Personalized Senior Housing Report for Ms. Jane Doe

Senior Housing Move.com
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Dallas, TX 75205
(214) 382-0234

February 2015
PLEASE NOTE

The recommendations in this packet are based on the information that you provided as part of your questionnaire. The applicability of our results are based on a number of factors including our understanding of your current health, your reporting of your income and assets, your location, and many others. Due to unforeseen circumstances, you may have to move to a different community as your needs progress, as your financial situation changes, or as other circumstances warrant.

We don't make any claims as to the quality of care in the communities listed in this document. It's up to you to verify that the communities you visit will provide the standard of care that you want and deserve.
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Your Inputs & Executive Summary

Please review your answers carefully and note any discrepancies or incorrect choices. Contact us immediately (214) 382-0234 if you feel that your customized report has been altered due to incorrect inputs.

This report was compiled for:

Jane Doe
1234 Alabama Avenue
Birmingham, AL 90210

Health Care:

- Current age: 76
- Current level of health: Fair
- Importance of access to higher levels of care on same campus: Very important
- Activities of daily living: You do not need any assistance with activities of daily living.
- Nursing Care: You indicated that you did not need nursing care.

Financial Situation:

- Annual income: $65,000
- Net assets: $900,000
- Current monthly expenses associated with home ownership: $2,300
- Planning to sell home? Yes

Personality: Your responses to the personality and desires section of the questionnaire indicate that you are outgoing and enjoy new experiences.

Goals: You indicated that your goals are to maintain your independence and to be surrounded by lots of activity.

Based on what you've told us about your health needs, current level of wealth, and your location, here are our recommendations:

Best fit for retirement community: Continuing Care Retirement Community or Independent Living

Given your indicated assets and income, we estimate the following:
- Maximum entrance fee: $600,000
- Maximum ongoing monthly fee: $3,250

Likely Communities:

<table>
<thead>
<tr>
<th>First Community</th>
<th>Second Community</th>
<th>Third Community</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Continuing Care Retirement Community</td>
<td>Continuing Care Retirement Community</td>
</tr>
<tr>
<td>1234 Avenue Q</td>
<td>5432 Second Street</td>
<td>3421 Mockingbird Lane</td>
</tr>
</tbody>
</table>
Explanation of Levels of Care in Senior Housing

Retirement communities can be organized according to the level of care that they provide at each type of community. The chart below shows each type of community, from completely independent to full-time nursing care:

Senior Housing Types by Level of Care

If you live in an age-restricted neighborhood (55+), you’re already in an active adult community. Your decision to move into an active adult community could be as simple as deciding that you want to live by people closer to your own age who don’t have children still living at home. But, there are other reasons that you might consider active adult living.
For one, it is cheaper than traditional retirement communities. There’s usually a homeowner’s fee that is used to maintain a clubhouse or other common areas, but, in most active adult communities, there are no other fees.

These communities are marketed for active seniors, so expect a big social calendar. There will likely be golf courses nearby and outings to local restaurants. Expect residents to be younger than typical retirement community residents. (A typical CCRC has residents in their late 70’s; active adult residents will likely be in their early 70’s or late 60’s, depending on the community.)

In summary, the benefits of active adult communities include low expenses, lots of community activities, and neighbors that are your age. However, if you need health care, these attributes will work to your disadvantage. You’ll be paying for caregivers and meal delivery vans to come to your house. If you need to move into assisted living or nursing, you’ll be moving out of the community.

**Independent Living**

Independent living is reserved for residents aged 62 or older (some communities accept seniors age 55 or older) and is generally arranged in an apartment-like configuration. There are also communities that offer independent living cottages or duplexes. The individual units will look just like apartment homes or small cottages and offer all of the amenities that you might find in a normal home. (“Unit” is what industry-insiders use to denote one apartment or cottage.) You’ll have a full kitchen, a full bath, a dining room, and a bedroom or two. There might even be a parking garage or covered parking. Some communities also offer storage lockers if you have extra possessions that don’t fit inside the apartment.

Independent living communities offer some package of services included in the monthly rent. Sometimes this is continental breakfast, one afternoon or evening meal, and light housekeeping. Other communities will offer meals to apartment residents but require those in cottages or duplexes to purchase their own services. Most independent living communities also offer emergency services like call buttons, on-duty nurses, and regular doctor’s visits on the campus.

Residents in independent living are typically older than active adult residents, and, in some communities, independent and assisted living residents mingle in intermixed hallways. Other communities will designate separate wings of the building as independent or assisted living.

As the economy has worsened, independent living occupancy has declined; people are waiting longer to move into senior housing. Therefore, many independent living communities have implemented new policies that allow independent living residents to receive home health care in their apartments. Whereas the old policy might have been to require independent living residents
to move into assisted living or nursing, now there is a trend toward “aging in place.” As explained in Chapter 12, this has distinct advantages and drawbacks.

Overall, the advantages of independent living are the services and the close proximity to others. Whereas active adult communities offer more independence and resemble normal suburban communities, independent living offers an atmosphere that’s close to an apartment building or dorm living. There’s a common dining hall and activity rooms. You’ll be closer to your neighbors. Plus, you are closer to caregivers. So if there’s a problem, you’ll have more access to help.

Assisted Living

Assisted living residents receive help with the activities of daily living. In some states, assisted living is called “residential care.” These include bathing and grooming, dressing and undressing, eating, getting out of bed or onto the toilet, bowel and bladder control, and moving around.

Since residents need higher levels of care and are not independent, the apartment does not include a full kitchen. Sometimes residents share bathrooms and living spaces. Some assisted living residences have only a bedroom and bathroom, with living spaces in the hallways where residents can gather to watch television.

In assisted living, all meals are included. There is usually weekly housekeeping and linen service with daily upkeep as necessary. Pricing is usually based on levels of care, so if you’re relatively independent but just need help with medication reminders or some other small service, you might not pay as much as a resident who needs continence care, help with bathing, and getting around. There is usually a base rate that covers living in the unit, plus an extra charge for levels of care. Other communities will include all services in the monthly rent.

Assisted living apartments are licensed by the state, so communities usually have a set number of apartments in which they are allowed to provide these services. It’s expensive to go through the approval process of getting more rooms. However, many communities have gotten around this by contracting with a home health agency to provide care in the apartment. It’s not uncommon to move into what is essentially an independent living community but need full assistance with activities.

Memory Care

Memory care facilities cater specifically to residents with dementia who are at risk of wandering or have behavioral issues related to advancing dementia. These communities generally have a keypad at the entrance and exits that allow only people who know the code to get in or out. This is referred to as a “locked
ward.” Other communities will not lock the ward but will have a desk at the front so that residents can’t leave without a companion.

As could be expected, apartments in memory care communities don’t feature kitchens. Most have just a bedroom and a bathroom. Other communities offer semiprivate rooms where two residents share a bedroom and a bathroom.

All of the services available to assisted living residents are also available to memory care residents, and often communities have rooms that are licensed for assisted living but within a locked ward for assisted living patients who are at risk for wandering.

Facilities that were designed and constructed to serve memory care patients have some interesting design touches that help residents feel more at home. Rectangular hallway floor plans (where the hallways never dead-end) are common, as are shadow boxes on the resident’s doorway which contain items that belong to the resident. There are often interior courtyards where residents can go outside and sit in the shade without needing a chaperone. There are also sometimes animals that live in the community like birds, dogs, or cats.

**Nursing Home**

Whereas independent living, assisted living, and memory care are almost all paid out-of-pocket, nursing care is usually paid for by a third party. (There are some states that offer limited funding for assisted living or memory care, but in general, people pay out of pocket for these services.)

Medicare and Medicaid, on the other hand, are the agencies that pay for most nursing care. Therefore, there is a lot of information about nursing homes that is available online through the Centers for Medicare and Medicaid Services website (www.cms.gov) that pertains to nursing homes. If you have a loved one who needs nursing care, I highly recommend the Nursing Home Compare website. You can find information about nursing home quality, payments, and other information by doing a careful search of the site.

I’ll give you the short version. Nursing homes are for patients who need care at all hours. Some nursing homes also offer hospice (end-of-life) care. Rooms are sparse and contain a hospital bed, a chair or two, a closet or chest of drawers, and a bathroom. There are some common spaces where residents can watch movies or relax. There are also small dining rooms.

There are literally hundreds of laws related to the reimbursement of nursing homes care. Medicare patients have a limited number of days that are covered following hospitalization, so family members either need to have enough cash to
cover the care, a long-term care insurance policy, or the patient needs to get on Medicaid.

**Continuing Care Retirement Community**

Now that we’ve gone through all of the levels of care, let’s look at the most popular arrangement: the continuing care retirement community (“CCRC”). These communities arose because of a distinct dilemma in senior housing. What happens if a resident in independent living needs more care? What happens if there’s a couple in the apartment, and only one of them needs care?

The solution was to build all of these services into one campus. If a resident needs more care, he or she can simply move a few apartments over to the assisted living wing. If a couple needs different levels of care, the community can provide that without requiring any big or expensive moves.

Although the concept of a continuing care retirement community is relatively new, the business is just another step in a long evolution of senior housing options which have been created over the decades to help care for society’s aged population:

“A number of the more than century-old CCRCs had their roots in residences established to meet the needs of widows and orphans resulting from the casualties of the Civil War. The needs of the elderly were heightened during the Depression, and “old age homes” sponsored by faith-based, not-for-profit organizations emerged as a response. Contracts in those early days of the CCRC (if contracts existed at all) required prospective residents, as a condition of moving in, to turn over their assets in return for a promise of care for life, highlighting the trust level and expectation among these early CCRC residents that the move was a commitment for the remainder of their lives.” (Leading Age; American Seniors Housing Association 2010)

Luckily, things have changed quite a bit from the days when you handed over your entire life savings:

“The CCRC model has evolved over a very long period of time, with some dating back more than a century... Some CCRCs in operation today evolved from nursing homes and tend to have a higher number of nursing beds; others were originally built as a CCRC (i.e., ‘purpose-built’) and were designed with a proportionally greater number of independent living units.” (Leading Age; American Seniors Housing Association 2010)
Today’s CCRC laws recognize communities that have independent, assisted, and nursing options on their campus. Memory care is often included as well, although it is generally part of the assisted living wing.

CCRCs communities range in size from 40 independent living units to over 1,000 independent living units, with the industry averaging approximately 150 independent living units per campus. The target demographic is seniors age 75 or older. What started as a home for the aged has grown into a full-fledged retirement industry:

“Today, there are approximately 1,900 CCRCs in the United States, located in 48 states and the District of Columbia. Pennsylvania, Ohio, California, Illinois, Florida, Texas, Kansas, Indiana, Iowa, and North Carolina boast the greatest number (ranked in that order).” (Leading Age; American Seniors Housing Association 2010)

CCRCs normally follow an entrance fee model whereby residents pay an up-front entrance fee ranging from approximately $100,000 to $1,000,000 (depending on the community and the size of the apartment or cottage) and a monthly fee ranging from $1,500 to $5,000 (depending on services and apartment size). The entrance fee is refunded to the resident or the resident’s estate following death or move-out (subject to certain limitations), as described in Chapter 6.

This arrangement is unique for several reasons, the most important of which is that it allows the community to offer discounts on health care and other services. Accordingly, most states consider an entrance fee contract to be a type of long-term care insurance.

Because of the insurance-like nature of entrance fee pricing, most retirement communities require prospective residents to provide proof that their financial resources meet required thresholds and that they are in good health (since a community accepting a resident in poor health or with limited financial resources can be obligated to care for that resident for the rest of his or her lifetime).

Other Options

CCRCs aren’t the only type of senior housing that is available. There are dozens of permutations of levels of care and living arrangements. The most common are communities that combine independent and assisted living. It’s also not uncommon to find nursing homes that are surrounded by independent living cottages or an active adult community. Similarly, I’ve seen locked skilled nursing units for nursing patients with dementia.
No matter what you find during your search, there should be a clear difference between the levels of care. The main differences will be in how the services are packaged and priced.
Local Communities Fitting Your Needs

Tranquil Tree Retirement
1234 Avenue Q
Dallas, AL 35244
866-123-1111
http://www.website.com/

Owner: Tranquil Tree Communities
Type: Continuing Care Retirement Community

Floor Plans and Pricing

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<tr>
<th>Type</th>
<th>Square Footage</th>
<th>Price</th>
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<tbody>
<tr>
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<td>671</td>
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<tr>
<td>One Bedroom with Porch/Patio</td>
<td>658</td>
<td>Not Available</td>
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<tr>
<td>Two Bedroom</td>
<td>999</td>
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<tr>
<td>Two Bedroom Garden Cottage with Deck</td>
<td>1,450</td>
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<tr>
<td>Corner Two Bedroom with Porch/Patio</td>
<td>1,038</td>
<td>Not Available</td>
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Notes:
- Located on 20 acres in the Riverchase area
- Private assisted living and nursing rooms
- Restaurant-style menu options
- Health and wellness programs
- Daily activities

**Assisted Living Ratings:**

Assisted living ratings are compiled via the Alabama Department of Public Health.

**Last inspection date:** 8/27/2009

**Final Score:** 86

A score of 80 to 89 indicates that the facility has some significant problems that need correction but it does not have safety or patient care problems that pose an immediate threat to residents.

**Complaints:** None

**Nursing Home Ratings:**

Nursing home ratings are compiled via the Centers for Medicare and Medicaid Nursing Home Compare website.

**Last inspection date:** 6/27/2013

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<tr>
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<td>Health Inspections</td>
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<tr>
<td>Staffing</td>
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<tr>
<td>Quality Measures</td>
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<th>Date of Correction</th>
<th>Level of Harm</th>
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<td>6/27/2013</td>
<td>Not listed</td>
<td>Minimal harm or potential for actual harm</td>
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<td>residents' abilities in</td>
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<td>activities to daily living do not decline, unless unavoidable</td>
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END OF SAMPLE REPORT

For more information, and to order a full report for your move into senior housing, please send an email to questions@seniorhousingmove.com.