

# ASSISTED LIVING CONSUMER INFORMATION MATERIAL

## A Philosophy Based on Consumer Choice

A balanced quality of life values like choice, dignity, individuality, privacy and homelike setting with the traditional long-term care emphasis on health and safety. Consumers, who choose assisted living, are active participants in planning their services and making important decisions about how they wish to live. Each resident is a valued customer whose individual history and personal choices influence not only what services are provided, but also how services are provided. Although choice is not boundless, providers are obligated and committed to flexibility and meeting important resident preference. Staff will make professional recommendations about appropriate services and will encourage activities to maintain independence and good health. Assisted living is designed to recognize, respect and support the notion that regardless of age or physical impairment, people have a right to control important life decisions and influence every day routines.

## An Emphasis on Independence

To live successfully in assisted living residents should have a strong preference for independence, have at least a modest capacity to direct or assist with meeting their own needs, understand the safety issues related to living in a more homelike environment, and demonstrate an ability to respect the dignity and reasonable comfort of other residents. Assisted living is similar to living at home in many respects. In general, assisted living assumes that people will act independently unless a specific need for service is identified. According to individual habits, residents continue light daily housekeeping chores in their apartments, such as bed making and cleaning small amounts of dishes. They make choices about how to spend leisure time, maintain contact with family, friends and community, and conduct many of their own business affairs. Staff is responsible for encouraging independence while providing services to met a wide variety of identified needs and important preferences.

## It's a Shared Responsibility

Maintaining independence requires an understanding of shared responsibility. In assisted living, responsibility is shared among the provider, resident, family and other involved parties for planning for services, providing agreed upon services and accepting the consequences of important decisions and behaviors.

Assisted living relies on providers, residents and families to negotiate a unique mix of services to address needs and respond to the decisions of individual residents. While most services will be provided by the assisted living staff, a successful service plan might draw on the resources of home health agencies, hospice, physicians, family members or volunteers to help a resident successfully age in place. Staff is responsible for addressing reported, clearly predictable or observable needs. They will offer alternatives to promote health and safety and provide the agreed upon services described in resident Service Plans. Providers must structure services to offer choice, demonstrate flexibility and creativity in supporting resident preferences and provide services in ways which protect each resident's dignity and privacy. Staff also has an important responsibility to balance the rights and comfort of all residents in the assisted living community.

As active participants in planning, residents are responsible for providing candid information about their needs, important preferences and changes in their condition whenever they wish the staff to provide related services. Without such information, staff cannot responsibly plan to meet needs or recommend appropriate service alternatives. When residents maintain the right to make important decisions and choices, they must also be able to accept responsibility for the resulting consequences. Finally, because assisted living is a community setting, the behavior of each resident has a profound impact on others living in the community. Each resident shares the responsibility for showing common courtesy, tolerance and respect for their neighbors.

## What Does Aging in Place Really Mean

Aging in place is a goal. It does not mean that a resident will never have to move. With that said, it is the goal of assisted living to help individuals remain for as long as they wish in a setting that has become their home. As an individual resident's needs increase, the staff will reevaluate and re-negotiate a service plan, bringing to bear professional expertise, creative options, and a willingness to support a resident's stay unless and until minimal residency standards cannot be met or the burden of services make it impossible to meet the legitimate needs of other residents.

# Safety Issue You May Want to Consider

Assisted living is designed to offer supportive services in a setting which is as homelike as possible. Building design and service philosophy offers privacy and an opportunity for a dignified, independent lifestyle. But, there are also some risks associated with that privacy and the choice to retain independence. The following items represent some safety issues you may want to consider.

Private Apartments -- All apartment doors which are generally closed and can be locked. Residents have their own keys. Safety handles will open the doors from inside the apartment even if the door has been locked. Staff carries master keys in case emergency entry is necessary. Apartments are equipped with emergency call systems which residents must learn to use in order to call for unscheduled assistance.

Risk – Doors are frequently closed and staff does not routinely check on residents (unless safety checks are part of a resident's service plan.) An emergency call system is available in each apartment and bathroom, but a resident may not always be within easy reach of a pull cord. Falls, health crises or accidents may occur without staff knowing or being alerted immediately.

Unsupervised access to snacks and common areas – Many assisted living communities offer unsupervised access to a variety of snacks. Residents are also free to keep food and beverages of their choice in their apartments. Residents also have unsupervised access to all common areas of the building.

Risk – It is possible that a resident may disregard a physician ordered diet or take a food to which he or she may be allergic.

Restraint-free Policy -- Residents in assisted living are free to pursue activities and come and go from their apartments and from the building as they please, unless a specific plan for supervision is in place. Few assisted living communities offer a totally secure setting that prevents wandering. By State rule, assisted living communities may not use a physical restraint except in the case of extreme emergency while awaiting emergency assistance. A variety of creative methods can be developed to minimize the danger from falls if these are a particular concern.

Risk – A resident may leave and become lost if he or she is confused or unfamiliar with the neighborhood. Someone with a car may drive unsafe, or an individual may be at increased risk of falling if he or she is unsteady on their feet.

These risks are ones which most older people understand and readily accept in exchange for the dignity and independence offered by assisted living as opposed to other more institutional care settings. If you ever have a concern about safety, however, you should talk to the Administrator, Resident Services Coordinator or nurse. Staff will help you plan and recommend services to enhance safety.

## Risks Associated with Individual Choices

Risk is a normal part of life. An assisted living community cannot make life risk free, but staff will be available to help identify potential hazards and offer creative solutions. If staff identifies a serious potential hazard, they will work with you to plan a safe alternative. If a resident chooses to do something which continues to present a serious danger to his or her well-being, staff will usually ask the resident and family to participate in a discussion about the risk, the alternatives and the consequences. Following efforts to reach a consensus, you may be asked to sign a Managed or Negotiated Risk Agreement. The agreement describes what you understand about the risks, the alternatives chosen by the resident, the responsibilities of all parties involved (including those of the provider) and the consequences which you understand may result.

## What Health Related Services Are Provided

Assisted living provides personal care services and routine nursing service. It is not designed as a health care facility but does provide a range of supportive health related services. These include medication assistance, arrangements and coordination of other skilled nursing and health care services, as well as general health oversight, which means watching for and addressing expected and observable changes in health. Since a licensed nurse is not usually on staff around the clock, it is important that residents and families take responsibility for informing staff when there is a new health related concern, a prescription change, and an order from a doctor or any other health care provider. In addition, it is important to know that certain skilled nursing services may need to be provided by home health or other nursing resources unless the task is appropriate to be delegated to the assisted living staff.

Staff in assisted living will respond to a health care emergency much as a responsible person living in their own home would respond. In the case of a fall, injury or health emergency, the staff is generally prepared to provide first aid and comfort care. Staff will also call for nurse's advice and the local emergency service will be called if it appears necessary. Although staff is trained in CPR, each individual facility will have its own policy on the administration of CPR.

Emergency transportation to the hospital may be provided by family members if time permits or by the local emergency ambulance service. The cost of emergency transportation will be billed directly to the resident although it will be ordered at the discretion of the staff.

## Staffing

Licensing rules for assisted living require that facilities provide sufficient staff based upon the number of residents and their specific needs. Most services are delivered by resident assistants who are trained by the facility to provide personal services in a manner consistent with the values of assisted living. A registered nurse will be available in the facility full or part time and is often on-call twenty-four hours a day to provide the staff with advice. The nurse provides an important teaching role, oversees medication management, and supervises delegated nursing tasks. Although the nurse will respond to health concerns and questions raised by residents, the nurse is primarily there as a resource for the staff. The resident's primary health care relationship remains with his or her physician. Facilities use a variety of staff and sometimes work with residents and families to coordinate outside resources when skilled nursing or professional therapy services are required to meet resident needs.

## Support Services

For aging in place to occur, needed service may be added, increased or adjusted to compensate for the physical and/or mental decline experienced by an individual. Assisted living staff is generally available to meet a wide range of personal care needs, as well as, scheduled routine nursing needs. Additional needed services may require outside support or ancillary services. The assisted living provider will work with residents and families to identify and coordinate the services of physicians, home health therapists and skilled nurses, podiatrists, clinical social

workers or psychologists, as well as family members and volunteers, in order to meet a residents changing needs. These ancillary services are not covered by the assisted living monthly rate, although some coverage may be available through Medicare.

## Costs

Most assisted living communities charge based upon apartment size and the extent of services required by an individual resident. Charges increase as service needs increase. Providers must give 30 days notice of any rate change unless it is directly related to a change in services provided. Facilities must provide a rental or service agreement which describes terms of occupancy, charges, fees, deposits and billing information, including itemized charges of ancillary services, conditions under which rates can be changed, policies on refunds, and furnishings. You should be given information about possible increased costs, in individual cases, as soon as staff suspects that service needs are increasing in a significant way.

The costs such as medications, health care supplies, diet supplements, personal items and household furnishings, beauty and barber services, as well as certain transportation, outings and personal recreational expenses are extra and the responsibility of the individual resident. If a resident's needs exceed the ability of the staff to provide services (as determined by an assessment in excess of the building's highest level of service) the staff will work with the resident or financially responsible party to negotiate supplemental services which allow the resident to continue receiving care in the assisted living setting. These services are likely to be an additional cost unless other public or volunteer resources are available.

Medicare does not pay for assisted living services. However, long term care insurance policies and some managed health care plans may cover some costs. Not all assisted living facilities accept Medicaid payment; some accept Medicaid payment only after a specific period of private payment. Some facilities may require an individual resident to move to a studio apartment as a condition of accepting Medicaid. Be sure to get clear information about an individual facility's policy.

Medicare may pay for certain ancillary skilled nursing and therapy services (occupational, physical and speech therapy) offered through certified home health agencies. Medicare HMO's and managed health care plans have their own

requirements and limitations related to these services. Like medications, podiatry or health care services, these skilled nursing and therapy services are not normally covered in the monthly assisted living charges.