

California Long Term Care and Assisted Living Facilities Guide

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Disclaimer

This monograph is intended to convey information by which you may better understand the legal issues affecting your business and personal life. It is not intended as *personal* legal advice. Personal legal advice may be provided only after an examination of your objectives and of the pertinent facts and law.

Introduction

The decision to move a loved one to a long term care *custodial* facility will leave you torn with conflict. The move usually arises from a sudden loss or degenerative disease leaving the loved one no longer able to meet the personal needs of daily living; *e.g.*, stroke, Alzheimer s Disease, Parkinson s Disease or multiple sclerosis. Whatever the reason, it always imposes heavy stress on the family.

At such times, it is important to pause, reflect on the options, gather reliable information, then make an informed decision.

This monograph is intended to provide you with reliable—though preliminary—information and answers to those questions with which I deal daily. I have found it helpful to my clients, and I hope you will find it useful as well.

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Selecting a Long Term Care Facility

Before turning to Medi-Cal as your answer to long term care cost control, consider other possible options; *e.g.*, encouraging the loved one to purchase long term care insurance while young and health enough to qualify and afford it, a life care community, an assisted living facility, even Medi-Cal's in-home supportive services program. The disabled loved one who remains cognizant will resist leaving the familiar surroundings of home; Medi-Cal as a welfare program imposes a sense of lost dignity on those who spent a lifetime avoiding that ignominious end; and the life change is stressful for all involved.

For the purposes of this discussion, we will assume that none of those other possibilities work for your loved one.

Your first question is, Where do I begin? The first issue to consider is the specific needs of the disabled loved one. Is that person able to walk unassisted? Take food without assistance? Is that person incontinent? Match those needs with the services and preferences of the facilities you investigate to be certain those needs will be met. Consider location; if the selected facility is near all or most of the family members, visitation will be more frequent. If special care is needed, such as physical therapy for a stroke victim, think about who will have to pay for that assistance; Medicare, private insurance, Medi-Cal?

Once those broad parameters are established, begin visiting and interviewing long term care facilities. A list for Los Angeles County -- grouped by general area -- is included in this monograph. Also included is a list of assisted living facilities. If the need for long term care is not immediate, just call and request descriptive materials, and study them at your leisure.

When ready to tour selected facilities, just show up during business hours without an appointment. Meet the administrative staff and pose all your questions. Then take a second tour in the evening or on a weekend, just to see if there is a difference in the attitude and level of care provided when few visitors are present. Be certain to investigate at least two facilities in order to make important comparisons of the physical plant and staff.

While touring the facilities, be aware of your reactions to what you are seeing. Do you feel

welcome? How long did you have to wait in order to see a staff member? Did that staff member inquire about the wants and needs of my loved one? Is the facility clean? Are there any strong odors? Is the staff friendly? Do the people on staff seem to genuinely care about the residents? Do they get along with each other? Listen and observe.

When touring a facility, there are no dumb questions; ask any that come to mind. Here are a few that will reveal whether the care is proactive or reactive:

- How does the facility ensure that call lights are promptly answered, regardless of staff level?
- How does the facility ensure that immobile residents are turned regularly, to avoid bedsores?
- How does the facility ensure that the daily living needs of residents (dressing, toilet, etc.) are met in a timely manner?
- Are residents permitted to bring in their own supplies?
- Are residents permitted to use any pharmacy?
- How many direct care staff members are on duty each shift? Does this number exceed the minimum number required by state regulators?
- Does the facility conduct criminal background investigations on its employees before hiring?
- Is the facility Medi-Cal certified? Does it accept Medi-Cal patients?
- How long as the facility medical director served there?
- May I see a copy of the last state survey results?
- What processes were employed to remedy criticisms in the state survey?
- Has the state prohibited the facility from accepting new residents at any time in the past two years?
- What is the facility policy on conducting family care planning conferences? Is the staff willing to adjust the schedule so you can attend those conferences?
- Does the facility have — and provide — references?
- May your loved one take a meal at the facility in order to sense the comfort level?

Attached is a form you may use in touring and evaluating facilities. It serves to organize and allocate priorities in your deliberations, leading to a better decision.

Once you have selected a facility, there are other steps by which to make the process less traumatic for the loved one. *Timing* helps; if you know that your loved one becomes difficult in the afternoon, plan the admission for the morning. Focus on *acclimating your loved one* to the new surroundings; complete the paperwork before making the move so the first few hours are spent getting him or her settled, not waiting on you to deal with stack of forms.

There are some seemingly minor steps that may prove important. For example, mark every

garment with a permanent laundry marker. A facility washing clothes for 120 people is bound to deliver some of them to the wrong room, so the markings should avoid that annoyance. If *you* intend to do the laundry, post a sign on the closet door to notify staff, and provide a laundry bag in which to accumulate the soiled clothes. You may also take familiar items to the facility to give your loved one a sense of place, taking into account that space is usually limited.

An important point to remember is that the facility staff is meeting your loved one for the first time. The staff members do not know the likes or dislikes of that loved one, nor the little things that enhance the relationship. Therefore, you should give the staff—in writing—as much information as possible.

It is important to become well-acquainted with the facility staff members, and to stay involved in the care of your loved one. Be certain the staff knows how much you care, but without becoming anxious or emotional. Assure them that in this difficult circumstance, you will make every effort to assist them in dealing with the needs of your loved one.

As you visit long term care facilities, use the attached *Facility Evaluation Form*. You may photocopy as many sets as needed, and it will serve to organize your observations, leading to a well-thought-out conclusion. Not every facility will score well on every question. The presence or absence of any listed item does not automatically mean a facility is good or bad. Each has its own strengths and weaknesses, so just consider those features most important to you and your loved one.

Record your observations for each question by circling a number from 1 to 5. If a question is unimportant to you or does not apply to your loved one, leave its evaluation area blank. Then total all the completed blanks.

Your ratings will help you compare facilities and choose the one best for the needs of your loved one. Do not, however, rely solely on the numbers. Ask to speak to family members of other residents, and contact the local or state ombudsman for information about the facility. Request a copy of the facility's state inspection report. Contact California Advocates for Nursing Home Reform at (415) 474-5171 to request information on the facilities in which you are interested, and ask for a copy of the current issue of its publication, *Legal Network News*. That publication contains a list of each facility in the state sanctioned for violations in the preceding quarter.

Obtain High-Quality Care

Once you find a facility for your loved one, you may begin the process of easing the transition from one level of care to another.

The most important way to help is to ensure that your loved one receives good care.

If you were providing some or all of the care, you will notice a change in your role. Rather than functioning as a *care-giver*, you will instead become a *care advocate*. You will continue caring for your loved one, but in a different way.

Your key roles are (a) to participate in planning for the care of your loved one, and (b) to contact the staff frequently about the needs of your loved one.

The care planning process begins with a baseline assessment. This assessment occurs soon after the loved one takes up residency in the facility, certainly within the first two weeks.

A team from the facility which may include a doctor, nurse, social worker, dietitian and physical, occupational or recreational therapist, uses information from both the resident and the family about medical or emotional needs of your loved one. This baseline assessment then becomes the yardstick against which the care-givers may measure the progress of your loved one.

The team asks family members about the resident's medical, psychological, spiritual and social needs, along with information about his or her preferences and usual routine; *e.g.*, you might report that, Dad likes to listen to the radio as he falls asleep. He's been doing this since I was a child.

During the assessment process, you can help by making your own list of your loved one's needs and giving the list to a member of the assessment team. For example, you may have noticed signs of depression along with symptoms of Alzheimer's Disease. The assessment team may not notice these signs, so your input will be invaluable.

In the space below, list your loved one's *medical* needs:

In the space below, list your loved one's *psychological* needs:

In the space below, list your loved one's *spiritual* needs:

In the space below, list your loved one's *social* needs:

In the space below, list your loved one's *preferences and usual routines*:

The assessment team uses all available information to develop an individualized formal care plan. The care plan defines specific care the resident needs and outlines strategies the staff will use to

meet them. The assessment team meets during the first month of a new resident's placement at a care planning meeting. Family members, as well as the resident, may attend.

When you go to the care plan meeting, bring along a copy of the list of needs you gave the assessment team earlier. This will facilitate the discussion of your loved one's needs and the proposed care plan. If some need was overlooked, you may ensure that the assessment team addresses it during that meeting.

Federal law requires long term care facilities to work toward improvement in the lives of their residents wherever possible. In those cases in which improvement is not possible, the care plan must be aimed at maintaining abilities or slowing the rate of function loss.

For example, if your mother has little problem with language at the time she moves into the facility, the care plan should include activities that encourage her use of language unless or until the disease's progression makes it impossible.

The care plan becomes part of the facility contract. It should detail the medical, emotional and social needs of your loved one, spelling out precisely what will be done to improve (when possible) or maintain his or her health.

Under federal law, long term care facilities must review the care plan of each resident every three months, and again every time his or her condition changes. It must reassess the resident's needs annually. At each review and reassessment, additional care planning meetings are held to update the plan.

For example, if your father had bladder control when he entered the facility, but became incontinent thereafter, this significant change means the facility staff must develop a new care plan addressing this new need.

As a care advocate, you should monitor the care of your loved one so as to be certain that the facility is providing the care outlined in the care plan. You may also attend all care planning meetings, whether regularly scheduled or when held because of a change in your loved one's health. This is the best way to be certain that your loved one receives personal and appropriate care in the facility.

The Search for a Care Facility

Rather than add to the size of this monograph with a list of assisted living and long term care facilities -- a list requiring constant updating -- I instead commend to you the web site of California Advocates for Nursing Home Reform. You should access that site to obtain the most current list available. The site address is www.canhr.org and the list is free. Features include

segregation by county, the name, address and telephone number for each facility, the classification of each facility (as skilled nursing, life care, residential, etc.), whether certified for Medi-Cal, facility services, whether it has a rehabilitation unit, whether it has a wanderer alert system, whether it has locked wards, whether it has an Alzheimer s Disease unit, kinds of residents desired (or not), languages spoken, support of family councils, sanctions by the state for code violations (patient care), complaints against the facility, etc.). The information is regularly updated.

Legal Assistance

For those in California, I *do* do Medi-Cal eligibility planning engagements. For others, see the member roster of the National Academy of Elder Law Attorneys at www.NAELA.ORG.