

Senior Living 101

Glossary

ADLs

Activities of Daily Living are common, daily, self-care tasks: eating, bathing, dressing, toileting, and transferring (walking).

CCRC

These senior communities provide a range of service options (e.g., independent and assisted living, and short- and long-term nursing care) that offer a continuum of care to accommodate the changing needs that can occur over a resident's lifetime.

IADLs

Instrumental Activities of Daily Living are the more complex tasks needed to live independently and can include: housekeeping, managing finances, shopping, cooking, transportation, taking medications correctly, etc.

Palliative

A specialized medical approach to treating serious illness that focusses on relieving pain rather than treating the illness.

Types of Care....

- Independent Living
- Assisted Living
- Memory Care
- Skilled Nursing
- Home Health
- Hospice

Independent Living

An independent Living (IL) community can exist on its own, as part of another care type, or **as part of continuing care retirement community (CCRC)**.

People usually live in **fully-equipped apartments or houses**.

Unlike a typical apartment complex, **there are senior-focused services available such as concierge**, dining plans, organized social events, and exercise facilities; as well as optional services such as linen services or pet walking.

Medical services are not offered as part of the independent living itself; people arrange for these on their own or access services as part of a CCRC.

Assisted Living

Assisted Living (AL) communities are **state-regulated**, meaning there is no single definition of this option. Licensed vs. unlicensed...

Generally there is 24-hour support (not always nursing) available. People require **help with at least one ADL and/or IADL**, but the focus is on maintaining independence as much as possible.

A variety of activities are offered onsite, making participation easier. Assistance with bathing, toileting, dressing, medications, dining, escorts to activities, housekeeping, and laundry are provided at the level of care needed by the resident.

Assisted Living Communities typically offer a choice of **one- or two-bedroom apartments, studios, or semi-private rooms.**

Memory Care

Memory Care (MC) communities provide offerings similar to an assisted living (and may be part of an assisted living community's capabilities), but with an **increased level of care and services specially designed to meet the needs of a person diagnosed with some type of dementia.**

Not all people with dementia require this level of care, especially if they are able to function safely and effectively at lower levels of care.

Memory Care communities provide a secure environment to **reduce wandering risks.**

They usually offer programming designed to **maintain socialization and independence**, as well as **reduce anxiety** or other behavioral issues that can occur with dementia.

Skilled Nursing

Skilled Nursing Facilities (SNF) provide **24-hour skilled nursing care** to people with increased physical needs due to a worsened chronic medical condition or a need for **short-term acute care and rehab** cannot be met by another option.

This can, but not always, involve the use of **more complex medical care** such as feeding tubes, catheters, multi-person lifts, wound care, respirators, or daily physical or occupational therapy.

SNF's **typically offer private or semi-private rooms**, meals, medication administration, nursing services, social services, and activities.

Home Health

Home Health provides **medical and non-medical** supports and services to people who are homebound or experiencing significant difficulty in leaving home.

It is generally used by people **recovering from an acute illness or recent hospital stay**, and who have informal caregivers to supplement formal caregivers.

Home Health **requires a doctor's order to initiate**

The goal of services is to help treat the condition in order for people to **regain as much self-sufficiency as possible**.

Hospice

Hospice requires a doctor's order and is designed for people who are diagnosed with a condition that indicates a **six-month life expectancy**.

People **may go in and out of hospice care** as their condition improves or deteriorates. The focus of hospice is palliative versus curative, therefore people do not receive treatment for their illness (although they can still request treatment for other conditions).

The goal is to help the patient live as alert and **pain-free as possible**.

Services are provided by a team to promote medical, social, emotional, and spiritual support to the person and family.

The team includes a doctor, nurse, social worker, counselor for both family and patient, and an aide who can provide simple chores, but not housekeeping.

Hospice services are **often provided in a patient's home** (including the other senior living options) as either routine, respite, or continuous (round-the-clock-care during crisis).

Services **can also be offered within a hospice facility** or other acute care setting for more complex symptom management.

Questions?