



FREQUENTLY ASKED QUESTIONS

Levels of Care Definitions:

Senior Living Options: Independent, Assisted, Memory Care and Skilled Nursing

Independent Living and Assisted Living communities serve different types of residents than nursing home facilities. Talking with our Community Relations Director will provide you with valuable insight and resources available to you, at no cost. Contact us to determine the type of assistance you or your loved one needs, and you'll be able to decide which option is right for you.

Independent Living communities, or neighborhoods within a larger community, are designed for the healthiest and most physically independent category of older adult.

Assisted Living communities, including those who benefit from memory care support, are designed for adults who can participate in their routine activities of daily living, yet benefit from a residential setting with companionship and planned activities. Additional features such as housekeeping and laundry services, meals, transportation, health and exercise classes and communal areas to casually socialize provide an enhanced lifestyle. Support with activities of daily living, including personal hygiene tasks, dressing, escorts, medication management and mobility assistance or transfers are just some of the key factors that separate assisted living from independent living residents or communities. Assisted living facilities include memory care support, and are regulated at the state level, so the operating rules are slightly different on a state-by-state basis.

Nursing homes are generally for those who need more closely supervised care. Most people who are best suited for nursing homes have serious illnesses or injuries, such as those who cannot get out of bed, have severe wounds, complex bone fractures or for those who suffer from serious medical issues that prohibit them from participating in most daily living activities. The federal government regulates nursing homes across the country.

Answers to FAQ's

How does your community communicate with residents and families:

We are committed to keeping our residents and families informed, because we understand just how important it is! We foster communication through various methods, including our innovative family engagement tool, Sagely. In addition to communicating about care and health, we provide newsletters and update families about the COVID-19 precautions, and visitation guidelines, understanding that guidelines can temporarily change if state or county health regulations are modified. Also, we personally call every family member once per month.

How is the cost of care determined?

Geographic location plays a huge part in determining the monthly cost. The cost will vary based on the community longevity, reputation, location, size, amenities, and available inventory. Likewise, the dwelling style or size selected and operating costs specific to geographic labor, insurance and raw food expenses can drastically impact pricing.

A resident who doesn't require any specialized care can expect to pay less than someone who needs cueing, reminders, or assistance with activities of daily living such as bathing, toileting, grooming or dressing. However, if a person needs hands-on care, such as help with mobility, meals, medication assistance (six to seven prescriptions is often a threshold), the cost increases.

We use a point system to determine what level of care our residents need as part of our approach to *Wellness, Reimagined*.

Often, determining the cost of care can be confusing. We have found our savvy consumers prefer knowing what they are paying - often referred to as a level of care or a fee-for-service model of pricing. We utilize a combination of clinical assessments and tools to determine the level of care for each resident, which is driven by a point-based system linked to scheduled tasks. Assistance with activities of daily living, such as personal hygiene, grooming, bathing, dressing, escorts, mobility assistance/transfers, and medication management are examples of routine assistance that can be provided. The cost of care is dependent on the personalized level of care of each individual served.

Levels of care are typically broken into five categories: Level 1-5. Level 1 is designed for the resident who is typically independent and requires a very low level of daily assistance and Levels 2-3 are most often applicable to those who need minimal to moderate physical or cognitive support and may typically include medication management or help with two to three activities of daily living. Level 4-5 care is designed to support those who have more complex needs, including routine assistance with several activities of daily living or frequent intervention to manage the overall health, safety, and behavioral support of the individual.

Can care costs go down?

Yes, care fees can often be lowered. Personalized care fees are determined based on the care scheduled for assistance with activities of daily living. In cases where a resident experiences a health event (e.g., illness or injury) and recovers to an improved health status, the cost of care is reduced because the assistance needed is reduced. The nurse conducts assessments, and this is when the level of care can be adjusted.

What is the difference between 'All-Inclusive' and 'Level of Care' Pricing?

All-Inclusive: An all-inclusive monthly rate is one monthly payment to generally cover apartment, food, utilities, activities, and in most cases, care assistance services, regardless of the level of care needed. Although all-inclusive pricing models may seem more predictable or attractive, the consumer is generally sharing the higher cost of care delivered to others. The definition of "all-inclusive" varies among assisted living communities and can be misleading and have a cap on the services provided.

Level of Care: Residents only pay for the services they need or want. In some cases, you can add or remove services month to month. The all-inclusive model of pricing is based on one flat fee monthly, regardless of the assistance provided and often viewed as pre-paying for services. The most transparent method of achieving a realistic cost for the personalized needs of each resident is a fee-for-service/level of care model of pricing. This model determines a care cost based on the level of care or assistance needed with routine activities of daily living. In short, payment of services is associated to the individual and personalized care plan of each resident.

Why is there a one-time Community Service Fee?

Senior living communities charge a community fee to help cover expenses incurred in renting apartments. Each community may use the fee to cover different expenses, but are most often related to replacing carpet, painting or repairing damaged walls, marketing the apartment, maintenance of shared community spaces, or fees incurred in leasing the apartment. Many people mistake community fees with entrance fees. Entrance fees, however, are larger fees paid to continuing care retirement communities (CCRC's) that may or may not be refundable. Community fees are rarely refundable, but are also much smaller.

What is a Respite Stay?

Respite care is a short-term stay at a senior living community. It is often suggested for seniors who are recovering from a hospital visit or other health circumstance, where supervision or assistance with routine daily living activities are needed for enhanced safety during a recovery period. It can also be used as a senior living trial period. Depending on the community, our respite care services are available for a variety of care levels. Typically, a short-term stay is considered as 30-days and charged at a daily, all-inclusive rate.

Other distinctions:

Distinct "Feeling": The moment you enter our community, which is best to experience in person, you can "feel" the love and genuine relationships. You may find other locations that have some similar amenities, but the unique personality and "feeling" cannot be imitated. Likewise, our success is based on pillars of promise and a purposeful pursuit of individual happiness.

Expertly Designed: Our community layout is purposed for resident ease in navigation and enhanced by award winning engagement program(s) that are curated to enhance the life of everyone served.

Person Driven: We know our residents, and we celebrate their strengths. We don't pass time – we offer purposeful pursuits and develop authentic relationships based on knowing, loving, and caring for our residents and their loved ones.

Technology Empowered: Select engagement and care tools are used to inform, connect, and intervene, while maintaining consistent communication to provide peace of mind to families.

Reputation: Our customer feedback and satisfaction scores are taken very seriously. We provide families the comfort in knowing that they're making the right decision. We analyze customer feedback from surveys, reviews, social media interactions and more, to deliver an exceptional living experience. Our solid reputation is built on a foundation of trust, transparency, and teamwork. We are visible, empathetic, informative, and thankful. Visit our website testimonial page or share conversations with our residents to better understand why our longevity and reputation is praised.

If I am a Power of Attorney (POA) can I make all key decisions?

A POA is responsible for managing the affairs of another. Depending on the type of POA that's in effect, POA can exercise a wide range of authority. At the most basic level, a POA will act on behalf of a resident if they become unable to do so themselves. This can involve anything from health-related decisions to financial decisions and more.

What is your staffing ratio?

Our care attendant ratios are determined on the *levels of care* needed. We determine level of care through a point system. Once the assessment with our nurse is completed, the community nurse is able to determine the amount of care time your loved one is needing per day. Our system then reports the equivalent number of hours needed for the whole community.

You will also be pleased to know that we always work to exceed the states mandates in our ratios. Caregiving assignments are shared between caregivers, med technicians, nurses, and department supervisors, which vary based on the sum of scheduled care during each employee work period. Clinical evaluations and electronic tools are used to not only determine a resident care level, but also staffing schedules. We do not use a generic, predetermined staffing model that is based on the total resident count; thus, a predefined care ratio is nearly impossible to transparently provide because it will vary weekly and sometimes daily.

What does 24/7 care staff mean?

Assisted living facilities provide personal care assistance in a homelike setting with an emphasis on personal dignity, autonomy, independence, and privacy. The regulatory care requirements vary by state and specific community licensure, based on the resident's physical and mental abilities. In certain states, regulations do not require routine attendance during sleeping hours for those capable of following directions during an emergency, but most commonly, 24/7 supervision is present to assist in evacuations or emergency situations. Our communities provide 24/7 assistance.

RN vs. LVN/LPN: An RN is a higher trained nurse than an LVN/LPN. RNs may supervise LVN/LPN. An RN is a licensed nurse with a higher level of authority than an LVN/LPN. RNs may supervise LVN/LPN, to ensure assessment of patient conditions, medical symptoms, histories, medicine management and patient care plans are managed within regulatory guidelines within the state licensed and care is delivered. Both RN and LVN/LPN positions provide direct, hands-on care for residents.

Lease Agreement and 30-day Notice of Departure: In the event you elect to terminate your lease agreement, a 30-day written notice of departure is expected. A blank lease agreement is available for review, if desired. A resident's 30-day notice of departure allows the management team to schedule maintenance and repairs, as well as advertise the apartment availability. In the event the community has a new resident waitlist, the terms of your financial obligation may be reduced, at the discretion of the Executive Director, if the apartment can be released sooner than your 30-day notice period.

This blog does not contain information specific to your state but rather general recognized terms and definitions within the senior living industry with the intent of answering frequently asked questions.