

WASHINGTON
WACCRA
CONTINUING CARE
RESIDENTS ASSOCIATION



Consumer Guide to Continuing Care Retirement Communities in Washington State

Third Edition

2021

***“Almost all the residents I know
say they wish they had moved here sooner.”***

A CCRC resident

Thanks to the dozens of WACCRA members
who have read and given valuable feedback
during the preparation of this guide.

Washington Continuing Care Residents Association (WACCRA) is a member of the
National Continuing Care Residents Association (NaCCRA) and
the Washington State Senior Citizens' Lobby.

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Consumer Guide to Continuing Care Retirement Communities In Washington State

A manual for those seeking or living in a CCRC

Introduction

Congratulations on beginning your research on Continuing Care Retirement Communities (CCRCs)*. The community living experience in a CCRC can offer you congenial new friends, rich social and cultural experiences, excellent health care, life-enhancing fitness/wellness opportunities, genuine security, and peace of mind. Your move will eliminate the stress of maintaining a home and relieve your children's worries about their parents living alone. You will avoid becoming a burden to them or to others. Perhaps you will choose a CCRC nearer to family.

This consumer guide was developed by and for residents. It focuses on four fundamental topics that may be inadequately addressed in other materials: contracts, health-care, financial stability, and governance.

Moving into a continuing care retirement community is a balance between living in a community with a host of beneficial features while, at the same time, having a personal level of comfort with the degree of financial risk. Giving up a home of your own can seem like a loss of autonomy. However, the availability of lifetime care can convey a profound sense of peace and security.

What Is a CCRC?

According to Washington State law (Chapter 18.390 RCW), "a Continuing Care Retirement Community is an entity that agrees to provide continuing care to a resident, for at least a year, under a residency agreement." "Continuing Care" can include Independent Living, Assisted Living, Skilled Nursing, and Memory Care, depending on the residency agreement. In some CCRCs certain levels of care may be contracted out to other locations.

The industry frequently uses the term "Life Plan Community" (LPC) interchangeably with Continuing Care Retirement Community (CCRC). The two, however, are not always synonymous.

Always compare contracts for coverage and services provided

As of February, 2021, Washington State had 23 CCRCs, home to more than 8,500 residents. Each CCRC is unique for its geographical location, the size and features of its living accommodations, the attractiveness of the grounds, its proximity to your family, the quality of the dining experience, and the characteristics of its residents and management.

The purpose of this guide is to help people evaluating a CCRC to consider important fundamental aspects that may not be obvious to an inexperienced consumer, including the financial strength of the CCRC. This guide is intended to help you define your needs and find the best CCRC for you. It also may help existing CCRC residents to support and enhance the quality of their own community.

This is the only guide developed entirely by residents for residents and potential residents of CCRCs in Washington State. Please note that this guide provides general information only. It is not intended to provide legal, financial, or other advice nor to be an exhaustive guide to CCRC living. To the best of WACCRA's knowledge it is accurate as of the publication date, but prospective CCRC residents may want to obtain independent legal and tax advice and make careful and complete investigations of any facility where they are considering residence.

As CCRC residents, we are sharing our experiences of CCRC living as well as our study and reflections on getting the best value from the CCRC where we paid a significant entrance fee. We hope that you find the content helpful in your evaluation of CCRCs.

This guide is divided into five sections:

- 1) Why consider a CCRC?
- 2) The contracts that residents sign
- 3) The quality of the healthcare provided
- 4) The long-term financial strength of the CCRC
- 5) The ownership and governance of the CCRC

There are many well-managed CCRCs, and you can be confident that, with curiosity, information, and patience, you will find the right one for you. WACCRA hopes that this guide will be a substantial help to you in your search, and that it will remain useful to you as you participate in the life of the CCRC you have chosen.

You will find a list of all the CCRCs in Washington State in the Appendix.

***“A wave of relief washed over me the day I moved in here.
A stack of worries just evaporated.
No house and yard to take care of, and support is right here if I need it.”***

A CCRC resident

Section 1: Why a CCRC?

A CCRC offers many attractive advantages for older adults. It eliminates the stress of keeping up a home: making repairs, raking leaves, cleaning gutters, shoveling snow. It reduces cooking to an occasional voluntary pleasure. It alleviates the children's worries about parents living alone. It might be selected for its proximity to family. It offers incredible peace of mind by taking care of future health needs associated with aging without burdening one's family.

Many of the advantages of a CCRC may not be evident until after moving in. The living community itself is a major source of pleasure. Typically people move to CCRCs when they are in their seventies, while still driving, traveling, and even working. They bring with them a fascinating lifetime of careers, interests, and skills developed over the years. Often these gifts become transformed into interest groups to the benefit of the entire community. Any dinner can be a dinner party that you didn't have to organize, shared with delightful neighbors. This vibrant, friendly culture is the most enjoyable part of CCRC life.

Perhaps the most important benefit of CCRC life is relief from the challenges and stresses of growing older. This is partly the result of the connections among the four unique, interacting living communities which may be under one roof: Independent Living, Assisted Living, Skilled Nursing, and Memory Care. Each person living in a CCRC can commonly have the amenities and care they need without losing touch with each other or their friends outside. However not all CCRCs have all four levels of care. Some may contract with other institutions for Skilled Nursing, Memory Care, or other services.

The majority of residents who move into Independent Living in a CCRC remain very active both within and outside their CCRC.

Some residents, as they age, may have difficulty with certain aspects of daily life. An option for that resident might be to move to Assisted Living and have help with those difficulties, while still engaged in activities in the Independent Living area. Some people in the same situation might contract for outside daily services while remaining in Independent Living.

The greatest blessings of CCRCs occur in the most heart-rending situations. Imagine a couple in which the husband has major surgery, or the wife's health becomes fragile. What a convenience it is in some CCRCs to have the recovery and rehabilitative care right next door in the Skilled Nursing unit, which is usually only a short walk away from the partner in Independent Living.

Or imagine a couple in which one partner experiences a decline in memory function. That person can move to the Memory Care unit, served by a staff trained in memory care. If the other partner remaining in Independent Living is in the same building complex, the walk is just a few steps away. The entire family is relieved of anxiety about how they will cope for perhaps many years down the road.

The “continuing care” aspect of a CCRC often includes an emphasis on fitness and wellness that encourages residents’ active lives beyond what might have been likely if living alone.

Plan to make this transition to a CCRC before you *need* to move. You’ll be glad you did. Don’t keep putting it off. Prices are increasing with the ballooning of the senior population. The sooner you move, the lower the entrance fees will be, and the sooner you can take full advantage of the programs offered and the friendships you will develop and cherish.

What Amenities Would You Like In a CCRC?

Personal

- Beauty salon/barber
- Pedicure
- Massage in-house
- Parking for you and your visitors
- Fitness program
- Social, cultural, educational opportunities
- Pastoral care
- Chapel/sanctuary/nearby place of worship
- Washer/dryer in apartment
- In-house appliance servicing
- New neighborhoods to explore
- Pleasant views from your new apartment
- Other _____

Community and Conveniences:

- Concierge
- 24-hour security
- All utilities
- Air conditioning
- Washer/Dryer
- Full service dining room
- Housekeeping
- Banking branch
- Computer/copy center
- Convenience store
- Library
- Package mailing service
- Swimming pool
- Transportation for errands and events
- Other _____

Location of CCRC:

- Setting: city, small town, suburb, country
- Near family, friends, church
- Near primary care doctors, specialists
- Near athletic venues: major league, golf, tennis
- Parks, greenspaces, walking trails
- Culture: symphony, opera, theater, ballet, museums, college campuses, library
- Public transportation
- Shopping malls
- Other _____

Health Care

- Access/transportation to primary care providers
- Exercise facility/gym
- Fitness/wellness program
- Daily check-in
- Home healthcare in Independent Living
- Medication management
- Physical therapist
- 24-hour emergency response system
- Other _____

Interest Groups

- | | |
|---------------|------------------------|
| • Movies | • Civic engagement |
| • Gardening | • Painting |
| • Bridge | • Science & Technology |
| • Bible study | • Model trains |
| • Mah Jongg | • Knitting |
| • Skiing | • Book discussion |
| • Kayaking | • Other _____ |

Section Two: Contracts Types A, C, B, and D

The term “Continuing Care Retirement Community” generally refers to any establishment that provides a secure, active, stimulating, attractive living environment for active seniors, and that incorporates into the community additional facilities that allow aging in place: an Assisted Living unit, a Skilled Nursing wing, and a Memory Care facility. (Note the legal definition, Page 3.)

When contemplating a CCRC, and especially when comparing one CCRC to another based on price, it is important to clearly understand the different types of contracts that are offered.

There are two main contract types: Type A and Type C. There are also hybrids and variations of these. First, note the differences between these two “pure” types, and then consider what variations might be available. To compare the entry fees and monthly fees of a CCRC that offers a Type A contract (explained below) to another CCRC that offers a Type C contract is like comparing the proverbial apples and oranges.

Before accepting a new resident, a CCRC may evaluate your personal finances to determine whether your income and assets can cover present and future costs. Prospective residents can do their own rough calculation using their annual income in the following formula: [monthly fee x 1.6 (a multiplier) x 12 months], where the multiplier takes into account other necessary living costs. This rule of thumb gives a very rough estimate of typical annual costs of living in a CCRC. It is wise to consult a financial planner to obtain a better estimate of annual and lifetime costs.

The monthly fees vary widely depending on many factors such as apartment size, apartment location, urban versus rural setting for the CCRC. Typically the monthly fee increases annually, usually by 3 - 5%. In some circumstances the change may be higher or lower.

It is also wise to have a lawyer look over any contract. The contract contains provisions that the resident will live by. Be sure to understand them. Some provisions may use terms that require specialised knowledge or careful interpretation.

TIP

CCRCs vary in how much residents pay for services. Entrance fees are one-time, upfront charges to enter and occupy an independent apartment and use the full range of services supplied by the CCRC. Entrance fees in WA usually range from \$100,000 to over \$1.8 million, although some can be lower. Not all contracts require entrance fees.

Many CCRC residents finance their move by selling a home.

CCRCs will evaluate your finances to determine whether your income can cover present and future costs.

Some CCRCs have disqualifying conditions such as certain medical conditions or upper age limits for Type A contracts.

Type A Contract

In Washington State roughly a third of CCRC contracts are Type A, often informally called a “full care, inclusive contract.” In return for an entry fee plus a monthly fee, the resident is guaranteed to pay roughly the same monthly fee (apart from ordinary inflation) for as long as the resident remains in the community, even if and when Assisted Living or Skilled Nursing Care is needed.

Not-for-profit CCRCs are required by government regulations to provide full care throughout the resident’s life, even if the resident’s personal assets become exhausted through no fault of their own. For-profit CCRCs may also have this provision. It is wise to check.

In this kind of contract, the fees for all residents in the community are set at a level to cover the full operating costs of the entire community. The costs for occupying an Independent Living unit will, therefore, be higher in a Type A contract community because the charges for higher levels of care are considerably lower than would be experienced in other types of CCRC where the contract terms are different than for a Type A contract.

Both entry fees and monthly fees are projected actuarially to provide sufficient on-going revenue for all, whether living in Independent or Assisted Living, Skilled Nursing, or Memory Care.

Some CCRCs have disqualifying exceptions for Type A contracts, such as certain specified medical conditions, or upper age limits. These exceptions may be a consideration for your family if there is a history of these medical conditions,

In a Type A contract, portions of the entry fee and the monthly fee are considered for Federal income tax purposes as a medical tax deduction. Those portions may therefore be deducted from income as a medical expense when itemizing deductions on an income tax return. This amount is calculated annually by accountants working for management of the CCRC and is communicated to residents.

Type A contracts frequently set entry fees that are to some extent refundable upon departure or paid into the resident’s estate at the time of death. The contract signed at entry

TIP

CCRCs vary widely in the balance between entry fees and monthly fees. To compare communities with similar benefits and contracts, first figure out the monthly equivalent of the entry fee.

As a rough rule of thumb, 7% of the entry fee divided by 12 can be taken as the monthly equivalent. Adding that to the contract’s monthly fee allows comparison between two CCRC offerings, much like comparing two regular apartments’ rates.

TIP

Some contracts permit partially refundable entrance fees on a declining scale of a percentage over a fixed number of years. Example: 90%, 70%, etc. over 6 years.

TIP

Another rough rule of thumb is that the monthly cost for the care in a Type C contract is worth between \$1,500 and \$2,000 a month. Adding that to the monthly cost for the care included in a Type C contract can provide a fair comparison with the more inclusive Type A contract.

often specifies the refund as a percentage of the entry fee. It may vary from 100% to 80% even as low as 50% of the entry fee. The contract will also specify the interval between the time the resident exits the CCRC and payment of the refund.

Type C Contract

This is usually referred to informally as a “fee-for-service” contract. In Washington State, roughly a third of CCRC contracts are Type C. Under this system, residents pay for the services they use at something resembling the market rate. As long as one is living independently, the entry fee and the monthly fee are usually considerably lower than in the case of the Type A contract. However, when assisted living, skilled nursing, or memory care is required, fees can escalate significantly toward market rates. Type C contracts are attractive to individuals who prefer to assume personally the risk of future healthcare costs. They are also attractive to people who have (or whose employers have) invested throughout their life in a high-quality long-term healthcare insurance policy that will cover most healthcare expenses that may arise.

Some Type C fee-for-service medical contracts have a disadvantage. In these particular contracts there is no prepayment for medical care, so the medical tax deduction is not available. If the medical tax deduction is important to you, check the terms of the Type C contract.

Other Types of Contracts

A **Type B Contract** is a hybrid between Type A and Type C. In Washington State about one quarter of CCRC contracts are Type B. Higher levels of healthcare may be discounted for defined periods of time, before market rates kick in. Some contracts offer refundable entry fees, but the refund may be contingent upon the management’s resale of the vacated living space, and the wait for the refund can be several months to a year or more.

A **Type D Contract** is essentially a short-term rental agreement. Each CCRC creates its own contract options, often with unique provisions. Typically, either party can terminate the contract without cause in a Type D contract.

“If you were to ask anyone in my CCRC whether they’re glad they live here, the vast majority would say, ‘Yes!’”

A CCRC Resident

In Type D contracts, management reserves the right to unilaterally change some of the terms of the contract upon the provision of thirty days' notice.

Type D contracts may contain clauses like the following two examples quoted from actual CCRC contracts:

“The management shall have full authority to increase or decrease daily fees, and make changes in the scope of services, upon a 30-days written notice to residents.”

OR

“Prior to reducing, changing or altering the scope of services and care provided to you pursuant to this agreement we shall give you written notice of such reduction or change at least thirty (30) days prior to its effective date.”

Type D contracts meet the needs of some prospective residents and are attractive to those looking for this option. For example, a resident may not want to forfeit an entrance fee while having the option to move in a few years to the city where an adult child resides.

“I get to keep my old friends while also making many new friends.”

A CCRC Resident

Section Three: Healthcare

Know What to Expect in Assisted Living, Skilled Nursing, & Memory Care

The promise to be a “*continuing care* retirement community” means providing facilities that meet most of the health needs that may arise between active adulthood and the end of life. A primary motive of people entering a CCRC is the assurance of ready access to high-quality healthcare when it is needed. Spouses, children, or other relatives are not suddenly left searching for ways to cope in a medical crisis. In a CCRC, a spouse who needs a higher level of care will find it in their community. And the other member of the couple will be able to remain in place, among friends, being well cared for and enjoying a high quality of life.

Yet even though healthcare is a primary motivation for entering a CCRC, many potential CCRC residents will focus entirely on evaluating the Independent Living amenities (which admittedly are important) and will neglect, or take for granted, the adequacy of the healthcare services. That is a mistake.

This guide attempts to help both current and future CCRC residents to evaluate the healthcare facilities of a CCRC.

In addition to an Independent Living facility, a CCRC will provide for further levels of care:

- ***An Assisted Living Facility*** for residents who need some measure of help with their activities of daily living, such as dressing, showering, or medication management.
- ***A Skilled Nursing Facility*** for residents who are temporarily ill, or are returning from the hospital following surgery for rehab or other treatment, or who are dependent on skilled nursing daily over a long term, perhaps until the end of life.
- ***A Memory Care Unit*** for residents whose cognitive limitations make it no longer safe for them to live independently.

Some CCRCs will subdivide these care categories. For example, there may be a Memory Care unit for people with mild dementia and another for the severely cognitively disabled. There may be separate Assisted Living units for people who are mildly and more seriously disabled.

Some CCRCs offer certain levels of care at a different facility. In some cases that facility may be a separate institution that provides care under contract with the CCRC.

For those seeking to enter a CCRC, the admissions or marketing department generally will offer tours of the healthcare facilities without intruding on the privacy of residents.

What to Look For On a Healthcare Facility Tour?

1. At any facility, and any level of care, one can expect a home-like rather than a clinical atmosphere. Private room occupancy is often the standard in Assisted Living. Some double occupancy occurs in Skilled Nursing. Exceptions occur. Accommodations often are spacious enough to allow a resident to bring a selection of their own furnishings to their living space in all levels of healthcare.
2. Although a CCRC may emphasize visuals, like state-of-the-art facilities and amenities, residents and patients invariably find that *the quality of the healthcare staff and the sufficiency of the staffing levels* are the most significant factors in evaluating the healthcare center. These factors are difficult for a non-resident to observe when on a marketing tour. Some helpful resources will be mentioned in material that follows.
3. Assisted Living, Memory Care, and Skilled Nursing facilities are inspected and licensed by the Washington State Department of Social and Health Services. You can ask the staff when the last inspection occurred, and request the results. You might also find opportunities to talk privately with residents, to gain their perspective on healthcare services. Additional resources are at the end of Section 3.
4. Healthcare facilities may be isolated from the rest of the community. However, just because a resident may need help getting dressed doesn't mean he or she has lost interest in seeing friends and participating in the life of the community. Ask whether residents in Assisted Living and Skilled Nursing may, if they wish, attend concerts, lectures and films, play bridge, eat in the main dining room, and continue other activities they enjoyed in the Independent Living community. Spouses and former independent living neighbors should be able to visit easily. Prospective residents need to be thoughtful and fully aware before entering a facility where there is not easy access between the healthcare facilities and the rest of the community. When the healthcare facility is separated by a distance, ask about transportation options that are available and the times of operation.

Skilled Nursing Facilities

In addition to the assessment recommended above, both current and prospective residents can consult www.medicare.gov/nursinghomecompare. This government-sponsored web site rates nursing homes according to four criteria as well as an overall rating for each. Given the significant cost of CCRC living and the high level of care that some elderly patients require, *it is preferable that the nursing facility have earned five stars, the highest rating*. If the rating is lower, ask what the reasons are.

Assisted Living

Assisted Living facilities within CCRCs generally are expected to have amenities in each apartment that include:

- Single room occupancy
- Double room occupancy (including spouses wishing to be together)
- Private bathroom
- Accessable half-refrigerator, sink, and microwave oven in every apartment.
- Television (or TV connectivity) in every apartment.
- Enough space for residents to bring their favorite belongings, such as a lounge chair, desk and chair, bookcase, etc.
- The ability for residents to hang their own pictures with staff help.

Learn about and compare the specific policies at each CCRC under consideration, as amenities vary between CCRCs.

Memory Care

The staff of a Memory Care unit needs specific training for memory care work. Memory Care apartments often offer a homelike environment that enhances residents' feeling of security and familiarity. Note whether the rooms seem comfortable, and allow for familiar furnishings and keepsakes from previous stages of life. Are the common areas for individual and group activities appropriate in size and comfort?

Memory Care units have differing policies regarding resident security. Ask about the ability of residents to wander away, and decide whether you are comfortable with the security system. Enquire about access to an attractive, secure outdoor space. Note how close the Memory Care unit is to the main community and how accessible it is for ready access by spouse and visitors and for supervised excursions to community activities outside of the Memory Care unit itself.

Memory Care units often offer many services and activities for their residents. These may vary significantly from one CCRC to another. In some cases Parkinsons patients reside in the memory care unit in order to more easily participate in activities. Understanding these differences may be important to some future residents.

Healthcare for Residents in the Independent Living Community

CCRCs have a variety of arrangements by which Independent Living residents can obtain healthcare. Arrangements for accessing physicians vary.

- Some CCRCs have physicians on staff, and residents may be encouraged to select one of these as their primary care physician. However, often residents have an outside physician whom they prefer because of continuity of care. If a CCRC does employ in-house physicians, residents who prefer outside physicians may have to provide their own transportation to more distant medical services.
- The health center of a CCRC provides services of skilled nursing, assisted living or memory care for those who are admitted. Minor health services may be provided for residents of Independent Living. CCRCs vary in the types of health services provided to residents of Independent Living.
- Some CCRCs have nurses or nurse practitioners as the primary caregivers, and encourage residents to see their own outside physician. In that case, when residents living independently require visits to outside medical specialists, the CCRC may provide transportation at no extra charge within a reasonable distance.
- Some CCRCs engage an array of specialists – audiologists, allergists, podiatrists, ophthalmologists, and others – who visit the community on a periodic or occasional basis, allowing residents to consult with them by appointment. Some CCRCs provide a comprehensive array of mental health services equal in caliber to physical health services.

In case of an emergency in an Independent Living apartment, most CCRCs will have installed an emergency pull-cord, which will bring help when needed on a 24-hour/seven-days-a-week basis. Some CCRCs have motion detectors installed in apartments that can alert staff when help is needed. Wearable emergency pendants often are available to residents. These permit the staff to locate a person anywhere within the CCRC when the resident indicates a need for immediate medical attention.

Most residents rely on their families to help with important healthcare decisions. In the event that a resident has no family available, the healthcare facility often ensures that resident-designated healthcare proxies are available and involved in important healthcare decisions. Some residents employ independent licensed fiduciaries to be sure that there is someone looking out for their interests if they can no longer do this for themselves.

Some CCRCs have an ombudsman, healthcare advocate, or healthcare proxy to assist disabled residents who need to navigate the healthcare system and who lack a nearby

relative or other personal caregiver. These CCRCs also have specific plans and protocols designed with sensitivity to ease the physical and emotional stresses of a resident's permanent transition from independent living to assisted living or skilled nursing.

Washington State has licensing and inspection authority for the various types of health facilities. (See resources below.) Residents and prospective residents can access these government websites and review inspection reports for specific facilities. Healthcare centers licensed as Skilled Nursing facilities are also subject to detailed federal requirements and inspections. Washington State Department of Social and Health Services (DSHS) is the agency that registers CCRCs. (See the law in the Appendix.)

Washington State also has a federally mandated long-term care Ombudsman Program that advocates for residents in Assisted Living, Skilled Nursing, and Memory Care facilities (see below).

Washington State Resources Helpful to CCRC Residents:

Department of Social and Health Services (DSHS)

Oversees eldercare and related industries. Registers CCRCs.
<https://www.dshs.wa.gov/>

Aging and Long Term Support Administration (AL TSA)

<https://www.dshs.wa.gov/altsa>

Long-Term Care Ombudsman Program

<https://www.waombudsman.org/>
1-800-562-6028

Office of the Attorney General

Consumer complaints, fraud, etc.
206-464-6684 or 1-800-551-4636

Office of the Insurance Commissioner

<https://www.insurance.wa.gov/>
Help Line 1-800-562-6900

The Washington State Council on Aging (an advisory body)

<https://www.dshs.wa.gov/altsa/home.../washington-state-council-aging-scoa>

WACCRA - Washigton Continuing Care Residents Association

WACCRA.org

Washington State Law applicable to CCRCs

Chapter 18.390 RCW
<https://app.leg.wa.gov/rcw/default.aspx?cite=18.390>

Section Four: Long-Term Financial Strength

A CCRC Is Not a Bank.

Most prospective CCRC residents are not skilled at evaluating pages of numerical data. The purpose of this section is to highlight some of the factors that a lay person can use to help evaluate the financial status and stability of a CCRC. Both prospective and current residents want to continue to have peace of mind about the future financial condition of the CCRC, as that is one factor in wellbeing.

An essential step in selecting a CCRC is making sure it is operating on a sound financial footing. Projections are necessary to insure that there is sufficient capacity (beds) in higher levels of care for the demographics of the resident population. Reserves need to be sufficient to survive the economy's ups and downs, as well as to provide for major capital improvements. The improvements may increase the quality of life for residents, while also being necessary to stay competitive in the changing retirement community marketplace.

Equally essential is the capability of CCRC residents to have access to their CCRC's ongoing financial performance, so that years down the road the CCRC will still be able to provide the higher levels of care that you expect when you are at a more vulnerable stage of life. Projections are necessary to plan for these future expenses.

When thinking about financial security, it is not valid to consider the entry and monthly fees paid to a CCRC as comparable to money in a bank or an insurance policy. There is no insurance program like the FDIC for CCRCs, nor is there an industry-wide consortium that will help financially impaired entities to meet their obligations, such as exists for the insurance industry.

Rather than being analogous to money in a bank or an insurance policy, the entry fees are payments for future health care services. In many financial instruments where payments are for future services, the product is evaluated for risk by stock market analysts, brokers, or rating agencies. But WACCRA knows of no independent agencies doing risk evaluation for CCRCs. You must make an assessment entirely on your own.

After an initiative by Washington Continuing Care Residents Association (WACCRA), the Washington State legislature enacted a law in 2016 requiring CCRCs to disclose to prospective residents certain aspects of their financing. (Washington State Law Governing CCRCs, Chapter 18.390 Revised Code of Washington. See Appendix.). Violations are subject to penalties under the Consumer Protection Act.

Further initiatives by WACCRA in 2019 achieved a singular accomplishment with LeadingAge: "The Commitment to CCRS Practices". As of January 1, 2021, this joint agreement gives residents a set of management commitments at each of the CCRCs in the

state. It is very important to be acquainted with the provisions of the agreement, summarized in the Appendix.

For more information about WACCRA, see the back cover.

Net Assets

Every not-for-profit CCRC that is exempt from federal tax is required to file a Form 990 with the Internal Revenue Service. These are public documents, available on the internet at:

<http://foundationcenter.org/find-funding/990-finder>

This is a long, complex filing. But the **first page** contains a vital piece of information. The figure *on the lower right-hand corner of Page 1* gives the difference between a CCRC's assets and liabilities, or **net assets**. If the number is negative (known liabilities exceed known assets), it is wise to investigate why this is so. There are valid circumstances when this would be the case. Current residents want to understand these situations.

If the number is positive, how large a positive number is advisable? Clearly, *all other things being equal*, living in an organization with a large net asset position would be safer than a small net asset position. As a rough rule of thumb, one would expect to see *a net asset position equal to or larger than the organization's annual expenditure budget*.

It is also possible to compare Form 990s over several previous years to see what the trend is in the net asset position. *It is preferable to see net assets increasing or holding steady, rather than declining.*

Occupancy Rate

Occupancy rates in Independent Living are the single most important indicator of a CCRC's fiscal viability. While a CCRC can do some downscaling of operating costs to adjust for some vacant apartments, many fixed costs cannot be adjusted. When there are too many empty units, the fixed costs must be spread over fewer people, so rates are apt to rise. Alternatively, the organization

TIP

Full occupancy of *skilled nursing or assisted living* might imply that the capacity is too small to serve its independent living population, so space may not be available when **you** need it.

A healthcare facility that is *scaled adequately to fit the needs of the community* will usually have a few empty spaces available for unexpected needs, and only rarely be completely full.

“I have made more friendships here than I've ever had before.”

A CCRC Resident

may draw down reserves to meet the shortfall, gradually worsening the net asset position. Often a failure to be fully occupied does not reflect the quality of a CCRC, but is a result of oversupply in the geographical area where the CCRC is located.

The state of the national economy can also affect the occupancy rate of CCRCs. For example, many residents will need to sell a house to generate their entry fee before signing a contract. For others, a downturn in the stock market may delay the use of assets for the entry fee. In such cases the CCRC may accept a temporary bridge loan.

Nevertheless, if a CCRC's occupancy rate is chronically less than 90%, consider the CCRC cautiously before making an entry fee payment for future healthcare services. New CCRCs or those that have expanded may take some time before reaching 90% occupancy. If such CCRCs typically have a trend toward increased occupancy, that demonstrates progress.

It may be appealing to consider entering a CCRC where there is a variety of apartments or cottages to choose from for immediate occupancy. But a CCRC where one must wait a few years for the desired apartment may be financially stronger. A waiting list is often a better sign of fiscal good health than is the availability of many residences to choose from.

The Financial Insignificance of Denominational Affiliation

Some not-for-profit CCRCs are affiliated with religious denominations or large institutions such as universities or hospitals. The management of a CCRC associated with a religious denomination may sincerely try to see that the denomination's values are expressed in the life of the community. However the larger affiliated institution has no legal or financial obligation to the CCRC in case of failure. If the CCRC enters a period of severe financial stress, the affiliated institution has no legal responsibility to provide financial support.

Actuarial Computations:

A Professional Estimate of Future Financial Health of a CCRC

It is desirable for a CCRC not only to have a positive net asset position, but also to have established financial reserves. A reliable way for a CCRC to determine its entrance and monthly fees is with qualified actuaries using CCRC industry standards developed by

the actuarial profession. Reviewing the latest actuarial report’s conclusions can project a view of the financial picture into the future. Of course, the conclusions are only as good as the assumptions that drive the study.

Actuarial analysis is a proven method for assuring that financial reserves, or entrance screening and other practices, are properly related to the future costs. Actuarial studies follow industry standards developed for CCRCs to reach their conclusions. Actuarial studies not only project financial health but also estimate whether sufficient capacity in higher levels of care will exist to accommodate the expected number of residents.

Most people familiar with not-for-profit organizational budgets look for current income to equal or slightly to exceed current expenses as a sign of health. In the case of a CCRC this rule of thumb is insufficient, because the future costs of the current independent living population will escalate as, with advancing age, they need assisted living or skilled nursing care. An overdependence on current entry fees to support current operations can, in time, result in a reliance on the entry fees of new residents to meet the promises made to earlier arrivals. This is the proverbial “borrowing from Peter to pay Paul.”

Some CCRCs do their own financial estimates to support decisions regarding fee structures and actuarial reserves on the balance sheet. However, if these forecasts are not done by actuarial firms, you could reasonably ask how the CCRC’s methods are equivalent to actuarial studies. Understanding the basic methodology of forecasts promotes peace of mind about the future financial status of the CCRC.

Indebtedness:

The Audit Report Discloses Payment of Debt Obligations

It is not unreasonable for a CCRC to borrow money to finance expansion, updates of the facility or addition of amenities like a swimming pool, or to update a Memory Care facility. Paying down the principal and paying the interest must come out of future fees. If a strategic planning process is underway, or is about to be launched, it may be a signal that some additional debt will be assumed soon. That may be reasonable, and it can be a benefit to the residents.

Under most contracts, CCRC residents are “unsecured creditors”. This means bondholders and even vendors are ahead of residents in line for reimbursement if there is financial trouble.

While indebtedness is included in the net asset position described above in **Net Assets**, it is not identifiable in the Form 990 filing. It’s easier to assess indebtedness in the

annual audited report, which is available from the admissions or marketing department. Indebtedness deserves a special look to be sure that it is not unreasonable in relation to the size of the resident population. Existing and potential residents should also inquire about any plans for additional borrowing in the near future.

Stand-Alone CCRCs and Consolidated Groups:

How to Isolate a CCRC's Financial Position When It Is Part of a Consolidated Group

Some CCRCs are stand-alone operations, while others are part of institutions operating together. Such a *consolidated group* may consist of a string of CCRCs in different cities, or they may be an association of many different types of institutions, many of which often serve the elderly in one way or another.

In terms of finances, there is sometimes safety in numbers: several CCRCs operating as a unit spreads the risks and the costs over a larger population. This gives more statistical certainty to actuarial calculations, and allows some efficiencies in operating costs. On the other hand, it is often difficult for residents in a consolidated group to know whether their fees are used solely for the benefit of the residents of their CCRC, or whether some of the money from their fees is being used for purposes that do not directly benefit the residents.

Some consolidated groups are organized so that the finances of each constituent entity is kept separate; these are easier for consumers to evaluate. In general, it is easier to assess the financial qualifications of a stand-alone community.

However, a consolidated group may also choose to consolidate the finances of multiple individual communities. They can then obligate the residents' fees from a group of individual communities (an "obligated group") in order to secure general corporate debt. The admissions or marketing department *can tell you whether a CCRC is part of such an "obligated group," the industry term for a group of CCRCs whose residents' fees have been committed toward general corporate indebtedness.*

"Our community benefits from our residents' diverse histories and interests. They invite speakers on a variety of topics: art, chamber music, robotics, opera, history and culture,..."

A CCRC Resident

Summary: Financial Strength:

Items to Consider

Evaluating the financial strength of a CCRC is one of the most challenging tasks facing current and prospective residents. The following are useful strategies for making an evaluation:

- Gather information about the recent history of net asset balances from Forms 990;
- Research the recent history of occupancy rates;
- Seek information about maintenance schedules for buildings and equipment;
- Seek actuarial reports;
- Seek advice from an experienced financial advisor;
- Seek information about significant capital improvement plans for the facility.
- Define your own comfort level with respect to indebtedness;

In general, CRCC residents are wise to confirm that the fees they pay are not being used for any profit-making or not-for-profit activity that does not benefit the residents who are paying those fees.

Never hesitate to ask for explanations from CCRC management if any of the information is difficult to understand. Ask for clarification on items where more explanation would be helpful. Often these questions lead to a list of items with which a prospective resident's professional advisors can be very helpful.

***“The staff’s kindness, dedication, and support
add so much to our life experience.***

***They encourage healthy living, look after our wellness, and enrich our lives,
while making it all seem effortless.”***

A CCRC Resident.

Section Five: Ownership and Governance

The ownership and governance characteristics of a CCRC influence the quality of life that residents enjoy. The board of directors of the CCRC has the legal responsibility for the management that governs the day-to-day operations. Management establishes the degree of engagement that residents can have with the board and its operations, as either passive consumers or active participants in the functioning of the CCRC.

Ownership

Nationwide, roughly 80 percent of CCRCs are not-for-profit organizations, while the other 20 percent are for-profit corporations. A very small number of CCRCs are owned and governed by the residents themselves and function as cooperatives or condominiums.

Not-for-profit CCRCs operate with the charitable purpose of providing service. Residents have an indirect, but real, financial stake in the enterprise, since it is residents, not investors whose entrance fees and monthly fees provide the funds to operate the community.

For-profit CCRCs have a responsibility to provide a financial return to their shareholders and investors. Residents have no financial interest other than as paying customers, since the shareholders and investors provided the capital funds.

At this stage in the evolution of the CCRC industry it is not possible to generalize about whether for-profit or not-for-profit organizations better serve the residents. Each CCRC institution needs to be considered for its strengths as well as other attributes.

Governance

Day-to-day operations directly affect the residents' well-being and satisfaction, whether it be a for-profit or not-for-profit organization, whether a stand-alone CCRC or a consolidated group of CCRCs and other organizations.

Stand-alone CCRCs often are managed on a day-to-day basis by a staff supervised by a CEO who is appointed by and responsible to a Board of Directors. Typically, the Board in a not-for-profit CCRC appoints its own successors, usually to staggered terms so that turnover doesn't occur all at once.

A consolidated group comprised of CCRCs combined with other entities may have a wide variety of organizational structures headed by a single executive management group. A CCRC within a consolidated group is most often managed on a day-to-day basis by a staff that is supervised by an Executive Director who is appointed by and responsible to the consolidated group's executive management group.

CCRC residents have taken a risk in their CCRC through entry fees, especially if the entrance fees are not refundable on exit. Current and prospective residents may wish to pay attention to the Board process that determines the use of their money. It is important to review the composition of the Board and feel satisfied that the people serving on that Board have skills in finance, institutional management, civic leadership, and healthcare management. CCRCs usually post the composition of the Board on their website and will also include it in readily available literature.

It is also important to determine whether the CCRC's organizational Bylaws mandate term limits for Board members. A healthy organization will not have a governing Board that serves for decades. A simple question posed to the administration or marketing department should clarify this. The Bylaws themselves should also be readily available.

There is growing recognition that residents have rights that need protection. Given that residents pay entrance fees to finance CCRCs, residents are stakeholders in the enterprise, and deserve disclosure regarding how well their interests are being served.

Some CCRCs have one or more residents as Board members. Resident Board members have a primary responsibility as a Board member and a secondary and subordinate role representing residents. Other CCRCs allow one or more residents to attend and observe Board meetings. This practice promotes good communications and positive relationships between the residents and the Board.

The means of selecting Resident Board members is important. Resident Board members can be most effective when they are appointed by the resident body, either by direct election or through a nomination process controlled by the Residents Association. This practice gives the residents confidence that the Resident Board members advocate for the residents when appropriate. When Resident Board members are selected by management, residents sometimes wonder whether the Resident Board Member actively advocates for residents' issues.

“We have a free car and driver for destinations within a 5-mile radius, and regular bus trips to and from the supermarket and arts events. I sold my car, and I don't miss it at all.”

A CCRC Resident

A well run CCRC will ensure that residents have access to the CEO or Executive Director, either by appointment, for a personal concern, or at regularly scheduled “fireside chats” where anyone can participate in open discussion.

Residents should also receive regular briefings from the governing Board or Executive Director to promptly communicate deliberations and actions to the residents. There should be a process for residents to express ideas, suggestions, and opinions before the Board makes major decisions such as adopting the annual budget, undertaking a facilities expansion, or developing a strategic plan.

The Executive Director’s judgment, management philosophy, and personal style tend to affect daily life in a CCRC, as current residents know. A prospective resident may or may not have a chance to meet with the Executive Director, but current residents can readily describe their degree of satisfaction with management and the Executive Director’s impact on the community. In the normal course of events the Executive Director may change once or twice during a resident’s tenure, so the quality of the Board of Directors and their personnel judgment are key factors in ensuring the ongoing effective operation of the CCRC.

The CCRC industry emerged from the former “old people’s homes”, which often cared for indigent elderly with funds raised from members of a religious denomination. Often residents were the widows of clergymen. Today it’s the residents who pay for the service they receive, so it is appropriate that the industry evolve toward governance that is more open and accountable to the residents themselves. Some CCRCs are managing this transition faster than others. As the baby-boomers move into the field, with their aversion to paternalism, the CCRCs with the most robust enrollments will be those that meet this governance challenge most creatively.

CCRC providers and residents share a common interest in the successful operation of the CCRC, but they have different perspectives. Owners and operators are responsible for sustaining the business for the rest of the residents’ lives. Many residents have made a significant commitment of their life savings when paying their entry fee. That leaves some with no other financial options, and they have very limited control over how their money is managed by the CCRC.

This dichotomy is precisely why WACCRA turned to legislation (see Appendix) seeking a mutually transparent means of defining and safeguarding the respective interests of owners/operators and residents. As the CCRC industry becomes increasingly consolidated into larger and more sophisticated and complex organizations with larger professional executive teams, this increased transparency becomes even more important for residents.

Conclusions

The Time of Your Life

Living in a CCRC fosters an invigorating life through sharing a host of different activities with a community full of people who rapidly become wonderful friends. The dinners shared, the interest groups, the lectures and concerts, the movies, the volunteer opportunities, the fitness/wellness possibilities all enrich life more than most new residents expect. Most find the community is a great benefit, revitalizing these rich years of later life.

If you were to interview a cross-section of CCRC residents, you would hear some version of the following:

Keeping up the house was more of a struggle every year. It would be impossible if either of us faced another medical problem.

So we talked to some friends who live in CCRCs. They all are pleased with their choices. They spoke of their staff's skill and goodwill. They also spoke of their fellow residents' warmth and friendliness, and their various experiences and interests that they share to enrich everyone in the community.

So we made the decision, and we made the big move. We should have done it sooner. We are so happy here. We eat well, we sleep well, we exercise more. We worry a whole lot less. This community lifts us up from the old life we were living.

The Age Well Study (see Sources in the Appendix) by Matherlifeways Institute on Aging further supports the fact that life at a CCRC can provide significantly greater measures of wellbeing than the general public experiences. The first year of a 5-year study indicates that the qualities of “wellbeing”, as defined by the components of emotional, physical, intellectual, and vocational wellness, are significantly higher than in a similar age population of the general public. The next years of the study will track changes in wellness as the residents become older. This data-based study corroborates anecdotal evidence about the positive effects of life in CCRCs that most residents extoll to visitors, even when they experience declining health.

We hope this guide encourages readers to thoughtfully investigate the lifestyle they could experience at a CCRC. Most residents consider moving to a CCRC to be one of the best decisions they have ever made. Often they wish they had made the move sooner.

A CCRC has many additional aspects to evaluate. For further reading about these characteristics, please visit Sources in the Appendix of this guide.

The National Continuing Care Residents Association (NaCCRA) has developed a *Bill of Rights for CCRC Residents*. Find it also the Appendix.

How to Begin Thinking Through Personal Preferences, Questions, and Issues

Location	Where do you want to live? What CCRCs are available there?
First Impressions	How would it feel to live here?
Finances	What can you afford? See Tips (Section Two - Contracts) for rough cost estimates. Consult your financial planner.
Healthcare	Special healthcare issues, current and future? Are certain medical conditions not accepted in this CCRC? Visit CCRCs' healthcare units. Compare facility's capabilities with your needs. Look up the Health Department rating of the Skilled Nursing unit.
Contract	What type (A - D) fits your requirements and finances?
Management	Ask about financial structure of the CCRC: stand-alone, consolidated group, obligated group? Expansion plans? Actuarial report. How many / what percentage empty units? Observe conditions of physical structure and interiors?
Governance	Talk to residents about their relationship with and opinions about management. Does the Board include resident members? Does their approach to governance seem appropriate?

“CCRC living is such a rich - and enriching - experience. If you shop carefully and do your homework, it will be the greatest gift you can give yourself.”

A CCRC Resident

Appendix

Commitment to CCRC Practices -- A Landmark Agreement

In addition to developing legislation (see the next section in the Appendix). WACCRA has established a landmark agreement with LeadingAge Washington for CCRC residents and management. All Washington CCRCs that belong to Leading Age have signed the agreement, which became effective on January 1, 2021 (LeadingAge Washington is an industry association for CCRC management in Washington State.)

In early 2020, LeadingAge Washington and WACCRA agreed, through mediation, to a list of “Commitments to CCRC Practices” that defines how CCRC management and resident associations will work together on behalf of residents. In 2020 all CCRCs in WA State listed in the document signed the agreement.

This agreement was reached after the Washington State Senate Committee on Health and Long-term Care recommended to Leading Age and WACCRA that, rather than argue and debate over legislation, the two organizations attempt to mediate their issues. The agreement is viewed as a major step forward in increasing synergism with CCRC management and residents.

(As an aside, when a Senate committee suggests a course of action, organizations are wise to respond.)

The full text of the agreement is available on the WACCRA web site, www.waccra.org

The agreement has four major sections:

1. If management has a pending decision that *impacts residents' health, welfare, and financial security in material ways*, the resident association can establish a committee or task force to **provide input to the pending decision** before the decision is made by management.
2. If a CCRC does an **actuarial study**, management notifies the resident association, and the resident association has access to a specific list of information from that actuarial report.
3. After a resident's death or departure from a CCRC, **refunds of entrance fees** will occur within no longer than 24 months for contracts signed after January 1, 2021.
4. When either management or the resident association considers that there is **not compliance with the agreement**, they can document this with both Leading Age and WACCRA, to have both organizations become involved in seeking resolution.

Appendix (continued)

Washington State Law Regulating CCRCs

Title: Continuing Care Retirement Communities

Revised Code of Washington, Chapter 18.390 RCW

The law was initiated by WACCRA and signed by Governor Inslee on April 1, 2016 and became effective on July 1, 2017. Find the text of the law in the WA State Legislature, online at

<http://app.leg.wa.gov/RCW/default.aspx?cite=18.390>

1. Why is the law important?

It is the first law enacted by the Washington State legislature that addresses the interests of residents in the Independent Living level of continuing care retirement communities (CCRCs) (“the residents”) and the persons or entities that own and operate the CCRCs (“the providers”).

2. Why did the WA State Legislature enact this law at this time?

Independent living residents of CCRCs in Washington were concerned that their needs were not protected by state law. The new law, 18.390 RCW, sets the scenario for a resident’s CCRC life from entry to exit. It became law because providers and residents worked with each other and with key legislators to get it enacted. From start to finish, the entire legislative process was accomplished in two years. This indicates a strong and continuing public interest in CCRCs in the state of Washington.

3. What are some key provisions of the law?

The new law...

- defines a CCRC as “an entity that agrees to provide continuing care to a resident under a residency agreement.” (Section 18.390.010(4))
- establishes two registration requirements: a person or entity must be registered with the state in order to do business as a CCRC (Section 18.390.020); and an entity cannot represent itself as a CCRC unless it is registered with the state. (Section 18.390.050) The registration is valid for two years. (Section 18.390.060(4))
- lists several important mandatory disclosures that CCRCs must make to prospective residents. For example, it requires “an explanation of all types of fees charged by the [CCRC], how each type of fee is determined, current ranges for each type of fee, and refund policies for each type of fee.”
- requires the CCRC to disclose its policies for placing residents in off-site locations. (Section 18.390.060(1)(f))
- The law provides for inspection of CCRC facilities by prospective residents. (Section 18.390.070(1))

WA State Law Regulating CCRCs (continued)

- The law also identifies specific expectations that all residents of CCRC have who are residing in independent living units. (Section 18.390.070(2))
- The law establishes the state of Washington's strong and continuing public interest in CCRCs (Section 18.390.080(1)) It also instructs the state Attorney General to investigate complaints and to consider whether the state Consumer Protection Act should be applied. (Section 18.390.080(2))
- The law states that it does not affect the requirements and standards for licensing an assisted living facility or a nursing home. These are covered under other state laws. (Section 18.390.090)

4. How is the law administered?

The Department of Social and Health Services (DSHS) has the responsibility to administer the registration requirements. (Section 18.390.010(5) and (Section 18.390.04) The law contains detailed information about what is required in the application to register with DSHS (Section 18.390.030), and what are the duties of DSHS to administer the registration requirements. (Section 18.390.040)

DSHS registration duties include reviewing an application for completeness. (Section 18.390.040(2)) The review for completeness does not signify that DSHS has otherwise issued a certification or license to that CCRC or any of its component parts. (Section 18.390.040(2))

5. Do providers and residents always have the same opinions about the operation and management of CCRCs?

No. Providers and residents do have strong common interests in the operation and management of CCRC's. However, providers and residents have different perspectives on some issues. For example, the perspective of the owners and operators of CCRCs is informed by the responsibility they have to successfully manage and sustain a complex business activity in order to provide a high level of present services to residents, and to plan for the future so that high level is sustainable for the rest of the residents' lives.

On the other hand, residents' perspectives are informed by the fact that they make significant financial commitments to provide the money that makes CCRCs possible. After the residents' funds are committed and become irrevocable, many residents have no financial options, should they subsequently want to leave the CCRC, and must continue to live there. In addition, residents have very little direct control over how the CCRC will use the funds they have contributed.

Accordingly, residents have a very strong lifetime interest in the operation and management of CCRCs. The fact that there is a strong and growing public interest in CCRCs means that the state legislature is an appropriate forum for residents and providers to resolve their respective interests in CCRCs; and state legislators will continue to pay attention to the operation and management of CCRCs.

Bill of Rights for CCRC Residents

The National Continuing Care Residents Association (NaCCRA) has developed a *Bill of Rights for CCRC Residents*. It is available on NaCCRA's web site:

https://www.naccra.com/pdfs/Bill_of_Rights-NaCCRA.pdf

It is meant to be used as a model of Best Practices. No CCRC is likely to implement all these best practices regarding governance. But prospective residents may use it to clarify the practices of the CCRCs they are exploring, to be sure the configuration of practices are ones with which they feel comfortable. Existing residents can use the Bill of Rights as a model, to assess the CCRC they are in and to prioritize the evolutionary steps that they regard as important for moving their community forward.

CCRCs In Washington State (2021)

CCRC	Address	County	Profit / Non-profit
Bayview Retirement Community 206-284-7330 www.bayviewcommunity.org	11 West Aloha St Seattle WA 98119	King	NP
Cheney Care Center Association kristina.alexander@cheneycare.com www.cheneycare.com	2219 N 6 th St Cheney WA 99004	Spokane	NP
Covenant Shores 206-268-3000 www.covenantshore.com www.covlivingshores.org	9150 Fortuna Dr Mercer Island WA 98040	King	NP
Crista Shores Retirement Community (Crista Ministries) 360-698-0900 www.cristaseniorliving.org	1600 NW Crista Shores Lane Silverdale WA 98383	Kitsap	NP
Cristwood Retirement Community (Crista Ministries) 206-546-7288 www.cristaseniorliving.org	1930B Fremont Ave. N. Shoreline WA 98133	King	NP
Eliseo Tacoma (former Tacoma Lutheran) 253-752-7112 www.eliseo.org	1301 N Highlands Pkwy Tacoma WA 98406	Pierce	NP
Emerald Heights (Emerald Communities) 425-556-8100 info@emeraldheights.com www.emeraldheights.com	10901 175 th Circle NE Redmond WA 98052	King	NP
Frankie Tobey Jones (CEO+Bd of Directors) 253-752-6621 www.frankietobeyjones.com	5340 N Bristol St Tacoma WA 98407	Pierce	NP
Heron's Key (affiliated with Emerald Communities) 253-851-8100 www.heronkey.org	4340 Borgen Blvd NW Gig Harbor WA 98332	Pierce	NP

CCRCs In Washington State (2021)

CCRC	Address	County	Profit / Non-profit
Horizon House 206-624-3700 www.horizonhouse.org	900 University St Seattle WA 98101	King	NP
Jackson Park Retirement Community (American Baptist Homes) 206-824-4000 www.jacksonpark.com	23600 Marine View Dr. S Des Moines WA 98198	King	NP
Mirabella Seattle 206-254-1441 www.retirement.org/mirabellaseattle	116 Fairview Ave. N Seattle WA 98109	King	NP
Panorama 360-438-7771 Retire@Panorama.dcc www.panorama.org	1751 Circle Lane SE Lacey WA 98503	Thurston	NP
Parkshore (under Presbyterian Retirement Communities Northwest) 206-329-0770 www.parkshore.dcc	1630 43 rd Ave East Seattle WA 98112	King	NP
Riverview Retirement Community 509-483-6483 www.riverviewretirement.org	1801 East Upriver Dr Spokane WA 99207	Spokane	NP
Rockwood at Whitworth (by Spokane United Methodist Homes) 509-466-0411 www.rockwoodretirement.org	101 E Hawthorne Rd Spokane WA 99218	Spokane	NP
Rockwood South Hill (by Spokane United Methodist Homes) 509-536-6850 www.rockwoodretirement.org	2903 East 25 th Ave Spokane WA 99223	Spokane	NP

CCRCs in Washington State (2021)

CCRC	Address	County	Profit / Non-profit
Skyline (under Presbyterian Retirement Communities Northwest) 206-407-1700 www.skylinescattle.org	725 9th Avenue Seattle WA 98104	King	NP
The Hearthstone 206-525-9666 info@hearthstone.org www.hearthstone.org	6720 E. Green Lake Way N Seattle WA 98103	King	NP
The Kenney 206-937-2800 theKenney.org	7125 Fautleroy Way SW Seattle WA 98136	King	NP
Timber Ridge 425-427-5200 www.timberidgeks.com	100 Timber Ridge Way NW Issaquah WA 98027	King	P
Warm Beach Senior Community 360-652-7585 www.warmbeach.org	20420 Marine View Dr. Stanwood WA 98292-6616	Snohomish	NP
Wesley Homes Des Moines 206-870-1128 www.wesleychoice.org/communities/des-moines	815 South 216th Des Moines WA 98198	King	NP

Sources

WACCRA is grateful for the pioneering work that has been done by residents of CCRCs across the USA to set down examples of good governance and good management for us to follow and build upon. We have borrowed shamelessly from the following organizations who have paved the way for us in Washington State.

Consumer's Guide to Continuing Care Retirement Communities, published by the National Continuing Care Residents Association (NaCCRA), 2018.

Continuing Care Retirement Communities in California: Is One Right for You? Published by California Advocates for Nursing Home Reform (CANHR) © 2009.

Continuing Care Retirement Communities: A Guide Book for the Connecticut Consumer. Prepared by the Connecticut Continuing Care Residents Association (ConnCCRA) with support by LeadingAge Connecticut and The Commission on Aging of the Town of Greenwich. www.arborsct.com/sites/arborsct.com/files/Connecticut%20Guide10.14.11.pdf

The Age Well Study: Comparing Wellness Outcomes in Life Plan Communities vs the Community-at-Large. Mather Institute on Aging. matherinstituteonaging.com

The Foundation Center. Search their database of individual 990 forms of private foundations, public charities, and other nonprofits. Learn the profit/non-profit status of organizations. <http://foundationcenter.org/find-funding/990-finder>

Holistic Living in Life Plan Communities: Providing a Continuum of Care for Seniors, by Frederick Herb, Lake Union Press, 2017.

List of CCRCs in Washington State (2018), Washington State Department of Social and Health Services.

WACCRA

Washington Continuing Care Residents Association (WACCRA) represents the interests and priorities of residents of CCRCs in Washington State. It is dedicated to promoting, protecting, and improving the CCRC lifestyle in all levels of care. The organization consists primarily of volunteers who live in several CCRCs. WACCRA serves residents in three primary areas: education, collaboration, and advocacy.

Education: Providing information and knowledge pertinent to residents of CCRCs. Often the information is important to the families of residents.

Collaboration: Hosting forums for residents of CCRCs to exchange ideas and innovations that have been valuable to others at CCRCs. Often these are related to resident-run programs, and may originate from the experience and expertise of residents. Partnering with organizations that bring benefits to CCRC residents, including NaCCRA, Leading Age, Senior Lobby, and others.

Advocacy: Taking a proactive role in policies, procedures, and state laws that benefit the lives of CCRC residents and management. The objective is to make CCRCs even more attractive to future residents.

WACCRA and CCRC management share the goal of making CCRCs even more interesting to future residents, thereby assisting the long-term financial viability of the CCRC industry and preserving CCRCs for residents' children and grandchildren.

More detailed information about WACCRA's scope can be found at www.waccra.org. Information on joining WACCRA is also available on the web site. Non-residents of CCRCs also may join the organization.

WACCRA is a resident-operated non-profit 501(c)4 membership organization devoted to the well-being of current and prospective residents of continuing care communities throughout Washington State.

WACCRA is associated with the National Continuing Care Residents Association, NaCCRA. For more information, visit WACCRA's web page: www.waccra.org

WACCRA 1420 NW Gilman Blvd, #2275, Issaquah, WA 98027