



Transitioning to Assisted Living

A GUIDE TO PLANNING THE MOST IMPORTANT MOVE OF A LIFETIME



CAPITAL HEALTH
CARE NETWORK

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Most Families Don't Know What To Do...

NAVIGATING ASSISTED LIVING TRANSITION ISSUES



Moving a loved one into an assisted living facility is not an easy decision.

How families handle decisions related to this issue will affect the way the elderly, and indeed all family members, feel about themselves for the rest of their lives. Make no mistake, it's not just the elderly parent who's making the transition – it's the entire family.

As Assisted Living (AL) providers, we've been a part of hundreds of cases of helping seniors transition into AL communities.

We've seen both good and bad transitions and we've learned that the quality of this experience is directly related to the family's attitude and preparedness.

This guide provides information that will help make the transition to an assisted living community easier for the resident and their families.

AL community living isn't the only senior living solution. Many families are able to care for their loved ones at home, and new home healthcare capability makes that a good option for many.

This guide is for those adult children of the elderly who can't provide home care for their parents or who can no longer provide the quality of care their loved one needs. It's a source of information to help seniors, their families and adult children, experience a transition to AL with less worry and more confidence.

We'll explore questions like:

- ✔ How to have a productive conversation with the senior family member
- ✔ How to avoid some of the mental and emotional stressors
- ✔ How to know when it's time for a move to AL
- ✔ The types of senior care options available
- ✔ What to look for in an assisted living community
- ✔ Why early family planning is a must
- ✔ How to prepare for the transition

Most families will also benefit from the direct guidance of a senior care professional in addition to reading this guide. We'll tell you how to go about that as well.

It is our hope that by following the practical advice in this guide, you and your loved one will not only have a positive transition, but also approach a difficult process with understanding, empathy, and love.

Today's Elderly Care Challenges

“Father Time Is undefeated”

...Unknown

Elderly care customs and practices have changed over time. A few hundred years ago, US families would take care of the elderly in their family homes, with their own resources. Life expectancies didn't rise much above 30 in those days.

Fast forward to today, and we find that average US life expectancy has risen to 84. Increasing rates of diabetes, arthritis, dementia and disability can greatly affect quality of life, creating safety risks for seniors living alone at home.

With working or geographically distant family members, elderly care often can only be carried out through the senior service industry – a collection of the nation's nursing homes, assisted living, home health care, hospice, and independent living facilities.

Placing the care of a family member in the hands of an AL community is likely to be one of the most challenging issues that face any family.

Loretta's Journey to AL and the learnings that come from it describe a transition experience shared by many families and describes an outcome that most families would want.

Loretta's Journey To Assisted Living

On a beautiful spring morning, Loretta sits quietly on a garden bench outside her new home. She had not wanted to move here, but after only a few months, she feels more at home each day.

It had not been her idea to live here, and she had fought it every step of the way. Time had built strong memories for her in the house she owned for 40 years with her now deceased husband. The memories formed an attachment to her past life, and she wanted to stay there forever. She truly believed she would do that.

But her worried children couldn't attend to her every day and the increasing frequency of neighbors calling to report on forgotten doctor's appointments, gas stove burners left on, and piled up newspapers, alarmed them. They could see that the advancing combination of dementia and arthritis was putting their mother's wellbeing at risk while she lived alone.

Both children felt some level of guilt about not being able to take care of Mom in their apartments, but after consulting with an AL administrator, they decided that moving Loretta to an AL community was the best thing for her.

Now all they had to do was convince Mom. Those early conversations did not go well.

For a while it seemed like they no longer liked each other because the topics were so emotional and difficult to discuss. Issues like selling her beloved house, going into an "old folks' home", giving up driving, and deciding what to do with years of accumulated meaningful possessions, seemed to never get resolved.

Loretta's second fall in the house and brief hospitalization afterwards, changed the conversation, and after speaking with senior care professionals, she knew her kids were right, and she finally relented.

In the sunlight and warm morning breeze, surrounded by flowers and singing robins, the emotional confrontations with her family about moving to an AL have become faded, unimportant memories.

Loretta looks down at the Daily Activity flyer she picked up from the front desk on her short walk from her room to the bench. She reads the menus for the day and is curious about the morning gardening presentation by a visiting expert. She thinks about her newspaper-reading group later in the morning, skips over the afternoon mall trip, and looks at tonight's movie option. It makes her happy that she can easily choose from so many enjoyable things to do that she never could have done living alone and yet, if she prefers, she can rest in her room instead.

She thinks about how welcome the now familiar staff have made her feel.

She feels safe and well cared for and realizes how lucky she is to live in a community of new friends who understand and share in her daily challenges.

Of course she misses her old way of life but has made peace with the new one. This new place has become a pleasant late-in-life surprise.

In different but nearby towns, her family is relieved to know that Mom is well taken care of, that she's safe and, by all reports from the staff, even enjoying herself.

Today, they're confident in the staff of professionals helping Mom with daily activities. They know she's getting proper nutrition and help with daily tasks, and that immediate medical attention is available should she need it.

Their peace of mind is restored. They check on her frequently, calling and visiting whenever they can.

After almost a year, neither Loretta nor her family can imagine her being anywhere else.

What We Learn from Loretta's story:

Every transition is different, with different outcomes, but there are some common themes in Loretta's story that most families encounter:

- ❖ The senior often doesn't have a fully accurate picture of the condition they or their household is in, but they do have strong feelings about what they want to do with their future.
- ❖ The discussions between elderly parents and children can tap into two familiar family dynamics - conflict or harmony.
- ❖ Adult children and family members need to be aware of and manage their own feelings during this time.
- ❖ Sometimes an unfortunate incident or illness (like Loretta's second fall) can be a wake-up call that a change is needed.
- ❖ A senior care professional can help the family successfully navigate contentious confrontations about AL possibilities.
- ❖ The end goal is finding the solution that maximizes the wellbeing of the senior.
- ❖ AL communities can be great places to live that family members can trust. They're not "old folks' homes", they are family solutions providers.

Making The Decision – What To Expect

The only rule in AL transitions is this: Always approach it with love, respect, and a consistently positive attitude.

It's common for independent-minded seniors to resist any mention of moving to an AL community - even if it's the best thing for them.

This often leads to conflict between the parent and their worried adult children. The children will see their parent as being irrational and stubborn, and the senior sees it as the kids wanting to "put them in a home".

Understand that moving into an assisted living facility or nursing home is a significant event in a person's life - as significant as getting married and having children, but

signifying something much bigger – the beginning of the last stage of their lives.

Not all situations will be so emotionally charged. In some cases, it will be clear to everyone involved what is the right thing to do, but you'll need to be aware of a few dynamics that can cause the process to go sideways, and even destroy otherwise good family relationships.

How the world looks to an elderly parent

It's important to see the world as your senior parent sees it.

Their life has changed significantly in recent years – they're no longer an employee, no longer a boss, less socially active, and they're facing daily physical and mental decline.

Below are some commonly held attitudes of elderly people:

Hey I can still do things! Many seniors are aware that they have declined physically and mentally, but often overestimate their ability to manage daily activities like driving or handling normal household maintenance themselves.

It's been some rough years lately. A typical candidate for AL has witnessed 10 – 20 years of their own physical, mental, and social decline. You've seen it too. That decline has very likely changed them as people and how they look at life.

My Nagging Children! Are they coming to visit or to check if I've cleaned up the kitchen, or to try to put me in a home? It's not unusual for seniors to prefer the company of friends over family because of emotional parent/child clashes regarding their care decisions.

I can't do things like I used to. Arthritis, injury, and illness, along with vision and hearing decline can play a part in limiting their life activities. Many deal every day with boredom, isolation, the fear of getting old, and depression.

Who Am I? Things that parents used to define themselves by have disappeared. They may have lost a spouse. Their relationships with their family and friends have changed.

I'm living alone, and I'll be fine. Many seniors live alone. Friends or immediate family are either deceased, or no longer live close by. Often seniors aren't comfortable going places on their own. The motivation to get out and make new friends can be low. Yet, social activity is good for a person at any age.

I'm just a little embarrassed. Declining mental concentration and memory can be a source of embarrassment to an aging parent, particularly when they can't remember simple

Of the older adults who were living outside nursing homes or hospitals in 2010, nearly one third (11.3 million) lived alone. Older women are twice as likely as older men to live alone

...Institute on Aging

words, or recall things as quickly as they used to. They'd rather avoid social situations to avoid the embarrassment.

The good ol' days were better. Technology, news and the world around us change too rapidly for many seniors, contributing to their isolation.

Good AL communities can help seniors alleviate some of these negative attitudes.

What You Need to Know About Assisted Living Communities

Assisted Living (AL), also called residential or custodial care, is for adults who need help with activities of daily living (ADLs), but don't require full-time medical care.

Today, they're quite amazing homes to some 835,000 of the nation's elderly. They've evolved over the years to focus on giving residents as much independence as possible. Residents can choose the social activities and level of privacy they'd like in a secure, home-like setting.

Assisted Living Communities aren't "old folks' homes", they are family solutions providers!

Assisted Living Snapshot	
Common Names	Nursing home, custodial care, residential care.
Candidates	Seniors who need long-term assistance with life's daily tasks but don't need full-time nursing care.
Types of Care	Personal care support services provided by nursing aides or skilled nursing. Services include: bathing, dressing, meal preparation, transportation, and medication management. Medical care is provided when needed. Can include adult day care and respite care. Options such as memory care, dementia, and Alzheimer's care are available in many facilities.
Payment Options	Savings and personal funds, certain long-term care insurance policies, VA Aid and Attendance benefits, Medicaid, reverse mortgage funds, and annuities.
Cost Range	\$3K-\$5K/mo. (dependent on the level of care, type of facility and location)

Meet The Typical AL Resident



The information below from the National Center for Assisted Living (NCAL) helps you understand the average AL resident and the types of care that they're getting.

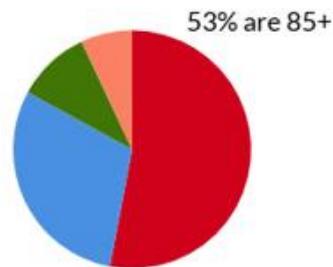
In short, over 50% of residents are 85 years plus, mostly female, and the top two services used are bathing and dressing.

Who's In Assisted Living Facilities?



Women (70%) Men (30%)

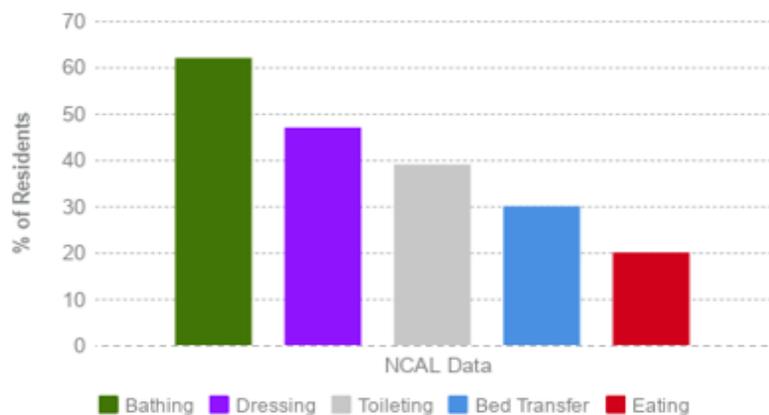
Age Of Assisted Living Residents



85+ (53%) 75-84 (30%) 65-74 (10%) <65 (7%)

Data From National Center For Assisted Living

What People Need In Assisted Living



NCAL Data

Bathing Dressing Toileting Bed Transfer Eating

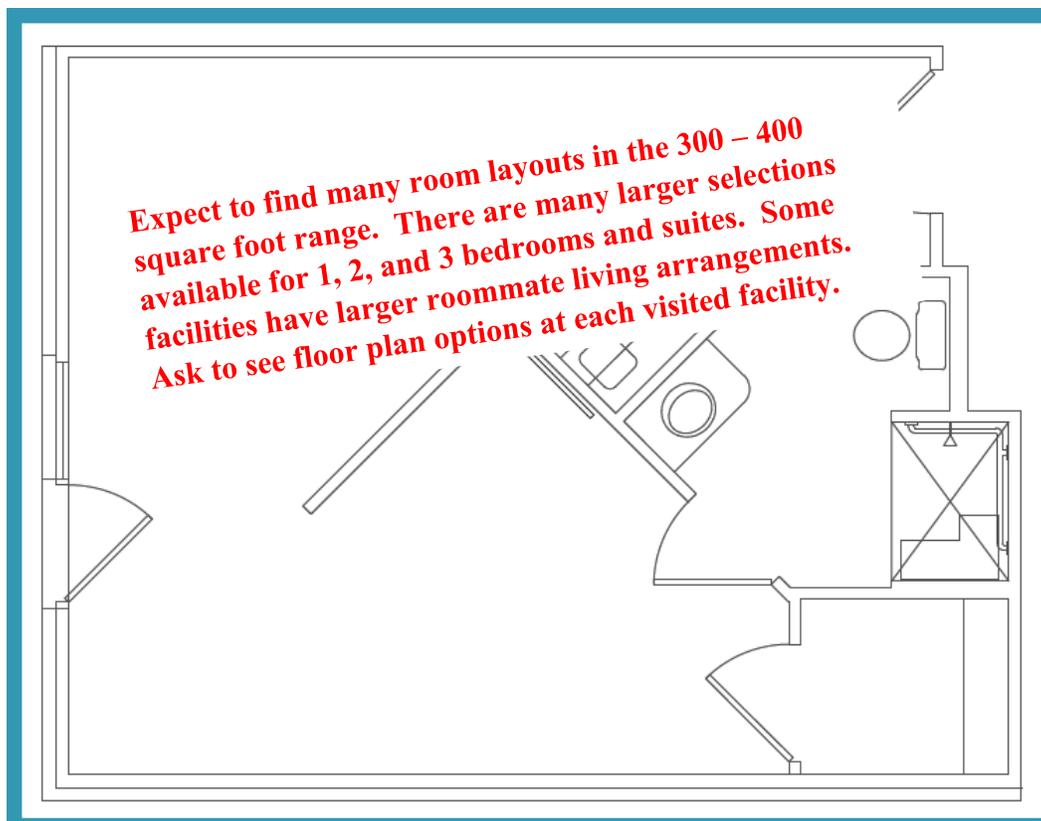
NCAL also describes common ailments of residents:

- ❖ 40% have Alzheimer's or dementia
- ❖ 37% have cardiovascular disease
- ❖ 23% have depression
- ❖ 17% have diabetes

95% of licensed AL facilities also have a nurse available 24/7.

The best AL facilities are not really facilities. They're communities that offer a full range of high quality senior care services and a personalized plan of care for each resident.

Living Arrangements



A variety of living layouts and arrangements are available to choose from. Each provider will offer different square footage, quality of amenities, and layouts. From studio type apartments to 1, 2 or 3-bedroom layouts, there's a floor plan that meets almost any need.

Some communities also allow pets.

Safety and security of the resident should be the highest priority for the staff. Look for evidence that resident safety is taken seriously, such as in-room alert systems, security cameras, visitor access controls, etc.



What Does It Cost? And Who Pays?

A transition to where the new resident is comfortable with their new surroundings can take anywhere from a few days to a few months.

Costs for AL residents vary depending on the location, the type of care required for the resident, and the amenities in the facility. A general range in the US can be from \$3K to \$6K per month, or more.

AL communities usually charge a monthly fee for the resident's apartment, and additional fees for the level of care required. For example, some fully independent residents need only minor assistance, while less mobile residents require help with more activities of daily living (ADLs). Costs increase with the level of care required.

Payment is mostly from private funds or special insurance plans. Medicare does not pay for AL, but some state programs, Medicaid, and VA programs are sources of funds for those who qualify.

Be sure to check all of the senior's insurance policies, and retirement plans for the inclusion of any AL benefits.

Activities

One of the great benefits of an AL community is the opportunity to enjoy a variety of enjoyable, interesting activities that an elderly person on their own may not be able to do.

An AL staff usually includes a person responsible for coordinating activities such as group field trips, parties, holiday events, exercise programs, guest speakers, craft activities, and more.



Participation is optional. Residents who prefer more private or quieter activities have many options as well.

Good food and pleasant dining experiences are always a priority for residents. Some AL communities involve the residents in providing suggestions for menu items, and food service.

Similarly, in many communities, residents are involved in various committees to guide the staff in day-to-day operations.

The ABC's of AL Transition Planning

There is good reason for an early planning process.

A recent *Population Reference Bureau* fact sheet spells out a story that shows:

- ❖ The aging of the baby boom generation could fuel a 75 percent increase in the number of Americans aged 65 and older requiring nursing home care, from 1.3 million in 2010 to about 2.3 million in 2030.
- ❖ Demand for elder care will also be fueled by a steep rise in the number of Americans affected by Alzheimer's disease, which could nearly triple from 5 million in 2013 to 14 million by 2050.

These factors increase the demand for senior care resources such as AL, nursing homes, and home care. Early planning to make sure that there are options available for your loved one when they need it becomes even more important.

The key to a good transition to assisted living is in the quality of the planning that precedes it. And the requisite for that is watching for early signs of decline and having those courageous family discussions early in the process.

When Is The Right Time?

One of the most common issues families and caregivers ask is, “When is it time to move Mom or Dad into an AL facility?”

Below is a table with a checklist of questions similar to those used as an assessment tool by staff at AL facilities.

It can be used as a rough guide to give a sense over time of the individual’s readiness for AL. A thorough assessment can only be given by a senior care professional.



The Caregiver’s Checklist

Assess the level of independence that the senior demonstrates in these categories and pay attention to how they change over time. A caregiver who is attentive to these questions will have a sense of when a professional assessment is necessary. Involve as many family members in this process as possible, especially your parent.

Evaluate and Track These Signs	
Around the House	Is the home too much for them to keep up with (maintenance and tidiness)? Is the home safe (limited stairs, good lighting, etc.)? Keeps up with bills, legal requirements, etc.?
Bathing/Hygiene	How much help needed for assistance in and out of tub/shower? Reminders? Setting temperature? Washing assistance? Oral Hygiene?
Dressing/Grooming	How much assistance needed to choose, put on/take off clothes?
Toileting	How much assistance needed for toileting schedule? Getting on and off toilet? Cleaning? Day/night incontinence? Handling incontinence supplies?
Housekeeping/Laundry	How neat is the home kept? Ease of doing laundry? Understanding and control of room temperature, TV, other appliances?
Behavior	Inappropriate behaviors? Personality changes, loneliness? Wandering? Medication mistakes? Social interaction with friends and family? Physical abuse by spouse/others?
Physical Ability	Ability to walk independently? General fitness level? Sight and hearing abilities?
Falls	History of falls? Balance issues?
Meals and Nutrition	Assistance needed with cooking or utensils? Appetite?
Transportation	How safe is their driving? Can they arrange transportation? Can they get in and out of vehicles or public transportation?
Wellness and Medication	General wellbeing? Are reminders or help needed with medications? Ability to make and keep doctor's appointments? Ability to manage chronic conditions? Level of frailty/robustness?
Cognition	Level of forgetfulness and focus? Ability to handle more complex tasks (paying bills, etc.)?
Mood	Positive attitude? Level of intervention needed for anxiety, frustration, depression? Medications required?
Activity Level/ Social	Overall interest in life, health, spirituality, or learning? Interest in social activities?

What To Look For In An AL Facility

As part of the early planning conversations, you'll need to answer a few basic questions:

- ✔ What is the level of care needed (High, Medium, Low)
- ✔ What distance from your home is ideal?
- ✔ What kind of monthly budget will be affordable?

- ✔ Will your parent want or tolerate a roommate?
- ✔ How much space will be needed?
- ✔ Will your parent want to drive?
- ✔ When will your parent want to move in?

With answers to these questions, you're ready to evaluate AL community options.

Start with an internet search and create a list of candidate AL communities. Visit each of the facilities and talk with the staff

Keep detailed notes so later, you can evaluate and discuss what you've learned.

For each AL community visited, use the Community Evaluation Checklist below. Not all of these factors will be necessary or important in every case.

Community Evaluation Checklist:

- ✔ Staff and Leadership:
 - Look for a positive, caring atmosphere, and employees showing pride in their facility.
 - A helpful staff that promotes quality of life, a healthy lifestyle, and encourages the independence of residents.
 - Willingness to communicate with the family.
 - Staff that treats residents with respect.
 - Staff has had background checks and drug tests.
 - Staff that takes the time to know who the person really is – understanding resident's history, preferences, memories, occupations, special interests, travels, etc.
- ✔ Facility Features:
 - A wide variety of enrichment programs and activity options are available.
 - Amenities that fit the senior's interests, e.g. restaurant-style dining, transportation, exercise rooms, beauty salon, courtyard, etc.
 - Clear payment plans with tiered levels of care options.
 - Memory care unit available.
 - Technology for safety – security cameras in common areas, staff, and emergency pull cords, or alert technology. Internet access is a growing demand for the elderly (and a good way to stay connected to the family).
 - A great dining experience – residents love good food.
 - Clean, orderly facilities with security cameras and a track record of patient satisfaction and safety.
 - Respite programs for family members to stay occasionally.
 - Living arrangement options – studio apts., 1, 2, or 3 bedrooms.
 - Secure building – limited access.
- ✔ Resident Care:

- Commitment to patient-centered care.
- Periodic, personalized, professional assessments to track a resident’s progress or decline.
- Staff administers assessments and creates individualized plans for residents – AL staff should provide an initial assessment of the resident’s needs and form a specific plan for that individual, which includes level of assistance, activity preferences, dietary needs, etc.
- Nurse available 24/7.
- Access to needed therapies – physical, speech, etc.
- Involvement of the residents in operating decisions – do residents have a way to influence the social activities, food choices, etc.?
- ✔ Company Trustworthiness:
 - CMS/Dept. of Health ratings and awards.
 - Clear, understandable basic care and optional care pricing and policies (e.g. what happens if your parent exhausts private pay funding sources).
 - Family invited to fully participate.
 - Significantly more positive online testimonials than negative.
- ✔ A Continuum of care. As situations change, and more assistance or more skilled nursing is required, you want the flexibility to have your loved one transition smoothly to other forms of care they may need, whether that’s an emergency medical need, skilled nursing or hospice. Many facilities offer this full range of services. See the Continuum of Care Overview Chart at the end of this guide.

“I don’t have residents here. I have grandmothers and grandfathers. That way they get so much more love and compassion. My staff feels the same way.”

**... JaQualia Leonard, Executive Director, Gardens of Scioto,
Capital Health Care Network**

What To Expect On Day One At The AL

Every AL community will be a little different, but here are some things to expect the day that you and your parent arrive, ready to move in.

- ✔ Your parent is likely to be anxious. New people, new routines, and new surroundings can be intimidating.



- ✔ Introductions to the staff. Expect to meet the administrator, and key staff members like the maintenance people, aides, food service manager, etc.
- ✔ A review of the care plan. Going over the new resident's care plan is an important reminder. Be certain it includes a level of independence that matches the resident's abilities.
- ✔ Introduction to the roommate where there is one. Some ALs assign residents as buddies.
- ✔ Review of family day and family visit options calendar.
- ✔ Stay for the day, help arrange personal space, stay for dinner, and provide moral support.
- ✔ It's normal for both you and your parent to feel strange, particularly around privacy concerns, or if sharing a room.
- ✔ There will be plenty of things to do every day at the AL. Find out what they are and encourage your parent to participate.

A transition to where the new resident is comfortable with their new surroundings can take anywhere from a few days to a few months. It depends on the individual's social skills and willingness to adapt.

Preparing For The Move – Downsizing Tips

Once the decision is made to find an AL community, and the senior currently lives in their own home, there will be a lot of work to do. Decades of accumulated possessions, many of which have emotional value, will have to be disposed of before moving into a 300 to 400 square foot space.

This requires a ruthless downsizing effort.

We recommend that the family start this process led by the senior parent if possible, assisted by family and friends. It's far better to start downsizing when the parent is healthy and active - well before they need AL.

Pitch in and help put the planning in place, help with downsizing, and provide moral support for your parent throughout.

Taking Care Of The Major Things

The largest item is usually the senior's home. Since most AL arrangements are paid privately, selling the home may be required to cover AL expenses.

Selling a home is a well-understood process that realtors do every day. Find a good realtor and let them help price the home, assess repairs, stage the home, and manage the sale process.

The sale of the house will almost always bring more money and sell faster when the house is de-cluttered. However, even the smallest and junkiest of things can have great sentimental value to the owner, and parting with them isn't easy.

A car is not normally needed in an AL community, but if your parent is healthy with a high degree of independence, they may want to keep their car. Select the AL community based in part on the driving permissions needed.

Tips On Ruthless Downsizing

Most AL facilities will allow residents to bring items to personalize their space but moving from a large house or apartment to a 300 square foot space will make it necessary to get rid of almost all of the senior's most cherished possessions.



The good news is that most of the accumulated stuff is no longer really needed. The challenge is to get your loved one to realize this. It's important for them to be a willing participant in the downsizing of their household.

Here are ten tips on how to run a ruthless downsizing effort with participation of family and friends:

1. **Help establish an early house-clearing mindset**, well before any AL conversations take place. When an elderly parent begins to realize that not leaving a lot of things behind for their family to clean up after they're gone is a more responsible way to live, and is a better legacy, they'll be fully supportive of doing it. Help them understand that it's a part of making one's arrangements, as important as a will.
2. **Ask the senior if there are larger household items that they want their children, friends, or family to have**, and make a list of these items and who should have them. Ask people to accept the items now where possible, even if they don't want them. Make it clear that by doing so, they're helping the family to prepare for the AL transition.
3. **Valuables should be identified** and either given away or made to be part of the will. If the latter, then arrangements should be made (safe deposit box or small storage unit) to store these items.
4. **Start with clothes**. Because of changing styles, and their own physical changes, clothes can be the easiest place for the senior to start getting rid of stuff. Donating clothes that they've seldom or never worn, and never will wear is a good option. This first step can build momentum for getting rid of other things.
5. **Books, videos, music, kitchen utensils, and dishes are next**. Invite family and friends to browse through them and keep what they'd like. Sell what's left over at a garage sale and put the money in the AL expense fund. Selling vintage or more valuable items on Ebay, or Amazon is also a good idea.

6. **Sort through other possessions and select** only those things that you absolutely must keep – this is where the ruthless downsizing mindset is helpful.
7. **Get rid of personal possessions that fall into the “someday I’ll...” category** – old paint supplies from past art classes may be nice to hold on to but help your parent to understand that if they haven’t touched it in 10 years, it’s probably best to get rid of it.
8. **Sell things of value to help pay for upcoming expenses.** Hold a garage sale or go all the way with an estate sale type approach. Put the proceeds in the AL expense account.
9. **Create a “Discard Box” for things of sentimental value only to the senior.** Old letters, photos, awards, and personal mementos are very difficult to part with. So, don’t force it. Put them in a “Discard Box” which is to be stored or kept by a family member. The parent knows they can get to it in the future if they really want. When the owner passes, the keeper can dispose of the contents.
10. **Most of all, have patience** – this won’t be done in a day. It’s best to make steady progress every week.

The Family’s Role

The Only AL Transition Rule

The only rule in an AL transition is to always go about it with love, respect, and an attitude that you’re only looking after the best interest of your parent.



This rule applies to yourself as well. Many adult children will experience a sadness and guilt in this process. Some will feel stressed, and annoyed at the time involved in working through these challenges. It’s important to stay tuned to your feelings and seek support and help for yourself so that you can follow the rule.

The process to transition to an AL will almost certainly be an emotional experience for both parents and children. More than a few tears will likely be shed

in the process.

Your attitudes, whether they’re positive or negative, will be picked up on by the parent and you’ll want to have the positive attitudes be the dominant ones.

It's also not uncommon for there to be significant disagreement between siblings and family members about any aspect of the plan – from “Who should get the car?” to “Should we sell the house?” to “What AL community is best?” These issues, if not managed, can be intensely emotional, and stop or slow down planning.

It's beyond the scope of this guide to define how to resolve these issues, but they must be handled in the spirit of the only rule of AL transitions. Seek trusted third party help to resolve family conflicts.

Once The Transition Is Made...

After moving into an AL, the last thing you want is for your loved one to feel abandoned. Call and visit often and include as many family and friends in that act of kindness and love as possible.

Encourage your parent to socialize and make new friends in their new environment. Psychologists have proven that there's a direct correlation between a person's positive social activities and their health.

Stay closely connected to the staff of the AL community. Get to know them and let them know, by your frequent presence and calls, that you're involved and care for the same person they care for.

How Senior Care Professionals Can Help

Experienced, caring staff are available to help families navigate through this process.

Some of their most important contributions are in providing a professional assessment of your parent, developing a personalized plan of care, and providing advice for families grappling with difficult decisions.

We recommend visiting various facilities – some will have open house type events, presentations, and Q&A sessions to help families with their questions and issues.

Participating in these sessions is always a good way to rub shoulders with other people dealing with similar issues. Interacting first hand with the staff will help answer this important question: “Are these the kind of people I can entrust Mom or Dad with for their everyday care?”

Giving advice and answering questions is another strong suit of these professionals. Most are in this profession because they have a calling to care for seniors. If they don't show keen interest in your circumstances, or show a desire to enthusiastically help, then it's not the right place for your loved one.

Trusted doctors, church clergy, and social workers are also good resources to add to your team of transition experts.

Another option is to find support groups, or social media groups online. Finding a good group to participate in can often provide additional ideas to help resolve specific issues. Your participation can also help someone else.

Summary

We hope you found something in this guide that was useful. A wide range of topics was presented, but it wasn't the scope of the document to provide in-depth coverage of all topics.

How you handle this transition will say a lot about you and your family. It teaches young family members important principles of the responsibilities of taking care of elderly loved ones.

Whether you're at the start or end of this process, or somewhere in between, we recommend exploring these topics more thoroughly through internet searches, and conversations with senior care professionals. They have a wealth of experience that you'll find helpful and comforting.

Remember the primary lessons from this guide:

- ✔ You're not alone – everyone will eventually deal with this issue, even if it's yourself.
- ✔ Start early conversations with your parent to learn their preferences and begin the planning.
- ✔ Assisted Living communities are family solution providers not old folks' homes.
- ✔ The only rule for planning this is: Always approach this issue with love, respect, and a consistently positive attitude.
- ✔ Use checklists to evaluate AL community options.
- ✔ Be aware of, and take care of your own emotions during this process.
- ✔ Research AL facilities after answering some basic questions. Visit them and talk with the staff.
- ✔ Involve as much of family and friends in this process as possible.
- ✔ Begin the downsizing process early.
- ✔ It will take some time for your parent to adjust to a new lifestyle.

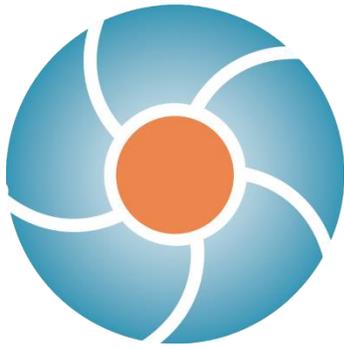
Finally, we've included a Senior Continuum of Care chart below to familiarize yourself with the landscape of senior care options. It will add some important context for your AL planning, and you may find that you need a different solution than AL.

If we can be of any help in your planning, or transition, we'd be happy to assist you.

Senior Care Continuum

	Independent Living	Skilled Nursing Facility	Assisted Living	Skilled Home Care	Private Duty	Hospice
Common Names	Active adult community, retirement community	Nursing home, rehabilitation center, outpatient therapy	Nursing home, custodial care, residential care	Home health care, home care, private duty	Concierge care, home aides	End of life care, palliative care
Candidates	Seniors who are physically and mentally able to take care of themselves and who want social engagement with other seniors as well as fewer chores.	Seniors who don't need to be in a hospital but need medical supervision or rehabilitation and can't be cared for at home. The need can be post-hospitalization, injury, or short-term therapy.	Seniors who need long-term assistance with life's daily tasks but don't need full-time nursing care.	Seniors who need post-op injury or illness medical attention from visiting skilled nurses or therapists.	Seniors who need non-medical assistance at home with daily living tasks.	Terminally ill seniors whose remaining life prognosis is 6 months or less, as determined by a doctor.
Type of Care	Housing arrangements ranging from apartment-style communities to housing co-ops. Residents live in separate dwelling spaces and have a common area where they can gather with other members of the community. Medical care is an extra if needed.	Short-term residential accommodations with medical care. Includes general medical, rehabilitation therapy nursing, occupational, speech, or physical therapy. Long-term care is also provided in many facilities	Personal care support services provided by nursing aides or skilled nursing. Services include: bathing, dressing, meal preparation, transportation, and medication management. Medical care is provided when needed. Can include adult day care and respite care. Options such as memory care, dementia, and Alzheimer's care are available in many facilities.	Visiting health care professionals provide home health care, including professional medical and/or nursing care, occupational, speech, or physical therapy.	Non-medical assistance with everyday tasks in the home, such as meals, transportation, light duty housework, companionship, bill pay. Can be hourly or 24/7 care.	Helping terminally ill patients live comfortably. Special medications, doctor and nursing care, grief counseling, and short-term respite care. Care can be provided in home or in a hospice facility.
Payment Options	Social Security, pension income, retirement savings and other personal funds.	Private insurance, Medicare (if short term and medically necessary). Medicaid for longer term care.	Savings and personal funds, certain long-term care insurance policies, VA Aid and Attendance benefits, Medicaid, reverse mortgage funds, and annuities.	Private insurance or Medicare, if part of nursing care, or other physical therapy, occupational therapy, or speech-language pathology services.	Individuals pay privately or some insurance policies cover. Some areas have local Agency on Aging offices that provide services to qualified seniors at a discounted rate.	Medicare, Medicaid, private insurance.
Cost Range	\$2K - \$9K/mo. (Varies by amenities)	\$4K - \$8K/mo.	\$3K- \$5K/mo.	Varies	\$15 - \$25/hour	Varies

About Capital Health Care Network



Our senior assisted living communities, the Gardens of Scioto and Carriage House, offer assisted living services in affordable communities that are housed on larger healthcare campuses providing a full continuum of care.

Our communities are staffed by friendly, respectful, experienced and vetted healthcare professionals. These professionals work with residents and families to customize care and attention. We understand that it's our responsibility to know each of our residents so that we can map out daily routines, events, and activities that mesh with their individual needs and preferences.

Other assisted living communities tout their facilities as “resort style living.” At Capital Health Care Network, we prefer our communities to be warm, inviting, comfortable, familiar and secure senior homes.

Our senior living communities are part of a larger Capital Health Care Network system, which offers a full continuum of care. Our vision is to lead the senior healthcare industry by providing solutions that help seniors age on their own terms. We know that it all starts at home with senior housing.

We offer a wide array of affordable senior housing options from retirement communities, including senior apartments and free-standing villas, to assisted living communities where your loved one is ensured personalized care and attention.