



ASSISTED LIVING CONSUMER GUIDE:

## **What to Look For While Evaluating an Assisted Living Facility for Someone with Memory Impairment**

Alzheimer's Association, Massachusetts Chapter  
36 Cameron Avenue, Cambridge, MA 02140  
617-868-6718 • 1-800-548-2111  
[www.alzmass.org](http://www.alzmass.org)

alzheimer's  association

the compassion to care, the leadership to conquer

# Introduction

**A**ssisted Living (AL) fills the gap for elders who may not require a skilled nursing facility, but who are not able to manage their personal care or remain safe in their homes.

Although AL is a relatively new industry in Massachusetts, only authorized since 1994, the number of Assisted Living residences has mushroomed, providing care today to more than 10,000 residents. It is estimated that up to 60% of the residents currently in Assisted Living communities are there because they have Alzheimer's disease (AD) or another one of the related diseases, which may or may not be diagnosed.

Although reaching the realization that Assisted Living is appropriate for a loved one is not necessarily difficult, finding the right Assisted Living community can be a real challenge. A wide variety of Assisted Living residences and programs exist; many care options are available within each facility. While Assisted Living providers can make the claim that Alzheimer's care is provided...how does the consumer decide if a particular Assisted Living residence really has the services their family member needs and wants, now and in the future?

To help answer this question, the Alzheimer's Association, Massachusetts Chapter assembled a panel of experts and charged them with the task of developing guidelines for the care of individuals with Alzheimer's or a related disorder in Assisted Living. The experts also created the following resource materials to help consumers assess what really matters in an AL residence.

Our goal is to empower you with the necessary information to make assessments and ask questions that will yield the answers relevant to your own family situation. If you have further questions, please contact the Alzheimer's Association, Massachusetts Chapter.

Paul Raia, Ph.D.

Director, Patient Care and Family Support

Alzheimer's Association, Massachusetts Chapter



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## Questions and Answers for Consumers

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### **How will I know whether an Assisted Living community is needed?**

There are many factors to think about when considering a transition to assisted living. For example, the health and well being of the care-partner, the safety of the person with AD, the family's financial resources, and the options for care within the family may be some of the obvious factors.

In addition, there are some not-so-obvious factors to insert into the equation. Although it may be hard to accept, an AL program may be able to provide more therapeutic care than can be provided in the home. It is clear that the more time an Alzheimer's patient spends alone, not engaged in activity or social interactions and with little to no structure in her day, the faster she will decline.

Lack of appropriate stimulation can also lead to symptoms of paranoia, crippling anxiety, and increased confusion. In many cases, residents blossom once they are living in a structured environment with regular meals, medication reminders, engaging activities, and opportunities for social interaction. A good AL program can be considered a treatment for the symptoms associated with Alzheimer's disease.

### **What types of Assisted Living programs are available?**

Assisted Living communities fall into three general categories. In the traditional form of AL, residents are not segregated by their diagnosis into units. Typically, staff in traditional (mixed) Assisted Living has modest amounts of training on Alzheimer's care, no standard staff-to-resident ratio, no specialized physical environment, and no customized activities for those who are memory impaired.

Another type is the **Special Care Unit (SCU)** within a building that also has traditional units. In this form, there is a segregated unit operating somewhat independently from the rest of the building.

Special Care Units usually have doors equipped with alarms, unique physical environments to foster greater independence, increased levels of staff training and better staff-to-resident ratios, and therapeutically based activities specifically designed for memory-impaired residents. These specialized units will also have separate policies and procedures outlining how people with AD are cared for in the unit.

The third and most specialized category of AL program is that in which the entire building is devoted to Alzheimer's care, also designated as a **freestanding Alzheimer's care community**. All the specialized features of an SCU are evident in a freestanding community, with even more emphasis on the uniqueness of Alzheimer's care. Additionally, because of the singular focus on AD, these programs frequently offer a high-functioning area and a lower-functioning area.

### **Who pays for care in an Assisted Living residence?**

While care in Assisted Living is not inexpensive, it is generally less expensive than nursing home care. Rates in Assisted Living residences vary depending on location, type of apartment, amount of care needed, and the degree of specialized Alzheimer's care offered. Traditional Assisted Living is usually less expensive than specialized care.

In the Boston area, the average cost of a one-bedroom apartment in traditional Assisted Living (45 minutes of personal care per day) might range from \$3,500-\$4,500 per month. Keep in mind that this service fee will include food and some utilities. An apartment in an Assisted Living residence is considered rental property, and is thereby subject to the laws pertaining to renters and landlords.

There are basically three ways to pay for this type of care. First, you can pay privately. In some cases, long-term care insurance may cover all, or part of the cost. And if you qualify financially and clinically, the Group Adult Foster Care (GAFC) program of the Division of Medical Assistance can provide financial support for the personal care components of the costs. Of the 170 Assisted Living residences in Massachusetts, approximately 100 accept Medicaid/Group Adult Foster Care (GAFC) payments.

Check with the Massachusetts Division of Medical Assistance (telephone #) for a list of participating facilities for more information about the Group Adult Foster Care Program, and how it applies to Assisted Living facilities.

### **What services are provided in Assisted Living?**

Available services will vary from residence to residence. Some services come with the basic monthly rental charge; other services are provided at extra cost. Be sure you understand what services are covered. It is important to review a residency agreement or contract and the disclosure statements provided by the residence. You should expect the following basic services to be available:

- Three meals per day served in a common dining room
- Housekeeping services
- Social and recreational activities
- Medication management: Self-Administered Medication Management (SAMM) and/or assistance with medications through Limited Medication Administration (LMA). See below for more details.
- Health promotion programs
- Handicapped accessibility and an emergency system that alerts staff if a resident needs assistance
- 24-hour security (meaning that the building's entrances are locked/alarmed at night; and/or there are electronic security systems in place; and/or there may be awake overnight staff on duty).
- A measured amount of time allotted for assistance with personal care.

### **How is medical care provided?**

The resident in an Assisted Living community is responsible for his or her own medical care, just as if one is living in an apartment in the community. Residents are responsible for scheduling their own medical appointments and transportation to these appointments (transportation to and from medical appointments with an escort may be available at no cost or as an extra cost in some facilities). In some cases, physicians and other health professionals may see their patients in the Assisted Living building.

Certainly, family or friends can also provide transportation for any outside activity or medical appointment. If daily care is needed, the person or responsible party can privately contract with Visiting Nurse Associations or private health care providers for the desired services.

Most people with dementia will need at least some help with taking their medications. In Massachusetts Assisted Living residences there are two types of help that providers may offer: a reminder system known as Self-Administered Medication Management (SAMM) and Limited Medication Administration (LMA).

SAMM, which all Assisted Living providers are required to offer, includes reminding the resident to take the medication and noting whether or not the medication was taken. If the resident needs help, the staff can assist the resident in taking the medication out of the packaging; assist the person in bringing the pill to the mouth; hand the person a cup of water to assist in taking the pill; and read the pharmacy label to the resident. However, they cannot actually put the pill in the person's mouth.

LMA, which only some Assisted Living residences offer, refers to an Assisted Living staff nurse who is allowed to administer medications, including crushing them if appropriate, or helping with drops or creams. They are not allowed to give injections, even routine ones like insulin or Vitamin B12. While many Assisted Living residences do not

offer Limited Medication Administration, families or outside home health agencies are allowed to come in to provide these additional services.

It is important to find out what kind of help with medications is offered by the Assisted Living residence you are considering, and whether that system is likely to meet your loved one's needs, now and in the future.



## Important Features and Questions To Ask when Considering a Particular Assisted Living Residence

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Our panel of Alzheimer's care experts has developed a comprehensive checklist of essential features to look for in an Assisted Living community that promotes itself as being able to provide Alzheimer's care. Take this handy checklist with you when you visit potential Assisted Living residences, openly ask questions, and then rate each program on the following features.

All Assisted Living residences are required by law to have a disclosure document that will answer many of these questions. The disclosure statement must be given to you to read before you give the residence a deposit or other money.

Keep in mind that no AL residence will likely have every feature in our checklist, but you should be satisfied that a high-quality program has the important ones in place.

### Policies and Procedures

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We recommend that you examine the residence's policies and procedures for specific references to Alzheimer's care. Carefully reviewing the disclosure documents can be a tremendous tool for the consumer.

Do not sign anything asking you to assume a risk for wandering outside the building and getting lost.

Does it specifically state that the residence uses **Habilitation Therapy** as its theoretical foundation and practical framework for Alzheimer's care? (Habilitation Therapy, developed by the Alzheimer's Association, is an approach to Alzheimer's care emphasizing a positive emotional response for residents.)

Ask for a list of behaviors that the Assisted Living residence may not be able to handle, which might lead to discharge for the resident involved.

Ask to see the facility's discharge policy in writing.

If the resident is discharged, what kind of help can you expect from the facility in finding another appropriate program?

Ask for a copy of the Mission Statement and see how it applies to people with memory impairment. What are the goals for residents with AD in this residence? The answer to this question should focus on improved quality of life, maximizing independence, preventing symptoms associated with AD, increased social interaction, and a sense of safety and self-esteem.

Other related goals for residents might include greater calmness, joy, and most importantly, a sense of being loved. In other words, you must be assured of more than a quick verbal promise to take good care of your loved one, as outlined in the Mission Statement for the residence. You should expect a more enlightened view that provides solid information about the therapeutic goals for the resident.

Ask how complaints are handled.

Ask to see the residents' rights statement.

### Financial Matters

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Ask for an itemized accounting of all charges before signing anything.

Many AL programs have 45 minutes or one hour of personal care built into the basic charge; if more personal care time is needed, there is an additional charge based on the amount of time required. Make sure that you understand these rates and give a realistic estimate of the time required for your loved one's personal care before signing the residential agreement.

Ask whether your attorney can review the residential agreement before you sign it.

If the AL residence is part of a large corporate chain, ask to see a recent corporate financial report to determine the solvency of the company. In the case of a not-for-profit AL program, ask to see the Annual Report and copy the names of the Board of Directors for the not-for-profit organization.

Some Assisted Living buildings may be owned by one company and managed by another company, so make sure that the management company is also solvent.

Ask about what happens if the resident runs out of funds. Are grants or other subsidies available?

Are there costs for processing the application for move in? Are there required community fees? Under what circumstances are they refundable (in full or in part)?

What are the financial terms and responsibilities for terminating the contract or terminating residency? How (in writing) and when (30,60, or 90 days notice) must I give notice, and does it vary with the nature of the termination (such as moving to another Assisted Living residence, transferring to a nursing home, going home, death...)?



Are there additional costs for outings and social events?

How often have the rates been raised over the past several years?

How many residents are asked to pay for a private caregiver?

Does the program contract with a local pharmacy to package and deliver medications? Are the costs less if you use your own pharmacy?

## Physical Environment

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Is the Assisted Living residence home-like and comfortable?

Does the program have alarmed doors or a system in place that reduces the risk of wandering?

Is it easy to find your way in the layout of the AL residence?

Is the carpeting appropriate for people with dementia? It should have no pattern or contrasting colored borders.

Is the vinyl floor appropriate for someone with dementia? It should have a dull finish and a solid color—no dark-on-light areas, checkerboard patterns, or contrasting colored borders.

Lighting should be appropriate for individuals with dementia. We suggest a high intensity of light (our technical recommendation is 70 to 80 foot candlepower, as measured with a light meter) in all areas with no shadows. Glare from ambient light should be controlled.

Are there color cues included in the environment that help people find important areas, such as the dining room, the resident's room, the activities room, the common spaces, and the bathrooms?

Is the building handicapped-accessible?

## Personal Support for Residents

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Are family members/responsible persons invited to participate in the development of the resident's service plan? Are service plan meetings scheduled at times when working people can attend?

Is the amount of time available for assistance with personal care adequate?

Can the service plan be individualized so that safety, nutritional, social, spiritual, and medical/psychological issues can be addressed?

Ask about procedures for administering or managing your loved one's medications. How does the process work, and who is involved?

How often is the service plan reviewed? It should be quarterly, or even better, on an as-needed basis.

Who is responsible for scheduling medical appointments? Who provides transportation to medical appointments? Who accompanies the resident with dementia to the medical appointment? Who purchases medications for the resident, and is there a system in place to notify the family that prescription medications should be reordered?

If a resident with dementia requires a visit to the emergency room, does the facility provide a staff person to accompany the resident?

How many times during the past year have residents been sent for inpatient psychiatric evaluation? More than one or two cases per year might suggest that the program has difficulty with managing behaviors in-house.

How many times in the past year have residents left this building and become lost?

Are religious services and celebrations observed in the residence? How often do clergy members come to the facility?

## Social/Therapeutic Activities

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The Alzheimer's Association recommends that assisted living programs provide 2 hours of therapeutic activities per resident with memory impairment per week. This would mean that a residence with 25 memory-impaired residents offers 50 hours per week of activities designed to give residents practice with their remaining cognitive abilities. Hence, you can ask whether the residence provides enough therapeutic activity hours for the number of memory-impaired residents living in the building.

Are residents allowed to take walks outside with an escort on a regular basis?

Are there outings planned regularly that include the memory-impaired residents?

Are appropriate activities addressed within each resident's service plan?

## Staffing Levels and Staff Training

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The Alzheimer's Association, Massachusetts Chapter recommends that all assisted living facilities caring for people with memory impairment maintain a staffing ratio of 1 staff person for every 5 residents (1:5) from 7:00 a.m. to 7:00 p.m., and a 1:10 ratio overnight. Any staff members providing hands-on care can be counted in this calculation. For example, a cook conducting a cooking class once per week could be counted for that hour. So, you can ask whether there are enough staff to adequately care for the number of memory impaired residents.

The Alzheimer's Association, Massachusetts Chapter also recommends that all staff members providing direct care to residents successfully complete a 12-hour training program approved by the Alzheimer's Association. So, have all staff undergone at least 12 hours of classroom training related to the care of Alzheimer's residents?

In residences offering a Special Care Unit (SCU) for individuals with memory impairment, is there a unit director (also called a Program or Executive Director) who has 24-hour responsibility for the program and the residents in that unit?

State regulations require that all assisted living administrators and managers receive at least 2 hours of training per year in Alzheimer's care. Have the administrators and managers satisfied this training requirement?

Did staff members undergo a Criminal Offender Registry Inventory (CORI) check before they began providing direct care? Does the facility have and enforce a zero tolerance policy regarding abuse of residents?

Since longevity in one's position suggests job satisfaction and the acquisition of skills, ask the facility to provide you with the number of direct care workers who have been employed in that residence more than two years.

## Other Services

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Does the residence offer a support group for early stage memory-impaired residents?

Does the residence offer a support group for family members who have a loved one with memory impairment?

Does the residence enroll residents who may be at risk for wandering in the **Safe Return Program**? (The Safe Return Program, sponsored by the Alzheimer's Association, is a search and recovery service for those with memory impairment.)

Is the food service able to accommodate residents with dietary limitations or special diets? Sample a meal. Ask to see the kitchen.

Does the residence provide regular educational programs for families and the general public on various topics related to Alzheimer's disease?

Finding the right residential program for someone who has memory impairment is an important decision; yet, many people invest more time in research when buying a car than when shopping for the right Assisted Living program.



The Assisted Living residence is a place where your loved one will live 365 days per year, and the AL program will most likely cost much more than the average family automobile.

Careful research from the outset will allow you to achieve the best fit possible and avoid unnecessary moves in the future. For this reason, there are a number of less concrete factors to take into consideration when evaluating an Assisted Living program for your loved one.

For example, attempt to get an overall “feel” for the residence. Does the furniture and décor fit with the person’s previous personality and lifestyle? Many AL residences make the décor plush, intending to appeal to the family and not necessarily to the needs of the resident, so don’t be impressed by the chandeliers or the linen tablecloths. These features of the environment mean little to the memory-impaired person. Is the décor home-like and easy for a memory-impaired person to figure out?

Moreover, is the building clean and well maintained? Does it pass the “sniff test”?

Watch the staff as they do their work. Do they engage the resident? Do they make eye contact? Do they smile? Do they speak respectfully and in an understandable way? Is there laughter? Do the program aides hug residents with Alzheimer’s disease? Do the staff members, especially the direct caregivers, seem to enjoy what they are doing?

Look carefully at the other residents. Are they well groomed? Do the residents interact with one another? Are residents with memory impairment accepted by the cognitively intact residents? Are the residents engaged in therapeutic activity? Do the residents appear to be happy?

Set up interviews with key staff members to see if these are people you can trust and work with if there is a problem. You may want to meet with the Executive Director, a nurse, and the activity director. You should come away from these meetings feeling that this program is not just good “custodial” care, where the emphasis is on assistance with personal care; but more importantly, you should believe that there is a ***strong commitment to therapeutic care for residents with memory impairment.***

Although the scheduled, guided tour of the building can give you much information, you may also need to visit at another time, and just sit and observe for an hour. Try to visit the program during the weekend when many residences have less going on, or in the late afternoon when things can get somewhat hectic. Tour at mealtime or ask to be a guest for lunch or dinner.

If you observe residents sitting around doing nothing and/or just watching television for prolonged periods, that is a sign to look elsewhere. Look at the posted activity schedule to see whether a scheduled activity is actually being conducted. Approach other family members who may be visiting and ask if you can call them later to get their view of the program.

In addition, you may want to check with the Executive Office of Elder Affairs in Massachusetts to see if there are any outstanding complaints with the care provided at the residence. Check with the Alzheimer’s Association to see if the residence has undergone Alzheimer’s training. And investigate the financial stability of the ownership. Is the residence likely to be sold in the near future? As part of the state certification process, the Executive Office of Elder Affairs requires residences to submit a detailed financial report. Ask to see a copy.

Every person in an Assisted Living residence needs an advocate--someone who will monitor the quality of care and speak for the resident if she is unable to speak for herself. This means that family and friends should visit the person regularly. However, when you select an AL residence, do not choose it simply because it is convenient for you. The quality of care, the services offered, and ability to offer a safe, engaging environment are all far more important than proximity.

If it is a high-quality program and you trust the staff, you may not have to visit more than once or twice per week to adequately monitor care. ***Quality of care should always outweigh convenience.***

You now know what to look for when considering a move to an Assisted Living residence. Don’t be timid about asking the right questions. Most professionals will welcome your inquiries because, like you, they want the decision to be the right one for the resident. Good luck with your search!

**For more information, you may want to order a free copy of the *Guidelines for the Care of Alzheimer’s Residents in Assisted Living Residences*, published by the Alzheimer’s Association, Massachusetts Chapter.**