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Family Caregiver Resources

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When staying at home isn't an option

While the preference might be to "age-in-place," sometimes that just isn't the best option. The home may not be able to accommodate the physical limitations of your loved one's aging. Or it may be that your relative needs more help than can be afforded in terms of money, skills, and time. The shared caregiving of long-term care may be just the solution. Check out these three most common options.

When should you choose a skilled nursing facility?



A "nursing home" or "skilled nursing facility" (SNF) used to be the only option for care outside the hospital. That is no longer the case. Care in a SNF (pronounced "sniff") is highly specialized. It's also expensive.

Skilled nursing facilities provide mostly short-term nursing or rehabilitation services. The typical patient has just been discharged from the

hospital. But he or she still needs additional medical care daily before returning home. This might be your relative recovering from a planned surgery. Or from a sudden crisis, such as a hip fracture or serious infection.

Nurses and other medical professionals are available around the clock. They provide skilled services, such as

- planning and managing care;
- monitoring vital signs;
- conducting daily therapy. For example, physical therapy if your relative needs to learn to walk with a new hip. Or speech therapy following a stroke.

Medicare will pay for some or all of your relative's care in a SNF, for up to 100 days.

But certain conditions must be met. Your relative must

- have Medicare Part A (hospital insurance);
- receive doctor's orders for skilled care on a daily basis;
- have spent at least three days as a hospital inpatient;
- enter the facility within 30 days of discharge from the hospital.

Some facilities also provide ongoing care for people who need help only with personal tasks, such as bathing, dressing, and walking. Because this type of care does not require medical training, Medicare will not cover it. If the person you care for does not need daily *medical* attention, consider assisted living or a memory unit.



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What is "assisted living"?



Assisted living facilities (ALFs) are tailored to individuals with only mild health concerns. They enable residents who are relatively capable to be freed from chores such as meal preparation and housework. They also offer social opportunities. ALFs typically provide

- **private "apartments" for each resident.** Usually studio or one bedroom. Most include a bathroom and kitchenette. Microwave ovens are usually available. Stoves are not.
- **meals with others.** In most cases, residents gather in a common dining hall for three meals a day.
- **activities and a common area.** Lounge areas are available for social interaction. Some facilities have exercise programs. Others offer music or field trips.
- **housekeeping, laundry, and a van service to nearby shopping centers.**
- **security and supervision.** Call buttons provide 24-hour access to staff as needed.

Personal care services are provided when needed.

- A personalized care plan is developed for each resident.
- Help can be provided with managing medication. Also with such tasks as bathing and dressing. Additional fees are charged for these services.
- Residents are reassessed periodically to ensure needs are met.

Nonmedical assistants provide most of the daily hands-on care. ALF staff may or may not include a nurse to manage residents' medical needs.

The support provided in an ALF does not require medical training, so Medicare does not pay for the cost of an ALF. Some long-term care policies allow for coverage of ALF fees. Talk to the facility in question and the policy provider. As a general rule, facility fees must be paid with personal funds.

What is a memory unit?

A condition that causes memory loss (dementia) is one of the most common reasons an elder can no longer live at home. Some assisted living facilities have "memory units." So do some skilled nursing facilities.

Every aspect of a memory unit is geared to the needs of adults with dementia.

- **More staff.** Personalized attention is the heart of memory care. Familiarity is comforting to the person with dementia. This requires more staff per resident.
- **Simplified environment.** Fewer walls and shorter corridors are the norm. This way, residents can see where to go. They don't have to remember. The decorations are usually homey. And clutter is kept to a minimum.
- **Special activities.** Cards or other strategy games are too hard for persons with dementia. Instead, these units focus on social and creative activities. For example, a story-telling circle or sing-along.
- **Extra safety measures.** Exit doors are typically equipped with alarms that signal if they are opened without a special code. Residents do not have kitchens or potentially dangerous objects in their apartments.
- **Additional staff training.** Employees are given lessons on how to work with people who have dementia. For instance, they may learn special techniques for calming an emotional outburst. Or how to recognize symptoms of pain in a person who is no longer able to speak.

Residents range from individuals with mild dementia to those in the late stages of the condition. A person with simple memory loss may need only verbal reminders to take their medications. At later stages, a resident may need help with dressing, bathing, and eating.

Monthly fees are higher for memory units than for basic assisted living. Note that Medicare does not cover these costs because trained medical staff are not required.

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