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LEVELS OF ELDER CARE IN THE COMMUNITY; WHERE TO GO?

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Introduction

The following thoughts and comments are based on personal experiences working in the assisted living world and as elder placement professional RNs in the community. Decisions to place and where to place need to be based on resident safety and quality of life. Placing a loved one in a situation where needs are not met has an impact on the elder, caregivers, family members and other residents in the facility. The overall goal is to help maximize residents' capabilities while providing support where there are challenges in as unrestricted an environment as possible.

We reviewed care and housing options now available in Washington State. The comments are general and may not apply to every situation. They are meant to be a guideline and a springboard for asking appropriate questions when evaluating the level of care a loved one needs.

Senior Housing/Retirement Community[1]

[1] Adapted from www.eldernet.com

Levels of Elder Care in the Community; Where to Go

Senior housing and retirement communities are independent living facilities. This category of housing refers to any housing arrangement designed exclusively for seniors (age 55+), in which the resident ***does not*** need daily assistance with medical or personal care.

Senior housing, in Seattle, primarily suggests low income or subsidized housing. *Retirement communities* tend to suggest larger facilities that require private pay and are more expensive. In addition to individual apartments, both senior housing and retirement communities may provide common areas for gathering and social activities. In many instances, meals are usually provided one to two times a day. A nurse may also be available in an advisory capacity to take blood pressures or provide periodic foot care.

Criteria for Suitability for Retirement Communities

Senior housing or a retirement facility will work if the resident is:

- Generally healthy and can be independent with taking medications and activities of daily living, OR if medical or personal care can be provided by visiting nurses (usually this is time limited) or minimal visits by a home health aide;
- Able to keep in touch with doctors or other caregivers as needed, possibly with the help of family or friends but without assistance from trained staff on site;
- Private pay, wanting to downsize and simplify her/his lifestyle and can afford living in a facility offering many amenities and social activities ;
- Financially limited and able to accept the limitations in the lifestyle offered in a subsidized facility.

Assisted Living (AL)

Assisted living facilities in Washington State are licensed[2] as ***Assisted Living Facilities***. Living quarters are typically independent and there are seven or more units (can be 100 or more) in an assisted living building. Assisted living units can be part of a larger retirement community. Assisted living provides a support system to enable residents with certain limitations to live as independently as possible. They provide housing, meals, laundry, and most have limited nursing care and aide supervision available. These services can include medication dispensing, intermittent vital sign monitoring, and bathing. Each added service costs extra. (Fee structures vary for each community). Each AL facility is mandated to have a ***Disclosure of Services*** form, which defines what services are available.

Criteria for Suitability for Assisted Living

Assisted living will work if the resident:

- Displays intact judgment and has sound safety awareness. For example, can she call for help if needed? Does she know when to seek help for medical attention for falls,

[2] Chapter 388-78A WAC contains the laws governing the operation of Assisted Living Facilities.

bleeding, chest pain, extended diarrhea or vomiting?

- Is still active and able to participate in social programs and opportunities. Very few communities have active programs for the socially isolating resident. Residents are free to choose when and how they participate. This includes going to the dining room for meals. *Residents with increasing cognitive deficits and dementia tend to isolate themselves more frequently as time goes on*.
- Requires *minimal* cuing, and *minimal* amounts of daily hands on care for activities of daily living (ADLs). In assisted living, people are behind close doors in their own apartments and staffing is at a low ratio (typically 1 staff member to 10-15 residents), so these services are scheduled and limited.
- *Has strong family involvement and established care with a participatory primary Dr. or Nurse Practitioner who is willing to work with the Assisted Living (AL) community*. This means a Dr. who will respond to the required medical paperwork and faxes that need timely signing. This responsibility may fall to the family if the MD is not responsive.
- Has a **stable and predictable** health status. AL communities are not skilled nursing homes. They are not designed to treat and care for people with changing conditions that require frequent monitoring, care and consultations with the MD.
- Has a strong family or social network who can arrange for transportation as needed for unscheduled appointments.

Conditions Not Suitable for Assisted Living

Assisted living doesn't work for residents who:

- Are frequently falling. Most AL communities cannot realistically check on a resident more than every 2 hours during the day and maybe every 1 hour at night. A lot can happen in between those safety checks. *Accidental falls are a major cause of injury among the elderly leading to admittance into hospitals and nursing homes*.
- Have impaired judgment and are not reliable in calling for help in case of illness, fire, plumbing failures, etc.
- Have unstable mental health issues, which require frequent monitoring by licensed staff and/or a need for frequent medication adjustments by their providers.
- Are medically unstable and require more than 8-10 hours daily of ***shared licensed nurse time***[3] in the facility. Examples include: frequent unstable blood sugars and sliding scale insulin, worsening cardiac disease, uncontrolled pain, severe mobility issues.
- Have complex medications or management of labs, INR's etc… many labs will only come and obtain a blood draw one day a week, necessitating a back up plan for a redraw of the INR.
- Require complex daily wound care. In addition to home health RNs required to manage the wound care, there needs to be frequent, daily monitoring of the wound and surrounding area for signs and symptoms of infection or contamination. If there are cognition and/or mobility issues, supervision may be required to make sure there are frequent position changes to decrease pressure on wounds.
- Are smokers and have poor impulse control and forgetfulness.
- Are sexually predatory or have a history of sexually acting out in public places, i.e., open

[3] ***Shared licensed nursing time*** means the **total time** available to be shared by all residents.

masturbation, disrobing, fondling, etc. (With advancing dementia people may become less inhibited.)
- Have a history of behavior issues, which are not controlled and are a threat to themselves or other residents.
- Have MMSE scores of less than 20-24. From our experience, scores less than 24 may be possible with a resident who is patterned to a community or there is a spouse living with them who is healthy, cognitively intact and willing to remind them of meals, toileting, dressing, etc. In time, behavior issues often creep in and the facility spends an enormous amount of time and energy in trying to manage this resident's behavior, i.e., potential for wandering or acting out with other residents. Residents with more advancing dementia are better served in a smaller more structured environment.
- Are resistive to personal care resulting in poor hygiene, an unwillingness to recognize they have hygiene issues and refusal to pay for the services to keep clean or to keep their personal space free of clutter or garbage. This adds to the potential for odor, fire and fall hazards.
- Have active alcohol abuse. These residents are very difficult to manage. They need to be closely supervised in their environment to prevent lapses into harmful behaviors.

Most families move their loved ones into AL, far too late and then often choose the wrong level of care given a loved one's true functional abilities. They try to fit their parent into a lower level of care than is usually needed in an effort to make it more palliative to the resident and to preserve financial assets. The resident who does well in AL is moved in when they are still cognitive or have some mild cognitive deficits and are fairly functionally active. As their physical or cognitive needs change and if they have lived in the community preceding these dramatic changes, they may be able to adjust and live in AL longer.

Adult Family Homes for the Elderly (AFH)

Adult Family Homes in Washington State are homes in residential areas licensed[4] to care for 2-6 people with a varying range of needs. In these home settings, residents receive meals, laundry, ADL support to full assistance, medication assistance to administration, health monitoring, and, in most cases, hospice. AFHs are typically designed for the elder residents to age in place and not to have to move again unless rehabilitation is a goal. If nursing delegation[5] is needed, the AFH is in the position to facilitate this.

There are also AFHs that offer highly skilled care. These AFHs are owned and operated by RN's. Examples of care delivered by these qualified professionals can include respirator and tracheostomy care, complicated quadriplegic care, or brittle insulin dependent diabetic management.

AFHs have the option of carrying special certifications from Washington State. These are:

[4] Chapter 388-76 WAC contains the laws governing the operation of Adult Family Homes.
[5] ***Nurse delegation:*** Required by Washington State for designated tasks normally accomplished by a Nurse allowing trained caregivers to perform these tasks without the presence of a nurse on the premises.

Dementia, Mental Health and Developmental Disabilities. The home needs to be qualified for the type of resident they accept.

Given the spectrum of care and capabilities within the AFH community, it is incumbent on the responsible party to interview and evaluate whether the potential setting can meet all the current and foreseeable future care needs of their loved one given the goals of the placement.

Criteria for Suitability for Adult Family Homes

Given the range of care and capabilities in the AFH community, there are homes that can meet most needs for the aging elderly population. Refer to the "Conditions Not Suitable for Assisted Living".

Conditions Not Suitable for Adult Family Homes

AFH living doesn't work for residents who:

- Places her/himself at risk. Examples include being actively suicidal, physically aggressive, actively using substances with addictions, or exit seeking (and is not in an appropriately secured home)
- Is noisy and continually disruptive to other residents in the home
- Has a serious infection, especially if the client is confused and engages in behavior that contaminates the environment. Examples of such active infections might include draining wounds with MRSA or VRSA, contagious pulmonary infections, and C. Diff.
- Have families with needs that the AFH can't satisfy
- Are cognitively intact, physically able and desires to have the social environment offered by AL.

Nursing Homes/Skilled Nursing Care Facilities (SNF)

Nursing homes are licensed facilities with 24/7 professional nursing staff, one or more medical providers, certified aides, and specialized licensed staff to support ancillary services (see below).

They typically provide some combination of the following range of services:

- Skilled nursing
- Rehabilitative care (speech, occupational, physical therapy)
- Nutritional support
- Social services
- Hospice care
- Long term care (custodial care)
- Dementia care *in a specially secured unit*

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Nursing homes tend to be larger facilities with multiple units, and are considered the **most restrictive environment for long term care.**

Criteria for Suitability at Skilled Nursing Care Facilities

- Patients discharged from an acute care hospital requiring additional extended skilled care or rehabilitative services, such as Physical Therapy, Occupational Therapy, Speech therapy, IV infusions, or wound care. This care is generally covered by private insurance or Medicare for a limited time period.
- Patients needing long term skilled care because of chronic disease, such as failed bariatric patients, and patients with resistant infections who require a more restrictive environment.
- Morbidly obese patients who need multiple caregivers and mechanical lifts to transfer and position them.
- Dementia patients exhibiting difficult behaviors that are disruptive, or place themselves or others at risk, such as wandering, exit-seeking, excessive crying out, or aggression.

Not Suitable for Nursing Home Care

- Patients with high cognitive functioning who need assistance with their ADL's.
- Dementia patients with no disruptive behaviors, wandering, exit-seeking, or aggression.

Please Note:

- *In most cases listed under Criteria for Suitability, an appropriate AFH may be found that can safely, skillfully, and more economically meet the needs of the patient. We do recommend using an RN Professional Placement Service for these patients.*
- Once private insurance or Medicare coverage expires, most patients qualify for outpatient nursing and rehabilitative services depending on the need.

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