? (They might say yes, and then not - I've seen this happen)
14. Do you have a chaplain on your staff?
15. Do you have a fitness director?
16. Are pets allowed, in what levels of care, and where, and what is the cost?
17. What is the true cost, is the cost locked in or subject to change? How does it change for different levels of care?
18. What were the tags on your last federal and state surveys? How have you fixed those findings?

Life at Home Sources Cited:

(3) support for living at home is promoted and funded by our government

www.nia.nih.gov/health/caregiving/services-older-adults-living-home

(4) Having daily check-in with friend or family www.ahcancal.org/Assisted-Living/Facts-and-Figures

(5) Home Catalog service www.mystatusquo.org

7) Median length of stay in Skilled Nursing facility at end of life www.ncbi.nlm.nih.gov/pmc/articles/PMC2945440

PACE your LIFE www.paceyourlifemwv.com Note: CMS funded, reach out to see if they offer services in your area, they are still growing!

Other sources:

<https://acl.gov/about-community-living>

(Community living here refers to living in your own town community)

“In survey after survey, when older adults and people with disabilities are asked where they would prefer to live, they say they want to live in their communities, not in institutions. People also are happier and healthier when they live in community settings.”

www.acl.gov Administration on Aging (AoA) website

–“Since 1965 our government gives money and grants to states to promote and support seniors living in their homes. These include transportation / adult day centers / caregiver supports / health promotion programs / and many more”

- Also find the Office of Nutrition and Health / Office of Elder Justice and Adult Protective Services / and many more

www.eldercare.acl.gov. Or call 800-677-1116 to connect with your local Area Agency on Aging about services available to support aging in place.

Facility Life Sources Cited

(1) rates continue to go up, most recent 6-10%

www.seniorhousingnews.com/2023/12/18/senior-living-rental-rates-still-growing-at-near-record-pace

(2) Common illness transmission

www.ncbi.nlm.nih.gov/books/NBK2683/#:~:text=Contact%20transmission,care%20worker%20or%20another%20person

5) Home Catalog service www.mystatusquo.org

(6) 22 months of Assisted Living median www.ahcancal.org/Assisted-Living/Facts-and-Figures

Other sources:

Newsweek article, top 250 CCRC's -

www.newsweek.com/rankings/americas-best-continuing-care-retirement-communities-2024

Before you move/buy, remember to check the most recent state and federal surveys here:

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

“By modifying some surveys based on compliance and quality history, we will be able to devote more time and resources to nursing homes with lower quality whose residents are at higher risk of harm. This effort to prioritize resources for nursing home surveys has become more pressing as the budget for survey and certification has remained flatlined at \$397 million since 2015. Please see the President's Budget for additional information about the President's proposals to shift funding for nursing home surveys from discretionary to mandatory and increase funding to cover 100 percent of statutorily-mandated surveys.”