

Senior Living Options in Marshalltown

Welcome & introduction

Objectives of discussion & initial questions

Recent Frontline program raised many issues and brought to light valid concerns about regulations and oversight of health care facilities.

<http://www.healthlawyers.org/Events/Programs/Materials/Documents/LTC10/ulmer.pdf> 2009 paper provides history of AL facilities in US, state regulation, funding, application of federal law, and directory to state AL resources

Overview of info, variety of options, personal decision, proactive, family involvement

Home – single family dwelling, apartment/condo (The Villages, Westtown Apts, The Rose)

How to know when more help is needed:

1. Household bills piling up. Seniors can feel overwhelmed by the simple task of opening and responding to daily mail.
2. Reluctance to leave the house. Rather than ask for help, seniors who are having trouble with such functions as walking, remembering, and hearing will pull away from their community and isolate themselves.
3. Losing interest in meals. Seniors who suddenly find themselves alone, perhaps after the death of a spouse, can be easily discouraged by such tasks as cooking and tend not to eat properly.
4. Declining personal hygiene. Changes in appearance, such as unkempt hair and body odor, failing to change clothes for days on end, or clothes inappropriate for the weather, are among the most obvious signs that a senior needs assistance.
5. Declining driving skills. Look for evidence of parking or speeding tickets, accidents, dents, and scratches on the car.
6. Scorched pots and pans. Cookware left forgotten on top of an open burner may be a sign of short-term memory loss or even Alzheimer's disease.
7. Signs of depression. Feelings of hopelessness and despair, listlessness, fewer visits with friends and family, a change of sleeping patterns, and lack of interest in the usual hobbies and activities are indicators of depression.
8. Missed doctors' appointments and social engagements. These can be signs of depression or forgetfulness, but they can also be the result of no longer having a driver's license and not knowing how to get alternative transportation.
9. Unkempt house. Changes in housekeeping may come about because the senior is physically tired. They could also result from depression.

10. Losing track of medications. Seniors often take multiple prescriptions for various health conditions. Keeping track without reminders and assistance can be confusing.

Cost & Payment Options: private pay, housing waiver (based on income)

Home care

Local Providers: Home Instead, Iowa Home Care, Comfort Keepers

Medical & non-medical definitions & providers

Definition:

- Non-medical homemaker, companionship, or personal care services provided by home helpers, or non-medical caregivers and certified aides.
- Medical home health care provided by regulated and licensed medical professionals and certified aides.

Cost & Payment Options: \$23/\$27 per hour average (2012 MetLife Survey); private pay, Medicaid/county waiver

Independent Living Facility

Local Provider: Embers

Iowa Code/regulations - none

Features, amenities, benefits: maintenance free, social/activities, 2 meals/day

Pros: independence, peers

Cons: no med services, multi-story

Cost & Payment Options: \$1225 (studio) - \$1990 (2 br) + garage/cable/internet

Private pay

Assisted Living Facility

Local Providers: Bickford, Glenwood

No specific definition of what "assisted living" means. Because there are 50 states, and licensing and regulation of assisted care facilities happen at the state level, oversight and enforcement are inconsistent.

General definition: A housing model for elders who need assistance with personal care, e.g., bathing and taking medication, but who are not so physically or mentally impaired as to need 24-hour attention. Some Assisted Living facilities do provide nursing services. Residents have a choice of room size and type, and generally share meals in dining rooms.

Iowa Code section 135C – DIA Admin Rules Chapter 67

<http://www.state.ia.us/government/dia/481%20IAC%2069.pdf>

Pros: home-like environment, med services, respite services, dementia care

Cons: no Medicaid reimb (generally), care limits

Cost & Payment Options \$2900/mo average base (2012 MetLife Survey), Private Pay

Skilled Nursing Facility

Local Providers: Southridge, Villa del Sol, Grandview

Iowa Code section 135C

Provides physical/occupational/speech therapy, short-term restorative care

Pros: specialized med services (OT, PT, ST), Medicare reimb, temporary
Cons: treatment limits, hospital-like environment
Cost & Payment Options: Medicare, private pay, VA benefit

Intermediate Nursing Facility

Local Facilities: IVH, Southridge, Villa del Sol, Grandview
Iowa Code section & summary 135C

General description: *A facility with three or more beds staffed 24 hours per day by health professionals who provide nursing and personal care services to residents who cannot remain in their own homes due to physical health problems, functional disabilities, and/or significant cognitive impairments (dementia).*

Pros: chronic med/disease mgmt, 24 hr cert staff

Cons: environment, cost

Cost & Payment Options \$148/\$161 per day (2012 MetLife Survey)

Hospice

Local Facilities: Iowa River Hospice, Iowa Hospice
DIA Admin Rules Section 481

Hospice care provides physical, emotional and spiritual support for those with life-threatening illness and for their loved ones. Care teams that include physicians, nurses, volunteers, spiritual counselors, friends and family can provide care at home, as well as in facility settings.

Pros: end-of-life care, trained staff

Cons:

Cost & Payment Options \$140/day (Medicare reimbursement rate for IA)

Your Rights

- **The right of citizenship.** Nursing home residents do not lose any of their rights of citizenship, including the right to vote, to religious freedom and to associate with whom they choose.
- **The right to dignity.** Residents of nursing homes are honored guests and have the right to be so treated.
- **The right to privacy.** Nursing home residents have the right to privacy whenever possible, including the right to privacy with their spouse, the right to have their medical and personal records treated in confidence, and the right to private, uncensored communication.
- **The right to personal property.** Nursing home residents have the right to possess and use personal property and to manage their financial affairs.
- **The right to information.** Nursing home residents have the right to information, including the regulations of the home and the costs for services rendered. They also have the right to participate in decisions about any treatment, including the right to refuse treatment.
- **The right of freedom.** Nursing home residents have the right to be free from mental or physical abuse and from physical or chemical restraint unless ordered by their physician.
- **The right to care.** Residents have the right to equal care, treatment and services provided by the facility without discrimination.

- **The right of residence.** Nursing home residents have the right to live at the home unless they violate publicized regulations. They may not be discharged without timely and proper notification to both the resident and the family or guardian.
- **The right of expression.** Nursing home residents have the right to exercise their rights, including the right to file complaints and grievances without fear or reprisal.

Advocates for residents:

Ombudsman

Guardian ad litem

POA

Medical social worker

Facility staff are mandatory reporters – doctor, nurse, CNA, CMA

Other Resources

<http://www.assisted-living411.org/>

www.iowahealthcare.org

http://assets.aarp.org/external_sites/caregiving/options/assisted_living.html

www.i4a.org

www.nei3a.org

www.Caregiverstress.com

[http://www.alfa.org/images/alfa/PDFs/PublicationsResources/Guide to Choosin g Assisted Living Community.pdf](http://www.alfa.org/images/alfa/PDFs/PublicationsResources/Guide_to_Choosin_g_Assisted_Living_Community.pdf)

<http://www.state.ia.us/government/dia/page13.html>

BE PROACTIVE: plan and prepare, inform and discuss your wishes with your family/caregiver, friends, legal & financial advisors

Hand outs: “Five Wishes,” POA info, LTC ins info, Vets benefit, consumer checklist

Questions, discussion

The Department of Elder Affairs is responsible for developing regulations for assisted living programs. Monitoring, inspections, and enforcement are the responsibility of the Department of Inspections and Appeals (DIA). Certificates are issued for 2 years. Monitoring visits are also done every 2 years by a registered nurse and masters' level sociologist. A protocol based on the certification requirements is used to guide the review. Monitors interview a sample (10-20 percent) of tenants, program staff, and family members using a protocol. Tenants are asked a series of questions about privacy, whether service schedules meet their preferences, whether their life is meaningful, and whether they recommend the facility to others. The regulations require that DIA make on-site visits to investigate complaints within 48 hours if there is immediate danger; however, the Department usually investigates within 24 hours.

During the monitoring process, staff members hold community meetings with tenants during their site reviews. The meetings often identify concerns about quality and practice for the monitors. A summary of the community meeting is included in the monitoring report, which is posted on the DIA Web site. During the review, rules may be clarified and explained to site managers and staff. Monitoring staff members often participate in training meetings organized by three associations representing assisted living programs.

The DIA Adult Services Bureau Web site includes frequently asked questions, a list of standard facilities and dementia care facilities (name, address, phone, contact, number of units and beds, and the initial certification date), an application form and packet, and a form to request a waiver of a rule.

Inspection reports and complaint investigations were available for reviews that have been done since the regulations were changed in May 2004. After July 2005, reports were no longer posted due to staff reductions. Users must enter the name of the facility to access survey and complaint information. The information includes the date and type of the visit, number of deficiencies, percent quality, certification action, number of violations, class and description, fine amount, whether the violation is one time or daily, and the status of the violation.

The monitoring report includes the number of residents, tenant satisfaction, complaint history and observations from resident records, policy, and practice. The monitoring process includes interviews with residents and family members and a community meeting. The report includes a narrative summary of the interviews and meeting. The complaint report includes the date of the investigation, relevant definitions of terms, accreditation status, complaint history, a description of the complaint, and the findings.

Complaints may be submitted online through the Web site. The site also includes a registry for certified nurse aides.

The Department of Elder Affairs' Web site has links to the regulations governing certification of facilities, a brief description about assisted living, and a number to call to register complaints.

From <http://www.ahrq.gov/legacy/research/residentcare/residentcare.pdf>