

What's the Difference Between Types of Long-Term Care Facilities?

Contributed by Andy Sutter, Village Manor Director

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IF YOU HEAR long-term care facility and automatically think nursing home, it's not surprising. However, long-term care encompasses a spectrum of options and a progression of choices.

Early on, the "facility" where an older adult receives treatments, help with medications or personal care is often his or her home. Nursing homes represent a traditional solution when home care is no longer enough. But they're not the sole solution. Alternatives such as assisted living and continuing care retirement communities attract many older residents, including some who are still healthy and want to remain active. For seniors who crave a more family-like atmosphere, out-of-the-box options like adult foster homes exist.

Of course, payment is a major limiting factor in long-term care choices. For many families, assisted living facilities and CCRCs are prohibitively expensive. The issue of how to pay for long-term care, and what is and isn't covered by Medicare or Medicaid, is a huge decision element.

Retirement living/independent living. Independent or retirement living focuses on a self-sufficient lifestyle for seniors. These residences might be part of self-contained retirement communities or high-rise apartment complexes, among other models. Costs vary widely based on location, services (like housekeeping) and activities offered. Wellness centers may be available on-site.

Assisted living. Assisted living facilities offer services such as medication management and light personal care within a supervised setting. Housekeeping, prepared meals and assistance with daily personal care are available. Assisted living is known for its focus on group and individual activities and efforts by staff to prevent residents from feeling isolated. Medical services, such as nurse practitioners who follow residents, are available. Assisted living also has different levels of care that someone would buy into. Residents who need lighter care might opt for medication management, check-in services, and morning assistance getting out of bed and showered.



“Facilities”- continued from Page 1

Continuing care retirement community. CCRCs offer a tiered approach for aging adults. Typically, residents move into single-family apartments or condominiums designed for independent, healthy adults. As their needs change, they can transition to on-site assisted living or nursing home facilities. Continuing retirement care communities represent a significant financial investment, with hefty upfront entrance fees and monthly charges.

Medical foster care. Also known as adult foster care or residential care homes, medical foster homes are private homes that are run by a trained caregiver. For military veterans with chronic medical conditions that meet the nursing-home level of care, the Department of Veterans Affairs oversees its Medical Foster Homes Program. Availability is limited, although the VA is working to expand the program.

Nursing homes. Nursing homes provide medical and personal care services beyond what’s available in assisted living. Nursing care, 24-hour supervision, assistance with activities of daily living and three daily meals are standard. Most nursing home residents have chronic physical or mental health conditions, or both. Nursing home residents can receive prescribed treatment and personal care as needed.

As with any type of long-term care facility, it’s essential to do some research and ask critical questions before choosing a nursing home. You can explore U.S News’ Best Nursing Homes ratings and also find information on Medicare- and Medicaid-certified nursing homes on the Medicare.gov website.

Memory care. For people with Alzheimer’s disease, other types of dementia or serious memory problems, memory care involves an extra level of care and supervision. Secured memory care units are located within many nursing homes and assisted living facilities. Staff members receive special training to provide 24-hour care and daily assistance to this group. Memory care typically costs more than non-memory care. In nursing homes, memory care usually goes by a different name, such as the Alzheimer’s unit.

Skilled nursing facilities. The terms nursing home and skilled nursing facility are often used interchangeably, because the types of care involved often overlap, but they aren’t identical. Skilled nursing facilities are more likely to have a consistent presence of nurses or physicians and offer rehabilitation services such as occupational, physical and speech therapy. SNFs and nursing homes fall under different sets of regulations.

An individual who truly qualifies for SNF care needs a lot of assistance. Typically [they require] the assistance of two individuals to move them. Typically, they’re bedbound and they have other skilled care needs. For example, an SNF resident might require dialysis or have a tracheostomy tube.

Covering Costs

It’s never too soon to plan ahead for long-term care, whether for yourself or a family member. People underestimate the cost and they underestimate the amount of time they may need services. Learn what Medicare and Medicaid cover, as well as long-term care insurance, if you have it. Also make sure your family knows you have long-term care insurance...some families don’t realize a parent had this coverage until after he or she has passed away.

Family decisions on long-term care should include adult children and significant others. “Spending down” to Medicaid eligibility means someone has paid out of pocket for care and exhausted their personal savings. A parent’s home may need to be sold to make long-term care affordable.

Although Medicare provides coverage for up to 100 days of rehabilitation or convalescent care in a nursing home, it doesn’t cover long-term care. Medigap, long-term care insurance and employer-provided or private health insurance plans can help defray long-term care costs if plans are already in place before a major health event occurs.



September



Sun

Mon

Tue

Wed

Thu

Fri

Sat

1	2	3	4	5	6	7
11:00 Noodle Ball 4:00 Church 6:30 Coloring Fun	9:30 Cinema 11:00 Noodle Ball 6:30 Board Games Labor Day	9:30 Resident Council 11:00 Noodle Ball 3:00 Singing w/ Joan 6:30 Puzzle Time	9:45 Aerobics 11:00 Noodle Ball 3:00 Bible Study w/ Bev 6:30 Coloring Fun	9:30 Cinema 11:00 Noodle Ball 12:00 BBQ 3:00 Piano Time 6:30 Board Games	9:30 St. Andrew's Bingo 11:00 Noodle Ball 3:00 Gift Cart 6:30 Puzzle Time	11:00 Noodle Ball 3:00 Puzzle Time 6:30 Hall Choice
8	9	10	11	12	13	14
11:00 Noodle Ball 4:00 Church 6:30 Coloring Fun Grandparent's	9:30 Reminisce 11:00 Noodle Ball 3:00 Bingo 6:30 Board Games	9:30 Memorial Service 11:00 Noodle Ball 3:00 Singing w/ Joan 6:30 Puzzle Time	9:45 Aerobics 11:00 Noodle Ball 3:00 Bible Study 3:30 Library 6:30 Coloring Fun	10:00 Fingernails 11:00 Noodle Ball 3:00 Piano Time 6:30 Board Games	9:00 Ken King 9:45 Aerobics 11:00 Noodle Ball 2:30 Sling Shot 3:00 Gift Cart 6:30 Puzzles	11:00 Noodle Ball 3:00 Puzzle Time 6:30 Cinema Night
15	16	17	18	19	20	21
11:00 Noodle Ball 4:00 Church 6:30 Coloring Fun	9:30 Reminisce 11:00 Noodle Ball 3:00 Bingo 6:30 Board Games	9:30 Cinema 11:00 Noodle Ball 1:30 Resident Meeting 3:00 Singing w/ Joan 6:30 Puzzles	9:45 Aerobics 11:00 Noodle Ball 3:00 Bible Study w/ Bev 6:30 Coloring Fun	7:30-9:00 AM Cafe 11:00 Noodle Ball 3:00 Piano Time 6:30 Board Games	9:45 Aerobic Instructor 11:00 Noodle Ball 3:00 Gift Cart 6:30 Puzzle Time	11:00 Noodle Ball 3:00 Puzzle Time 6:30 Hall Choice
22	23	24	25	26	27	28
11:00 Noodle Ball 4:00 Church 6:30 Coloring Fun	9:30 Reminisce 11:00 Noodle Ball 3:00 Bingo 6:30 Board Games	9:30 Memorial Service 11:00 Noodle Ball 3:00 Singing w/ Joan 6:30 Puzzle Time	9:00 Jonathon 9:45 Aerobics 11:00 Noodle Ball 3:00 Trivia 6:30 Coloring Fun	9:30 Crafts w/ Elaine 11:00 Noodle Ball 3:00 What's for Dinner? 6:30 Board Games	9:45 Aerobics 11:00 Noodle Ball 3:00 Birthday Party 3:00 Gift Cart 6:30 Puzzles	11:00 Noodle Ball 3:00 Puzzle Time 6:30 Cinema Night
29	30					
11:00 Noodle Ball 4:00 Church 6:30 Coloring Fun	9:30 Reminisce 11:00 Noodle Ball 3:00 Bingo 6:30 Board Games					
			Available Daily: games, books, cards, puzzles, movies, pool table, manicures, and more.		One-to-Ones Daily *Activities Subject to Change	

Resident Birthdays

Dennis Roberts	Sept. 3
Lou Manning	Sept. 7
Reaves Armstrong	Sept. 10
Judy Day	Sept. 22
Reva Smith	Sept. 27
Marion Brown	Sept. 29



Thank you to Auburn Pharmacy for providing the birthday cake

Welcomes

- Judy Boyer
- Virginia 'Ginny' Wells
- Reaves Armstrong

In Memory

- Opal Whitehair
- Mary Linn
- Darlene Mulanax
- Frances 'Fran' Schumaker
- Joyce Cox

Discharges

- Lydia Leonard
- Nancy Alt

Staff Birthdays

Lana Serbanich	Sept. 2
Brenda Esteban	Sept. 2
Sarah Leuthiphanh	Sept. 3
Ashton Graf	Sept. 5
Maleah Meyer	Sept. 14
Carla Richardson	Sept. 17
Amber Mathern	Sept. 20
Chelsey Picking	Sept. 22
Brandi Storms	Sept. 23
Michelle Nelson	Sept. 24
Samantha Emig	Sept. 24
Alexis McCoy	Sept. 25
Ann Winters	Sept. 27
Cody Meyer	Sept. 28
Madison Carpenter	Sept. 28

Welcome to our Team!

Kelly Bent	C.N.A.
Taylor Belk	Nurse Assistant II
Cody Fischer	Nurse Assistant II
Danielle "Grace" Ely	Dietary Aide
Elizabeth Juhl	Room Attendant

FUN AT THE CENTRAL KANSAS FREE FAIR PARADE AND RODEO



Choosing Activities

Contributed by Debbie Davis, Village Manor Social Services

In the early stages of dementia, the person may withdraw from activities he/she previously enjoyed. It is important to help the person to stay engaged. Having an open discussion around any concerns and making slight adjustments can make a difference. For example, a large social gathering may be overwhelming, but the person may be able to interact more successfully in smaller groups. As the demential progresses, you may need to make other adjustments to the activity, such as:

- 1) Keep the person's skills and abilities in mind. Stick with activities the person has always enjoyed and adjust as needed, to match the person's current abilities. A person with dementia may be able to play simple songs played on the piano year ago. Bring these types of skills into daily activities.
- 2) Pay special attention to what the person enjoys. Take note when the person seems happy, anxious, distracted, or irritable. Some people enjoy watching sports, while others may be frightened by the pace or noise.
- 3) Consider if the person begins activities without direction. Does he/she set the table before dinner or sweep the kitchen floor mid-morning? If so, you may wish to plan these activities as part of the daily routine.
- 4) Be aware of physical problems. Does he/she get tired quickly or have difficulty seeing, hearing, or performing simple movements?
- 5) Focus on enjoyment, not achievement. Find activities that build on remaining skills and talents. A professional artist might become frustrated over the declining quality of work, but an amateur might enjoy a new opportunity for self expression. For activity ideas join ALZConnected, message boards, and online support community. Every day new ideas and encouragement are shared with one another.
- 6) Encourage involvement in daily life. Activities that help the individual feel like a valued part of the household - like setting the table, clearing the table, etc. can provide a sense of success and accomplishment.
- 7) Relate activity to work life. A former office worker might enjoy activities that involve organizing, like putting coins in a holder, helping to assemble a mailing or making a to-do list. A former farmer or gardener may take pleasure in working in the yard.
- 8) Look for favorites. The person who always enjoyed drinking coffee and reading the newspaper may still find these activities enjoyable, even if he/she is not able to completely understand what the newspaper says.
- 9) Consider the time of day. Caregivers may find they have more success with certain activities at specific times of day, such as bathing and dressing in the morning.
- 10) Adjust activities to disease stages. As the disease progresses, you may want to introduce more repetitive tasks. Be prepared for the person to eventually take a less active role in activities.

Your approach - If you notice a person's attention span waning or frustration level increasing, it's likely time to end or modify the activity.

- 1) Help get the activity started. Most people with dementia still have the energy and desire to do things but may lack the ability to organize, plan, initiate, and successfully complete the task.
- 2) Offer support and supervision. You may need to show the person how to perform the activity and provide simple, easy-to-follow steps.
- 3) Concentrate on the process, not the result. Does it matter if the towels are folded properly? Not really. What matters is that you were able to spend time together, and that the person feels as if he/she has done something useful.

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4) Be flexible. When a person insists that he/she doesn't want to do something, it may be because he/she can't do it or fears doing it. Don't force it, if the person insists on doing it a different way, let it happen, and change it later if necessary.

5) Break activities into simple, easy-to-follow steps. Focus on one task at a time. Too many directions at once can be overwhelming to them.

6) Assist with difficult parts of the task. If you're cooking, and the person can't measure the ingredients, finish the measuring and say, “would you please stir this for me?”

7) Let the individual know he/she is needed. Ask, “could you please help me?” Be careful, however, not to place too many demands upon the person.

8) Make the connection. If you ask the person to make a card, he/she may not respond. But, if you say that you're sending a special get well card to a friend and invite him/her to join you, the person may enjoy working on this with you.

9) Don't criticize or correct the person. If the person enjoys a harmless activity, even if it seems insignificant or meaningless to you, encourage the person to continue.

10) Encourage self expression. Include activities that allow the person a chance for expression. These types of activities could include painting, drawing, music, or conversation.

11) Involve the person through conversation. While you're polishing the shoes, washing the car, or cooking dinner, talk to the person about what you're doing. Even if the person cannot respond, he/she is likely to benefit from your communication.

12) Substitute an activity for a behavior. If a person with dementia rubs his/her hand on a table, provide a cloth and encourage the person to wipe the table. Or, if the person is moving his/her feet on the floor, play some music so the person can tap to the beat.

13) Try again later. If something isn't working, it may be the wrong time of day or the activity may be too complicated. Try again later, or adapt the activity.

Village Manor has a Special Care Unit, specializing in geriatric dementia care. Respite Care and Day Care are offered, as well as permanent placement at Village Manor. Please call Village Manor, at 785-263-1431, with any questions you may have or for additional information about our facility.



WATER SPLASH DAY FUN!

