

A “New” Home for Loved Ones

When is the right time to consider eldercare housing for an older family member? Since this decision is so emotionally charged, the discussion needs to occur as early as possible before actual implementation. Discussing what physical and mental conditions necessitate eldercare housing helps relieve second-guessing and possible guilt when the time comes.



The decision for an older family member to move to eldercare housing can be very difficult. It often means a change in independence for an older person and sometimes it is not a choice the senior is wanting. Meanwhile, there is a time when the caregiver is no longer able to properly care for the loved one in their home or the seniors' home.

Physical and Mental issues considered in decision-making:

- Increasing lack of mobility, potential for falls, disability, frailty
- Decreased eating, inability to prepare meals or have meals provided
- Memory loss affecting orientation to time, place, or person, safe medication administration, and impaired judgment
- Safety concerns with stove/fire, stairs, going outside alone
- Hygiene/elimination issues, difficulty bathing, incontinence of urine/stool or constipation
- Slower reflexes impacting driving and transportation to appointments, shopping, and church
- Decreasing vision impacting health and safety

“There is an appointed time for everything. And there is a time for every event under heaven...”

Ecclesiastes 3:3 (NAS Bible)

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Choosing Elder Care Housing

What to look for in the new home for your loved one:

- Homey environment with attractive, comfortable furniture, pictures on the walls, plants, good lighting, views of nature
- Smell in facility- no elimination/body or medicinal odors
- Quality ratings by state accreditation agencies
- Low staff to resident ratio. NOTE: States may mandate different minimum staffing ratios and ratios vary for level of basic care (e.g.: 1:6-8); RN to resident ratio (e.g.: 1:30).
- Residents appear clean and comfortable; available activities
- Staff rounding/visiting with residents frequently through day/night - especially in skilled, long-term care
- Safety features like railings in hallways and bathrooms; surveillance of doors; wheelchair accessibility
- Pleasant eating area with wheelchair accessibility around the tables; nutritious, tasty meals with resident choices

Additional nice features:

- Inside and outside “green” spaces with bird baths/feeders, plants, flowers; resident dog, cat or rabbit
- Private space available for family gatherings and visiting
- General areas for visiting, open dining room with nice touches like free coffee, ice cream, etc. for family/guests to share with resident during visits



Care Levels of eldercare housing and cost options:

- **Independent living:** (essentially a private apartment, sometimes with minimal support, like meals) – *private pay*
- **Assisted living:** (private apartment/room, with personnel to assist with medications, bathing, housekeeping, meals) – *usually private pay*
- **Skilled care:** professional care, usually post-hospital for a relatively short period of time – *usually Medicare for rehab*
- **Long-term residential care:** ongoing senior/residential living with complete care – *private pay; long-term care insurance; Medicaid*

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