

CHAPTER 3

Nursing Homes and Other Residential Facilities

Continuing care retirement communities, assisted living facilities, residential care facilities, adult foster care homes and nursing facilities are the options available to Oregonians who are considering moving to a place where they can receive help with many of their daily activities. Each facility offers a different range of services. This chapter describes each type of facility and what it offers, in order to help you decide which one would best satisfy your needs. This chapter not only describes the facilities' services, but also outlines strategies you can use to research the services. Also, you will find out some of the rights you have as a resident of these facilities.

Oregon has a unique range of residential facilities for older adults who need help with medical or social problems or with the usual activities of daily living. Help may be available in one's own home as well. Medicare can pay for some home health visits and physical therapy under certain very limited conditions. Oregon Project Independence (OPI) and the Medicaid program can help impaired seniors with daily activities, such as shopping, bathing and housecleaning. See Chapter 2 for more information on Medicare and Medicaid, or contact your local Area Agency on Aging/Seniors and People with Disabilities Services office for more information. (See General Resource List.)

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Choosing a Facility

When considering a specific facility, be sure the facility and its administrator have current licenses as required by law. Consider whether you would get along with the people who live there. Inspect the home carefully. Make sure that the facility will provide the maximum opportunity for independence and mobility. Talk to the current residents about their lives in the facility. For example, ask about the quality of food, recreation, exercise, clubs or organizations, entertainment, and planned trips, as well as the freedom to have visitors and personal possessions such as furniture, bedspreads and curtains of your choice. Mealtime can be a good time to visit and see how people live.

Check on policies about visiting hours, phone calls, room assignments and access to your bank accounts. Also, make sure that your personal

doctor can care for you at the facility. Ask the facility for a copy of its policies and procedures. An attractive exterior could be hiding a place that provides inadequate care. On the other hand, a floor that does not shine may mean that the facility is making a safer environment for those with vision problems. Make sure the place you choose will meet your needs.

Because visits from friends and relatives are very important, you should choose a facility near them. To help you choose, you can ask family, friends and doctors to participate in the decision process.

The following information is a brief summary of the services offered in Oregon.

Continuing Care Retirement Community

This residential facility provides a certain amount of care for longer than one year. About 15 of these communities are located throughout Oregon. The facility charges an entrance fee and monthly fees. The entrance fee is 12 or more times the monthly charge. The facility must provide you with a description of the services it offers and the fees required if you want to sign a contract to live there. As a prospective resident, you must be given information about how to cancel your contract and a copy of the facility's last audited financial statement.

Ask the following questions if you want to find out more about this type of community:

1. Are entrance fees refundable?
2. How does the facility handle transfers to nursing care or a nursing home?
3. Is a transfer decision made by the staff only, or do I, my physician and my family have a say in it?
4. How many nursing home beds are available?
5. What happens if no bed is available when I need it?
6. Can the facility increase the fees?
7. Am I required to have health insurance, and if so, would I be paying double?

Assisted Living Facility

This type of residential setting, licensed by the state, offers:

1. Room and board in private apartments;
2. Small kitchen facilities;
3. Housekeeping services;
4. Intermittent nursing services;

5. Medication and behavior management;
6. 24-hour supervision and protection;
7. Organized activities; and
8. Help, if it is needed, with dressing, bathing and personal hygiene.

Residential Care Facility

This type of facility is often called a retirement home. It offers:

1. Room and board;
2. Organized activities;
3. Security; and
4. Limited housekeeping and personal care, such as help with dressing and bathing.

This type of state-licensed facility serves six or more residents.

Adult Foster Care Home

This facility has a smaller, homelike setting, often with a family, for five or fewer residents. It offers:

1. Room and board;
2. Medication management;
3. Help with dressing, bathing and personal hygiene;
4. Some nursing care; and
5. Activities.

This type of facility is licensed under state law and offers 24-hour supervision and service

Nursing Facility

This facility may be called a nursing home, care center, convalescent center or rehabilitation facility. It offers:

1. Room and board;
2. 24-hour nursing;
3. Personal care;
4. Administration of medications;
5. Management of chronic medical problems;
6. Organized activities;

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YOU DO NOT GIVE UP YOUR RIGHTS

when you move into a residential facility. See "The Resident's Bill of Rights" on pages 53-54.

7. Social services; and
8. Discharge planning.

A skilled nursing facility also offers daily medical evaluation and rehabilitation services by physical, speech and occupational therapists.

It is important that the person who is to live in a facility makes the final decision about living there. Often, particularly in the middle of a crisis, facilities turn to the spouse or adult children to make the decisions because it is more convenient. Family members and friends can offer advice, but the prospective resident should make the decisions.

Social workers and the Area Agency on Aging/Seniors and People with Disabilities office (AAA/SPD) can give information about arrangements that are appropriate for you. If you are actually in a hospital, a service called pre-admission screening is available to you. This service can help you make the decision about where you want to live based upon your particular needs and wants. For instance, if you need daily skilled care by licensed nurses, then you might want to choose a nursing home. If you need someone to help make sure you turned off the stove burners and took your prescribed medications, an adult foster care home or assisted living facility may be a better choice. If you are not in a hospital, you may have a pre-admission screening by contacting your local AAA/SPD office. (See Resources at end of chapter and General Resource List.)

Some Questions to Ask

Consider asking the following questions as well as questions of your own. Note the answers, and learn the name and position of the staff members who answer your questions.

1. Is the facility licensed? Is the license in danger of being revoked, suspended or not renewed? Ask the staff if you can see a recent inspection report. Check with the local AAA/SPD office and the state office of the Long Term Care Ombudsman for more information, such as possible abuse complaints from facility residents. (See Resources at end of chapter and General Resource List.)
2. Does the facility have a contract with the state and accept Medicaid payment?
3. What level of nursing care is provided?
4. Are organized activities available? What about religious services?
5. What rehabilitation and physical therapy facilities and staff are available?
6. When are visiting hours? Are there any restrictions on the number of visitors?
7. Do staff members receive regular training and attend educational programs?
8. Does a registered dietician plan meals? Are special diets available? (Ask to see menus, and visit during mealtime.)

9. Does the facility have safety features? Ask about smoke detectors, alarms, sprinklers, hand rails, grab bars and wide doors.
10. What is the basic monthly rate, and what services does this rate include? How much do additional services cost?
11. Are any deposits required? (The facility cannot require Medicaid residents to pay a deposit charge.)
12. If the facility uses a particular pharmacy, are the prices competitive with local pharmacy prices?
13. Does the facility provide a safe place to keep valuables? Have there been any problems with theft?

Nursing facility advocate organizations have helpful information for residents and their families. AARP's Internet website (www.aarp.org) has an excellent questionnaire for use in evaluating facilities. The National Citizens Coalition for Nursing Home Reform offers useful tips on its website (www.nccnhr.org), and the National Senior Citizens Law Center published in 2006 a short book called *20 Common Nursing Home Problems, and How to Resolve Them*. (See General Resource List.)

The Office of the Long Term Care Ombudsman and the Department of Human Services Facilities Licensing Office maintain a list of all of the facilities of all types in Oregon. They also record complaints about violations of state and federal law by facilities; those records are available to the public.

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Don't be afraid to ask questions BEFORE you select or move into a residential facility. See some suggestions on page 52.

Things to Observe

- Possible safety hazards, such as poor lighting, blocked fire doors, loose cords or torn carpets;
- Cleanliness (check for dust, clean bathrooms and deodorants used to cover up smells);
- Cozy touches such as flowers, art and seasonal decorations; working televisions and radios; pleasant public areas and accessible telephones;
- Happy and involved residents; and
- The staff's attitude toward residents. (Are residents treated with respect and dignity? How much privacy do residents have?)

The Resident's Bill of Rights

Laws and regulations assure that each facility resident:

- Is fully informed of all rules for resident conduct and responsibilities when the resident moves in;

- Is fully informed of services available in the facility, related charges, charges not covered by Medicaid or the facility's basic daily rate when the resident moves in;
- Is fully informed by a physician of his or her medical condition;
- Can participate in medical treatment planning;
- Can refuse to undergo any kind of medical treatment so long as the resident understands the consequences of refusing treatment;
- Can refuse to participate in experimental research;
- Is transferred or discharged only for medical reasons, the resident's best interests or non-payment;
- Is given reasonable advance notice for orderly transfer or discharge;
- Is encouraged to exercise all rights as a resident, voice grievances, and recommend changes in policies and services;
- Is free from restraint, interference, coercion, discrimination or reprisal;
- Can manage personal financial affairs, or, if the facility is handling the finances, be given a written report of financial transactions made on his or her behalf at least once a quarter or whenever the resident asks for a report;
- Is free from mental and physical abuse and from unnecessary chemical and physical restraint that are not prescribed by a doctor to treat symptoms;
- Is assured confidential treatment of personal and medical records, and may approve or refuse their release to any person outside the facility (except if transferring to another health care institution);
- Is treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and care for personal needs;
- Is not required to perform services for the facility that do not have therapeutic purposes in a plan of care;
- May communicate privately with persons of his or her choice and send or receive personal mail unopened;
- May keep personal clothing and possessions as space permits;
- If married, is assured privacy for visits by his or her spouse; and
- Is allowed to share a room with his or her spouse, if husband and wife are both residents in a facility.

Residents in all types of facilities have similar rights.

Paying for Facility Care

Find out, at the beginning, what the facility will cost. The law requires that the facility inform all residents of the services available. It also must

tell you what the cost will be, including any “extra” charges not covered under Medicare or Medicaid.

Facilities with Medicaid contracts cannot ask the resident or friends or relatives to pay money in addition to the Medicaid rate for covered services. All of the beds in a Medicaid facility (except for an assisted living facility) are available for Medicaid participants.

The cost information must be available to the resident before admission. It is also a good idea to get a copy of the admission agreement from a facility to review before signing because you may want to negotiate changes with the facility.

Paying for long term care is difficult. Medicare may pay for a limited number of days of skilled nursing care and other costs. Private insurance may be available to help pay costs, too. Medicaid payment is available for those with limited resources and income. (See Chapter 2 for more information on Medicare and Medicaid.) A person who has money to pay for long term care in the beginning may eventually run out of money and become eligible for Medicaid. A lawyer who is familiar with the Medicaid program can provide advice about how to qualify for Medicaid assistance.

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Medicaid

Medicaid is a financial assistance program. It will pay for nursing home care, adult foster home care, assisted living facility care, residential care facility care and in-home services for an unlimited time for persons who qualify under the income and assets guidelines. The Oregon Health Plan is another name for Medicaid. (See Chapter 2 for more information on Medicaid.)

Medicare

Medicare is a federal health insurance program for persons aged 65 and older and certain disabled persons under 65. The Social Security Administration manages Medicare. It helps pay for skilled nursing home care, for a limited time, with some co-payment requirements. (See Chapter 2 for more information on Medicare.)

Complaints

If you have a complaint about a nursing home or other facility, you have a right to make your complaint known without fear. You can report your complaint to:

1. The nursing home administrator or resident manager;
2. The state’s long term care ombudsman (see Resources at end of chapter);
3. The Seniors and People with Disabilities Services’ Client Care Monitoring Unit (see Resources at end of chapter);

4. A residents' case manager at a local AAA/SPD office (see General Resource List);
5. Your state and local elected representatives or your U.S. representative and senators; or
6. A knowledgeable private lawyer or your local legal aid office.

If you believe that a resident of a facility is being abused, neglected or exploited, call the Protective Services worker at your local AAA/SPD office or call the Long Term Care Ombudsman Program. The situation will be investigated, and help will be offered.

Resources

See **General Resource List** for AAA/SPD offices, legal aid offices, OSB Tel-Law service and more.

Eldercare Locator

Maintains a list of facilities and non-facility services nationwide.

800-677-1116

www.eldercare.gov

Office of the State Long Term Care Ombudsman (LTCO)

3855 Wolverine NE, Suite 6
Salem, OR 97305

503-378-6533 or **800-522-2602**

www.oregon.gov/LTCO

The LTCO has volunteer ombudsmen in many of the nursing and adult foster care facilities throughout Oregon. Each facility should have a large poster with the name and telephone number of the ombudsman assigned. If there is none, contact the LTCO Salem office to get information about and/or solve any problem within a facility.

Oregon State Bar Tel-Law Topic

1194 - Nursing Home Residents' Rights

503-620-3000 or **800-452-4776**

www.osbar.org

Seniors and People with Disabilities Services, Client Care Monitoring Unit (CCMU)

Field Offices

Medford: 541-776-6086

Tualatin: 503-691-6587

Salem: 503-373-0200

The CCMU licenses all nursing facilities in the state. The latest survey results are available at the facility and from the Seniors and People with Disabilities (SPD) central office (503-945-5811 or 800-282-8096). CCMU also investigates some complaints.

SPD has a brochure about long term care called "Choices." You can get it free of charge by calling 800-282-8096.

Glossary of Terms

Adult Foster Care Home: *A residence for up to five older or disabled adults that offers 24-hour service in medication management, personal care, nursing care and organized activities.*

Assisted Living Facility: *Private apartments with baths and kitchens that have intermittent nursing services, medication and behavior management, protection, supervision, organized activities, and dressing and personal hygiene assistance.*

Medicaid: *See Chapter 2.*

Medicare: *See Chapter 2.*

Nursing Facility: *Facility offering skilled and/or intermediate care including medical evaluation and management, 24-hour nursing supervision, rehabilitation services, stabilization of chronic medical problems, organized activities, social services and discharge planning.*

Residential Care Facility: *Facility for six or more older or disabled adults offering room, board, organized activities and security. It offers limited services for housekeeping and personal care.*

