



## **How to Choose a Nursing Home**

There are many things you must carefully consider when choosing a nursing facility for yourself or a loved one.

State inspection reports, word of mouth recommendations, and promotional literature can all be helpful. But when it comes to make a decision, nothing is more valuable than the insight you gain from making personal visits to the home(s) you are considering.

### **Things to Observe During Visits**

- Is there pleasant and effective lighting in the facility?
- Is the facility free of overwhelming unpleasant odors?
- Is the facility as clean and well-maintained as you set your personal standards?
- Do residents appear well groomed?
- Do chairs and other furniture seem sturdy and difficult to tip? Are they attractive and comfortable?
- Do patient beds have privacy curtains?
- Are those curtains being used by staff to protect the privacy of residents receiving treatments or assistance?
- How do staff members interact with residents? Are they courteous and friendly? Do they address residents by name?
- Are call lights promptly answered?
- Is there an activities schedule posted? Are residents engaged in activities?
- Do meals appear tasty and attractive?
- Are residents who need help eating receiving assistance?
- Is the food preparation area separate from the dishwashing and garbage areas?
- Is there fresh water on bedside stands?
- Are there hand rails in hallways and grab bars in bathrooms?
- Are toilets convenient to bedrooms and handicappers?
- Are the hallways wide enough to accommodate passing wheelchairs?
- Are the rooms large enough to allow a wheelchair to maneuver easily?
- Is the temperature comfortable (remember many seniors prefer warmer environments)?
- Do all residents have closets and drawers for clothing?
- Is the atmosphere generally friendly and welcoming?

### **Questions to Ask Facility Staff**

- Are beds available?
- Does the facility have a current license from the state? Does the administrator have a current license from the state? If not, do not use the home.
- If Medicare and/or Medicaid coverage is needed, is the home certified?
- How does the facility match roommates?
- Does the facility have a formal quality assurance program?
- Does the facility have an operating agreement with a nearby hospital for emergencies?

Is a physician available in an emergency?  
Are personal physicians allowed?  
How is regular medical attention assured?  
How are residents and families involved in care plans?  
Are other medical services available (i.e., dentists, podiatrists, optometrists)?  
Does the facility report periodically to the patient's personal physician on resident progress? To families?  
What services are provided for terminally ill patients and their families?  
Does the facility have an Alzheimer's disease program?  
Is a licensed nurse always available?  
Does a pharmacist review patient drug regimens?  
Are arrangements made for patients to worship or attend religious services as they please?  
Is there a physical therapy program available under the direction of a qualified physical therapist?  
Are services of an occupational therapist or speech pathologist available?  
How are residents encouraged to participate in activities?  
How are patient activity preferences respected?  
Are group and individual activities available?  
Is a social worker available to assist residents and families?  
Does a dietician plan menus for patients on special diets?  
Are personal likes and dislikes taken into consideration in menu planning?  
Are snacks available?  
Is assistance in bathing and grooming available?  
Are barbers and beauticians available?  
How are disputes, problems, or complaints with the quality of care settled?  
Does the facility have a written description of patient rights and responsibilities?  
Is staff trained to protect patient dignity and privacy?  
Does the facility have Resident and Family Councils?  
Are all services covered in the basic daily charge?  
Will the facility help you with third-party (insurance) billing?  
Are advance payments returned if the patient leaves the home?  
Does the home regularly survey residents or family members to find out how satisfied they are with the quality of services the facility provides?

### **Questions to Ask Yourself**

Do I feel comfortable coming here/leaving my loved one here?  
Is the location of the facility convenient for frequent visits of family and friends?  
Is the facility convenient for the patient's personal physician?  
Am I committed to continuing involvement in my loved one's life and care (i.e. personal visits, serving on council, etc.).  
How is quality care assured?

### **Answers to Questions about Nursing Homes**

State and/or Federal survey teams inspect all Washington nursing homes about once a year. State inspectors, many of whom are registered nurses, check every aspect of nursing home care and resident living.

Nursing homes must pass over 500 State and Federal regulations (over 300 pages), making the long-term care industry one of the most regulated in the nation. As of October 1, 1990, the most massive reform in nursing home history became the centerpiece of care with the resident as its ultimate focus. The caregivers and providers in Washington are highly supportive of these regulations and will do

everything possible to see they are enforced.

Today's nursing homes are quite different from the homes of decades ago. The attitude of the public is changing as it is constantly reminded that a nursing home emphasizes rehabilitation, community involvement, encouragement of resident "living" and focus on the residents' total needs. In Washington, residents participate in a variety of activities led by activity directors specially trained in recreational therapy. Activity directors receive constant education to assure that their residents enjoy the benefits of the most recent findings in gerontological recreational research. The days of just playing Bingo are past.

Every year, residents are encouraged to vote, attend parades, participate in cultural events and picnics. Bridge parties, sewing bees, senior proms, fishing, gardening and a multitude of other creative events fill their days. Activity directors are recognized for their resourcefulness as they transform the nursing home's dining room into an Italian pizza parlor or a French bistro.

### **Who Pays for Nursing Home Care?**

A poll conducted by the Gallop Organization revealed the following:

- 1 in 5 people believe that Medicare covers extended nursing home care.
- 7 of 8 said they do not know how they would pay for health care in their retirement years.
- 1 in 4 said they did not know how they would pay for extended care in a nursing home if a family member needed it now.

Surprising to many people, Medicare plays only a minor role in covering nursing home expenses. Medicare benefits are restricted to 100 days of coverage per spell of illness. Less than 6% of nursing home care nationwide is paid for through Medicare. For many people in Washington, Medicaid pays for their stay. Medicaid funds come from state and federal taxes. These funds must pay for nursing care; all meals; a clean, safe room; activities; social services and much more. Residents and families are beginning to have to shoulder more of the payment responsibility. Residents rely on the Medicaid system to pay for their care. This, coupled with the health care demands of America's poorest population, is causing the Medicaid system to buckle and lawmakers to demand sweeping changes.

Because the Medicaid portion of the federal budget has continued to grow so quickly, Congress is now considering many changes to the system that are expected to drastically alter both the medical services covered by the program and the eligibility standards for receiving assistance. With the national average long term care costs edging upward to \$30,000 per year (Washington is higher than the national average) where does that leave the average citizen?

**Protecting Access:** As Baby Boomers continue to age, it is expected that demand for long-term care services will soar. At the same time, Federal and State governments are expected to continue backing away from the massive responsibility of paying for the health care needs of the elderly. Without a doubt, it is the people who plan today that will have the best access to the care they need tomorrow.

**Protecting Choice:** People who rely on Medicare, Medicaid or relatives to fund the cost of their care often face very limited choices when it comes to selecting care. Their range of choices is determined by either what their personal or family budgets can afford or whatever public services for which they are able to qualify. By planning in advance, consumers can ensure their access to all types of long

term care services available - and preserve their ability to make choices.

**Protecting Assets:** If the idea of dwindling life savings and selling off some of your family's assets to finance long-term care frightens you - then asset protection is a third good reason to consider long term care insurance. Some people avoid taking responsibility for paying for their care now by divesting or giving away their assets to their children prior to needing long-term care so they can qualify for welfare support. This can be a painful process for loved ones and is a gamble at best since laws governing divestiture are expected to get tighter as lawmakers search for ways to control rising health care costs.

### **Can I Afford Long-Term Care Insurance?**

The cost of long term care insurance policies vary according to many factors such as the age of the policy buyer and the conditions of coverage. Many excellent policies are available at premium rates that generally range between \$800 and \$2,500 per year with younger buyers (age 50 - 60) paying lower premiums and older buyers (65 to 80+) paying more. The real question is, can you afford not to purchase long-term care insurance?

### **Long Term Care Insurance**

**What to Look For In A Policy:** When you are ready to select a policy, it is important to seek the advice of a licensed insurance agent who is trained in long term care insurance products to assist you with your selection. Below are some elements of coverage to discuss with your agent.

**Scope of Services Covered:** The best products pay a benefit that can be used in a wide variety of long term care settings, including homecare, assisted living, and skilled nursing. Be careful of policies that restrict your coverage to only one type of care or pay a benefit for only certain ailments or illnesses.

**Daily Benefit Amount:** This is the amount the policy will pay per day for care. Consider the average cost of care per day in your area and decide how much you want covered by insurance and how much you think you can pay out of pocket. Policies typically cover expenses of about \$100 per day but policies can be tailored to cover greater or lesser amounts.

**Benefit Period:** This is the length of stay your policy will cover. Lifetime coverage is available, although many people choose coverage periods between 2 and 5 years, since nursing home stays are rarely longer than this period.

**Deductible/Elimination Period:** This is the length of time you must pay for care yourself before the policy kicks in. The longer the deductible period - the lower your premiums.

**Inflation Protection:** It is important to buy either simple or compound adjustment inflation riders with your policy - especially if you are a younger buyer.

Finally, make sure any policy you buy is guaranteed renewable - meaning your policy can't be cancelled for any reason other than non-payment of premiums. With the help of a qualified agent, comparison shop among policies. Many offer unique incentives for buying their product such as

discounts if both spouses buy policies and lapse protection to keep your policy from being automatically cancelled if you accidentally forget to pay a premium.

### **Nursing Home Statistics**

Although the following information is provided as numbers, we must remember each number represents a person who may need help with bathing, dressing, eating and walking. Over the years, their numbers will grow, and in reality, will someday include our family members, our friends, ourselves.

**The primary factors leading to nursing home care are:** absence of family; exhaustion of financial resources; burden on existing family members; women, who are traditional caregivers, are increasingly in the work force rather than at home; family size has decreased markedly over the last 30 years so fewer children are able to assist elderly parents; rising life expectancies many children will find themselves caring for very old parents while they are themselves elderly and lacking stamina.

By 2030, there will be about 65 million older people, two and one-half times their number in 1980. The most rapid increase is expected between the years 2010 and 2030 when the Baby Boom generation reaches 65.

The 32 million Americans who are 65 or older make up 13% of the population, but account for 44% of all days spent in the hospital; 40% of all visits to internists and one-third of the nation's health care expenditures. However, only 13 of the 126 U.S. medical schools require either a course or a clinical rotation in geriatrics. (New York Times News Service)

The U. S. Department of Health and Human Services recently reported the following breakdown on how nursing home care is paid for nationwide:

44% from out-of-pocket  
43% covered by Medicaid and Medicare took 8% of nursing home spending  
Private health insurance only paid for 1%  
Veterans Administration and other sources contributed 4%