

LONG-TERM CARE A CONSUMER'S GUIDE

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for the Aging



FROM NUMBERS TO KNOWLEDGE AND VIRGINIA HEALTH INFORMATION
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LONG-TERM CARE: A CONSUMER'S GUIDE

TO OUR READERS

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VIRGINIA HEALTH INFORMATION (VHI), a Virginia nonprofit public/private partnership, published this guide to help consumers make informed decisions when choosing Virginia long-term care facilities and services.

VHI is governed by a Board of Directors representing businesses, consumers, hospitals, nursing homes, physicians, the insurance industry and state government. Under contract to the Commonwealth of Virginia, VHI collects a broad range of information on hospitals, nursing facilities and physicians. Information is available in reports, databases and as custom services for businesses, consumers and providers of health and medical care services.

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Michael T. Lundberg
Executive Director

FROM NUMBERS TO KNOWLEDGE®



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ABOUT YOUR LONG-TERM CARE GUIDE



Long-term care is one of the hottest topics in today's media. Like most Americans — young and old — Virginians are wondering what they will do when the time comes.

This guide is an excellent first step to the answers for today.

Long-term care is a broad-based term used to describe the many facilities and services that specialize in at-home and residential care. From independent living

to assisted living to nursing home care, today's long-term care providers present various options to fulfill the care needs for seniors as well as for people of any age with chronic conditions and diseases and/or disabilities. Much of this guide focuses on today's senior population as it comprises most of the market for long-term care services. However, the guide's purpose is to help everyone currently or potentially associated with long-term care options — the ill or disabled and the caregivers in their family and circle of friends — to

- become more aware of the different types of care available
- learn some of the best ways to search for the answers to care levels and facility types
- locate professionals equipped to help in the search and placement processes
- learn about residents' and patients' rights as set forth by the Commonwealth and other concerned health-related organizations
- learn how to work through some of the challenges faced in making a decision involving long-term care and
- learn some of the industry terms to enhance a clear understanding of all options.

Long-term care services and facilities comprise a growing segment of the health care industry that includes a network of professionals and facilities offering home care and personal services, a wide array of community services and many levels of residential assisted living and health care.

To help us understand the differences in home care services and the various forms of residential care, the guide is presented in three major sections beginning with a discussion about choosing a long-term care path. Then we take a close look at home care options and finally we learn about the options that provide us with a home and built-in services — residential long-term care services.

The five types of licensed care services and facilities covered are

- HOME CARE AND COMMUNITY BASED CARE
- ADULT DAY CARE
- CONTINUING CARE RETIREMENT COMMUNITIES
- ASSISTED LIVING FACILITIES
- NURSING HOMES

The general text portion is augmented by

- **RESOURCES A TO Z** When additional information on a subject is available, you will find the topic marked with a 📌 in the text. The resource information has been bulleted for quick reference. The guide's index also includes RESOURCES A to Z subjects as an additional reference route.
- **VHI's LONG-TERM CARE PROVIDER DIRECTORY** — available from VHI, on the web at vhi.org and through the Virginia Department for the Aging — includes the five groups of long-term care providers (named above) with directory-style listings that include the providers' names, addresses and phone numbers. Service data is also included in the directory as it was supplied to VHI by the providers.

NOTE: Long-term care information was verified and deemed accurate at time of printing. If you note a discrepancy in the guide and that reported by the facility or service agency, you can obtain verification by contacting the appropriate licensing entity.

📌 SEE LICENSING

CHOOSING A LONG-TERM CARE PATH



At one time or another — for ourselves or for someone close to us — it is likely that most of us will have to make an important decision about long-term care facilities or services.

We may have a need for long-term care services because of a physical or mental limitation, a chronic illness or a temporary or permanent disability. Should the need occur, we may be physically and mentally

able to respond to the challenges of finding suitable types of care for ourselves. Then again, we may have to depend on family and friends, along with medical and social service professionals, to make the appropriate decision for us.

Because no one knows our preferences as well as we do, either case suggests that planning ahead is important. We can expect to be much more satisfied with the services and facilities we may need if we make our selections while we are capable of being the primary planner. By sharing our plans and personal wishes with our physician, family and other potential caregivers, we also relieve them of many of the stresses and doubts often present when having to make such important decisions for others.

THE CAREGIVER'S ROLE

With an increasingly longer life expectancy, most of us can expect to not only be required to find long-term care services or facilities for ourselves and our spouses but also for our parents. Thousands of American family members have already accepted the role of caregiver 🧑 for a family member or a close friend. All of us would probably agree that having a long-term care path laid out in advance of an emergency can make economic and emotional sense. Should an unexpected illness or disability occur, we will have provided direction that reflects our wishes, thereby making the process much easier for those who may have to make decisions for us.

CONSIDERING OUR SPECIAL NEEDS AND PERSONAL PREFERENCES

A long-term care decision can involve leaving what we know as “home” for a new environment such as an assisted living facility or a facility that provides assistance or skilled nursing or custodial care. Leaving what we know may introduce emotional readiness and acceptance issues that can impact the normal decision-making process. There may also be family and friends who have special emotional and convenience needs — among them, wanting you as near as possible and wanting you to have quality care that’s affordable. We also want



- our personal views to be respected as well as those of our family and friends
- a voice in the decision process and, when possible, in the final decision and
- a lifestyle solution that is appropriate to our current physical and emotional needs — but one that can, if necessary, be changed.

➤ SEE CAREGIVERS
ACTIVITY HELPERS CHECKLIST

LONG-TERM CARE TODAY



Since today's seniors tend to stay healthier and to live longer, new forms of less restrictive levels of long-term care services and facilities are being designed to meet their more active, freedom-loving lifestyles.

Today's seniors and those with disabilities or chronic illnesses clearly have many improved and expanded options available for long-term care. Through modern

home care capabilities, an abundance of community services and a more accessible network of adult day care services, the vast majority of America's senior population is managing to enjoy a healthy, productive life at home. Others have elected to ensure a lifetime of care in a continuing care retirement community and still others like the independence they have in an environment that assisted living facilities provide.

When health mandates it, many have found that most of today's nursing homes and special care facilities are considerably more modern, technologically improved and much more accessible to family and friends. Never have there been more or better choices.

Some services and facilities are relatively new to the market, and some are well-thought-out modifications of standard services and facilities. The more traditional facilities have expanded many of their services to meet the needs of persons with Alzheimer's or AIDS.

Assessing your social, psychological and medical needs is the first step in deciding what type of long-term care is most appropriate for you.

ASSESSING YOUR NEEDS



The most medically successful and personally satisfactory long-term care decisions usually begin with professionally guided assessments of both physical and emotional needs.

Since most of us want to remain in our home if we can, a good first step is to seek professional guidance in answering very important questions you may have such as

- How much help will I need to maintain my lifestyle?
- Who can provide the services I may need?
- How do I access those services?
- How much will the services cost?

An assessment can be very beneficial to gaining an objective view of what activities are reasonable considering both physical and mental status. An assessment doesn't just tell us what we need; it will also tell us what we don't need! Both are very important to coordinating a care plan. Because an assessment is the most reliable road map to a successful care plan, you will find that most long-term care providers will require one.

Because an assessment can protect you from over-estimating your capabilities — or, in some cases, under-estimating them — you may find it a good idea to have professional assistance in weighing your care options. Though an assessment and care plan may take some time and energy, the results in the quality of care you receive and in the immediately positive direction your care takes will be well worth the effort.

HOW AN ASSESSMENT CAN HELP

A long-term care assessment provides those responsible for your care — you, if you're able, your care providers and your family — with vital information about your overall condition and special needs you may have. It also helps the care managers or care coordinators structure your care plan to the appropriate levels and types of services you need. It includes

specific recommendations for any and all care that is seen as medically necessary. Therefore, the assessment typically will include a careful appraisal of your

- physical abilities and medical care needs
- social and emotional needs
- financial needs and
- environmental needs.

It will also identify the various financial resources that could be made available to pay for the care you need — including your personal funds and insurance, Medicare or Medicaid — along with information on special funding avenues such as community services and public assistance grants. Most of us may not want to deal with the money issues that relate to our care needs or to share our financial situation with others; however, there's little point in designing a care plan that can't be funded. Knowing about your financial structure 🗝 is important information for your care planner. Also he or she may be able to guide you to funding options. It would be sad to give up on the perfect care plan that could have been funded if only all avenues could have been explored!

✓ YOUR ASSESSMENT INFORMATION RESOURCES CHECKLIST

- You may want to involve all of your **people resources** in the assessment procedure
 - family and friends
 - your personal physician
 - any specialists you now see or have seen

- the long-term care professionals who perform the assessment and, when possible,
 - those professionals who will provide the services or facilities you are considering.
- ☐ The assessment will also include a review of **caregiver options** that might be available from family and friends and/or through community services 🗝.
- ☐ The results of this **personal network profile** give the care planner and ultimate caregivers a list of resources for regular or occasional help.
- ☐ Because medical needs often dictate long-term care lifestyle needs, one of the first sources for information will be **your physician**.
He or she will
- gather data from any specialists to whom they have referred you in the past
 - put together the medical recommendations portion of your assessment which becomes the essential component in receiving medically necessary services and
 - help in forming the basis for any assisted living services needed.

Remember, your physician's primary goal is always the diagnosis and treatment of your medical conditions or illnesses, but he or she may also be an important key to the living accommodations that best promote your quality of life.

- Your care planner may also depend on **other medical and social services professionals** for assistance in the preparation of your assessment. If you do not have a primary care or personal physician, your care planner or social services professional can give you recommendations or assign one to you.

THE CARE PLAN

Once the assessment is complete, a care manager can make recommendations that form the foundation for your care plan. The care plan designates

- the appropriate services/facilities you may need
- when the care is to begin and
- how often the services are to be performed.

The goals that are set forth in the care plan should be realistic for comfortable day-to-day living or, in the case of an illness, sufficient to enable you to return to health. If a chronic condition is involved, the care plan can include maintenance needs.

THE CARE MANAGER OR CARE COORDINATOR

A care manager — often referred to as a care coordinator — may be a health professional appointed for you from a private assessment organization or a nurse or social worker provided through public sources. The care manager or coordinator may be in charge of conducting the assessment, acting as the care planner and may also conduct the required visits to the client's home to assess how well he or she is managing day-to-day routine functions. These visits are critical to an accurate assessment of self-care capabilities.

Once care is in place, it is also the care manager or coordinator who provides reassessment visits and recommends adjustments to the care plan. Should the care plans and other long-term care stress factors affect you or your family and friends as caregivers, care managers or coordinators can be helpful in keeping the ball in play as well as smoothing troubled waters. And, when a patient's family does not live nearby, care managers or coordinators can provide a vital link between family members.

ASSESSMENT AND CARE MANAGEMENT SOURCES

Because more and more people are seeing the wisdom of a professionally prepared long-term care assessment, the list of qualified providers is growing.

For additional guidance or to locate specific assessment and care management or care coordination assistance

- SEE ASSESSMENT OPTIONS
 - COMMUNITY SERVICES
 - COSTS
 - FAMILY SERVICES
 - FINANCIAL RESOURCES CHECKLIST
 - HOME CARE
 - VIRGINIA, STATE OF
 - AGING, DEPARTMENT FOR THE
 - AREA AGENCIES ON AGING
 - HEALTH, DEPARTMENT OF
 - SOCIAL SERVICES, DEPARTMENT OF

HOME CARE AND COMMUNITY SERVICES



Today, many seniors are able to live comfortably and productively in their homes thanks to the professionally operated and licensed network of home care and community facilities and services.

If you plan to stay at home but know you will need home care services to help with day-to-day personal care, you may want to look at your options through

home care agencies, the various community service agencies that are available and adult day care service providers. When health dictates, home care agencies can provide health care at home as well as part-time, temporary specialized or skilled nursing care. As part of their personal care services, many home care agencies will offer light housekeeping assistance.

While looking at the benefits of home care, you might also want to evaluate your home for

- maintenance requirements
- ease of accessibility for daily needs and
- entrance and exit mobility features.

Home health care and other around-the-house services that help relieve responsibilities are much more popular — and therefore more plentiful — today than in the past. Home care is readily available to small towns and rural communities because of the many licensed and Medicare- and/or Medicaid-certified home health care service agencies that serve multi-county areas. While most privately owned home care services provide nursing care on a 24-hour, 7-day basis, you may want to contact them for general services during regular business hours.

If home care services are your first consideration, you may want to contact your local Area Agency on Aging 🐾, the Virginia Department for the Aging 🐾 or other state agencies such as the Virginia Department of Social Services 🐾. All of these state service groups work together for seniors and the disabled to assist them in locating nearby licensed home care 🐾 services.

NOTE: The Long-Term Care Provider Directory, available either from VHI or through the Virginia Department for the Aging, reports the Medicare certification as well as contact information for each home care agency listed at the time of publication.

TYPES OF HOME CARE

Two primary types of home care services are available

- **IN-HOME SUPPORTIVE SERVICES** that do not require skilled nursing or medical care (referred to as personal assistance services Activities of Daily Living — or ADLs — in some health insurance plans and by some home care services) and
- **MEDICAL OR HOME HEALTH CARE SERVICES** that do require skilled or medically-trained personnel.

Most home care services require some training. And, some of the services provided require more training than others. Many times, unless otherwise stipulated under the law or by a care manager, some services can be fulfilled routinely by family or friend caregivers; however, home care professional staff may also be needed periodically.

For example, a family member may be able to administer daily temperature or blood pressure checks. A trained or skilled home care worker may be required to make routine verification checks and reports to medical personnel and/or a care manager or coordinator. It is important to understand the differences in care services because it can affect the quality and cost of care you receive.

IN-HOME SUPPORTIVE SERVICES

Supportive services provided in your home can include personal care needs such as bathing and dressing as well as light housekeeping assistance. These services can be scheduled routinely, on an as-needed basis, or specifically as primary caregiver relief. Even though your physician and assessment team may direct your care manager or coordinator to include these services, most are not medical in the sense that they must be administered by a registered nurse (RN) or physician.

For example, because having someone to help you bathe and dress in the morning may be physically necessary, it may also seem to be a medical necessity. However, this type of activity is not strictly medical because it does not require a physician or a skilled nurse to perform the service. Therefore, the home care services that are requested as in-home supportive services are usually provided by home care workers or certified nurse aides (CNAs), personal



care workers or companions. When finances allow or the need is justified, live-ins are also an option. Depending on the level of care required, live-ins can be obtained at various levels of training — companions or trained aides, CNAs, LPNs or RNs.

Routine or daily health needs — for example, some oral drug administration 🗡, blood pressure or insulin checks or urine sampling — may also be carried out by a trained aide, a CNA or visiting nurse who is qualified and approved to perform the service.

So, though all of these services may be recommended by your assessment and included in your care plan, they are not always considered a medical expense; therefore, some services may not be included as covered expenses under some health care plans.

Under some special plans, in-home assistance, when ordered by a physician and when meeting the insurer's contractual requirements, may be part of the coverage — some long-term care insurance 🗡 programs for example. When and if covered, the services may only be covered for a short period of time. For example, insurers typically cover at-home health care that does not require acute-care hospitalization

- for surgical and accident recovery
- during various periods of illness when we can not do for ourselves and/or for some chronic illnesses or disabilities or
- when the usual caregiver is not trained or physically able (lifting a patient from bed to chair) to provide the necessary care.

Care generally recognized as in-home supportive services may include assistance

- getting in and out of bed or a wheelchair
- in bathing, dressing, toileting and eating
- in walking around the house and in taking prescribed outdoor walks and
- in getting to and from physician or other medically necessary visits.

It may also include grocery shopping and meal preparation as well as light housekeeping needs such as watering the plants, straightening the house, making the bed and light dusting.

MEDICAL HOME CARE SERVICES

These are the services typically recognized by health care providers and insurers as constituting health or medical care. Medically-related home care services may be provided by RNs and by specially trained and/or approved LPNs or aides.

The home care services that require a registered nurse or other skilled and licensed professional — for example, rehabilitation services — are considered skilled care services. To be covered by typical health care plans, skilled nursing and rehabilitation services require a physician's order. Most licensed and/or Medicare- and/or Medicaid-certified agencies will provide some or all of the skilled nursing services listed below.

- special nutrition services/prescribed diets
- ostomy education and care
- speech, physical, cardiac or occupational rehabilitation therapies
- respiratory care

- home dialysis and
- the administration of fluids or medications requiring special skills such as
 - IM/IV antibiotic therapy
 - insulin administration
 - pain management
 - parenteral nutrition (nutrients by injection)
 - infusion therapy.

Some home care agencies also provide services for those who need medical in-home technology-dependent pediatric care.

COMMUNITY-BASED CARE SERVICES

Working from your assessment, your care manager or coordinator may include community-based services along with your home care services. If you or your family has the ability to transport you to group socialization activities, to physician appointments and to take you out for some meals, you may not need community-based care services.

However, for those who do not have the ability to get out-and-about on their own or with family and friends, your care plan can be designed to include community-based services. When your care includes both home and community services, your type of care will be referred to as home- and community-based care — HCBC — services.

Including these services in your care plan brings an added dimension to your home care. An HCBC plan allows you to receive services in your home as well as services that are provided for you out of your home

- transportation
- home delivered meals or congregate meals, that is, meals served to a group at a certain place and time
- care in an adult day care center and
- recreation either at a day care center or through a church, synagogue or community-sponsored senior center.

MEALS, TRANSPORTATION AND RECREATION SERVICES

Three of the most important ancillary services for those who live at home are those services that

- help protect nutritional health
- provide regular socialization opportunities through recreational programs and
- provide necessary transportation services to physician appointments and to therapies that cannot be performed at home.

Many communities, local Virginia Area Agencies on Aging, service groups and community hospitals provide these special services.

Congregate Meals — Special mealtimes are often held by community hospitals, senior centers and at other congregate nutrition sites at various locations. These meals are served to those who wish to participate in a group setting. They provide a special service in addition to nutrition; they provide recipients with the opportunity for socialization and recreation necessary to emotional health.

Home-Delivered Meals — Started in 1943, MEALS ON WHEELS provides another way to enjoy a balanced, nutritional meal at home as well as a brief visit from

someone who cares. Usually supported by a combination of private and public funds, this program provides a daily meal to its recipients.

Other organizations may provide home-delivered meals and are available in most localities through federal funding 🍴. Payment for most meal delivery services varies from fixed fees to no charge depending on the sources of revenue used to provide the service and the income levels of the recipients.

Transportation — Community care can include services that provide group or individual transportation to physicians and other medical services, to senior centers, to locations providing congregate meals and, through some providers, to shopping areas. These services can be provided through various human services agencies. Elderly individuals may contact their local Area Agency on Aging or a local office of the Department of Social Services. Persons who are physically challenged may call the Department of Rehabilitative Services.

Another source of transportation is through specialized, privately operated transportation companies located in most urban and suburban areas. These health-specific transporters provide wheelchair-accessible transportation to local destinations.

Realizing how difficult it is for the elderly and disabled to navigate public bus transportation, many churches, synagogues and civic organizations have developed volunteer transportation groups. These

groups are comprised of those willing to donate driving hours and their vehicle to transport the elderly and others not able to drive to medically important locations. Some organizations or groups also provide group transportation on special days to social events at the church, senior centers or other locations. Many adult day care centers also provide transportation to their facility as well as to planned recreational activities.

Recreation — Another important area in which community care benefits the aging and disabled is in recreational activities. Socialization is extremely important to those who spend a lot of time in their home. Congregate meals, educational classes, health and psychological services as well as purely recreational events — movies, dances, crafts groups — help add balance and enjoyment to limited lifestyles. Again, local churches, synagogues, some hospitals and community service organizations play a vital role in providing sources for these outlets.

Other Services — Community-based organizations, usually staffed by volunteers, may provide legal, financial and tax related services as well as counseling, rehabilitative and occupational assistance. These services may be free or may require a fee based on an ability to pay — a sliding scale fee system.

ADULT FOSTER/FAMILY CARE

Adult foster care differs from other residential care settings along two characteristics: the size of the home (four or fewer residents) and the family nature of the

care setting. The value of family-based care is that it allows older persons to remain in the community with a consistent and predictable source of support.

Generally, adult family foster care participants are placed directly by the local department of social services or referred through the local Community Services Board. The Department of Social Services carries the responsibility for approval, oversight and payment of providers. Virginia does not use formalized standards to certify or approve adult foster care homes. Instead, the state opts for a system of guidelines with latitude for local interpretation and implementation.

- ✦ FOR OTHER INFORMATION ON HOME CARE ALSO SEE
 - HOME-CARE CHECKLIST
 - LONG-TERM CARE INSURANCE
 - MEDICAID
 - MEDICARE
 - VHI LONG-TERM CARE PROVIDER DIRECTORY
 - VIRGINIA, CODE OF
 - MEDICATION (PRESCRIBED DRUGS)
 - ADMINISTRATION PERSONNEL QUALIFICATIONS
 - VIRGINIA, STATE OF
 - AGING, DEPARTMENT FOR THE
 - AREA AGENCIES ON AGING
 - SOCIAL SERVICES, DEPARTMENT OF

ADULT DAY CARE CENTERS



Virginia's adult day care centers are a vital social service providing supervised day-time assistance and recreation to thousands of seniors and the disabled every year.

Available to those 18 and over, Virginia's licensed adult day care centers provide adults with a regulated facility that ensures reduced-risk activities and services

conducive to the well-being of those in its care. Virginia adult day care centers are licensed or approved by Virginia's Department of Social Services 🏠. Only those centers operated for profit are required to be licensed; nonprofit centers may be licensed upon request.

Adult day care centers provide supplementary care and protection during part of the day to aged or infirm and to disabled adults who reside elsewhere 🏠. Adult day care centers licensed by the Department of Social Services cannot be located in a facility or portion of a facility licensed by the State Board of Health or the State Board of Mental Health, Mental Retardation and Substance Abuse Services or in the home or residence of an individual who only cares for persons related by blood or marriage.

Some unlicensed adult day care centers are operated in homes or other facilities to provide primarily socialization and recreation programs for adults. For example these may be found as senior centers, in churches and synagogues or may be operated by a governmental unit, corporation or association. Regardless of operational organization or location, if licensed, the license to operate as an adult day care center must be posted clearly within public view.

PROTECTED, ENJOYABLE ENVIRONMENTS

As with other types of long-term care facilities and services, adult day care centers should be able to meet each participant's needs under the program as it is offered. Therefore, all licensed adult day care centers require an entrance assessment profiling each

applicant's capabilities and needs. These profiles also document special health needs that must be met such as

- medication administration 🦋,
- allergy and/or food intolerance and
- other physical or emotional restrictions that may apply.

PARTICIPANT ACTIVITIES AND RECREATION

Virginia's licensed adult day care centers are required to schedule individual and group activities for their participants. Because viewed together the participants' assessments form a profile of the group's abilities, activities can be designed to match the abilities and skills of all participants. This approach promotes a high level of independence and individuality. An individual's economic limits are also recognized in the planning of activities.



Providing Good Nutrition — Licensed adult day care centers are required to provide meals and snacks for their participants. Even when participants choose to bring their own food, they are usually encouraged to eat the center's food because it is nutritionally balanced and designed to provide a set percentage of

the current recommended dietary allowances as set by the federal government.

As you can see, Virginia's licensed adult day care centers are regulated to provide positive environments for their participants. If you, a family member or friend need these services, you can feel assured that licensed or approved Virginia centers provide a very good option for care.

Providing Rehabilitative Opportunities — Some licensed adult day care centers can provide rehabilitative services at the center through full-time staff or through a special arrangement for those services. Ask the centers you interview about their capabilities in rehabilitative services. You may also find out about the nearest options by calling the Virginia Department of Rehabilitative Services 🐾.

- 🐾 SEE ADULT DAY CARE CENTERS
 - AMBULATORY DEFINED
 - PARTICIPANTS' RIGHTS AND RESPONSIBILITIES
 - STATE REGULATIONS SUMMARIZED
 - ADULT DAY CARE SERVICES/FACILITIES CHECKLIST
 - NATIONAL ADULT DAY SERVICES ASSOCIATION
 - VHI's LONG-TERM CARE PROVIDER DIRECTORY
 - VIRGINIA, CODE OF
 - ADULT DAY CARE CENTERS DEFINED
 - VIRGINIA, STATE OF
 - REHABILITATIVE SERVICES, DEPARTMENT OF
 - SOCIAL SERVICES, DEPARTMENT OF

RESIDENTIAL LONG-TERM CARE: LIVING WITH BUILT-IN SERVICES



CONTINUING CARE RETIREMENT COMMUNITIES
ASSISTED LIVING FACILITIES
NURSING FACILITIES



COMPARING APPLES WITH APPLES

Looking at advertisements, sales brochures — even the yellow pages of the phone book — can leave even the most long-term-care-knowledgeable individual a little unclear on exactly how or if a facility is licensed. Learning about the levels of care offered by specific kinds of residential facilities or special units in the facility can make identification of each type of facility easier. It's important to work your way through this quick learning process so that you have a clear basis for comparison options — apples with apples, oranges with oranges. Only when you clearly understand how each is equipped, staffed and licensed can you accurately differentiate your options.

As you start to shop your options, you may cull some information from friends and relatives, some from the yellow pages and other long-term care advertising and from your physician. Then, if you're like most people, you'll balance what you've learned and heard against your personal preferences and instincts. Then we hope you'll take everything you've learned and visit different types of residential facilities and several of the type in which you're interested — ones under different ownership perhaps, others that vary in size or mission. And we hope you'll use the data and general information in this guide and in the LONG-TERM CARE PROVIDER DIRECTORY available from VHI.

LEARNING MORE ABOUT THE FACILITIES, SERVICES

Word of Mouth — One way to get to know a residential care facility is to talk with people who live there or have friends and relatives who live there. It's a firsthand report on the quality of the care you can expect to receive and on the overall performance of the physical facility. However, as you listen, remember that what you are hearing can be biased by the person's own beliefs and needs. Listen, but keep an open mind.

Advertising — To add another dimension to your research, look at the facilities' advertisements.

- What words do they use to describe themselves and the care they provide?
- What overall picture are they painting of their facility and staff?

Keep in mind that the size of a facility's advertisement is not necessarily an indicator of quality care. But ads are a good starting place — along with this guide — to check out options. It is in ads that you may find

the greatest disparity of language concerning residential care facilities. They may have chosen advertising classifications or headings that do not necessarily accurately profile their services as licensed.

Some examples of terms used in retirement and long-term care facility marketing are:

- independent living
- assisted living, assisted living community
- permanent residential care
- lifecare retirement community
- nursing care
- retirement community
- senior campus lifecare communities
- continuing care retirement communities

Use **VHI's LONG-TERM CARE PROVIDER DIRECTORY** to pinpoint how a facility or service was licensed at the time of publication. The category under which they are listed in the directory will tell you how they are licensed by Virginia. The directory lists options in your area, in nearby communities and across Virginia. And, of course, you can request verification by contacting the appropriate licensing entity. If you cannot find the residential unit in which you are interested in **VHI's LONG-TERM CARE PROVIDER DIRECTORY** — there may be facilities that have opened or closed since the directory's publication date — you will want to contact the facility directly and/or call a Virginia licensing or regulating department for information. You can contact the Virginia Department of Health 🏠 to verify a nursing facility's status or the Virginia Department of Social Services 🏠 to verify an assisted living facility's status. For peace of mind and specific information about a

facility, it's a good idea to check the credentialing and/or licensing status of all services and facilities you consider.

Your Physician — No one knows your medical needs, your physical and mental limitations, and, in some cases, your preferences about lifestyle, better than your physician. However, he or she may not know the particulars of your financial capability, so you will have to factor that into your thinking after you know what your physician thinks is in your best interests. When a preadmission assessment is performed, your physician will be instrumental in helping the assessment panel and care manager or coordinator profile your needs. This group will know what the criteria are for admission to each facility type as well as financial eligibility requirements. Their balanced input can be very valuable in your long-term care decision-making process.

VISIT, VISIT, VISIT

Almost everything you will read about long-term care stresses the importance of visiting the facilities you are considering — and not just once. You will find a visitation checklist in this guide as well as a directory of options. Don't be shy. Don't be concerned about how your visits appear to the administrators and staff. It is in everyone's long-term interest — yours and the provider's — for your placement to be one that is satisfying and lasting. You can minimize the likelihood of a later relocation with frequent visits to the facilities you are considering before you make a final decision.

- ✦ SEE LICENSING AND REGULATION AUTHORITIES
VIRGINIA, STATE OF
HEALTH, DEPARTMENT OF
SOCIAL SERVICES, DEPARTMENT OF

CONTINUING CARE RETIREMENT COMMUNITIES

Today, many people look forward to retirement with a strong desire to simplify their lives. CCRCs offer this opportunity.

The goal of many retired persons is to find housing that removes most of the duties and obligations of caring for a home. Choosing a Continuing Care Retirement Community — a CCRC — can accomplish this goal and can also

- provide some of the most advanced thinking in geriatric care
- provide the ultimate security of lifetime care — complete health care for as long as it is needed
- allow residents to remain in familiar surroundings free of the threat of a move required by failing health and
- provide a nutritional and social structure that promotes physical and mental health.

By offering these benefits to the residents, CCRCs also provide peace of mind to the retiree's family. It is the CCRC's special design under the law that includes the requirement to make continuous or lifetime care available that earns CCRCs their name. CCRCs should not be confused with the retirement communities that — though free of contractual obligations and entrance fees — are limited by design to offering residential, recreational and possibly light housekeeping services with no provision for lifecare health and medical services.

Unlike other residential and assisted living facilities, a CCRC's goal is to provide a lifelong residential retirement solution with the inclusion of health and medical care throughout the remainder of the resident's life. When a CCRC makes a lifetime commitment to a resident's health and welfare, the CCRC can require a reciprocal financial commitment from the resident. Take time to investigate the financial possibilities with the facility in which you are interested. It makes good sense to ask about assistance as you explore.

To meet the Code of Virginia's definition for a CCRC 🍀, a CCRC must provide:

- board (meals) and lodging or shelter and
 - access to nursing services
- in consideration of the payment of an entrance fee.

Most of Virginia's CCRCs are also equipped and staffed to provide some or all of the following to meet the requirements of a TYPE A, B or C contract or profile as a TYPE A, B or C facility

- housekeeping and/or laundry services
- congregate dining areas
- recreational and emotional needs services
- vendor service shops such as a small grocery store, drug store, laundry/dry cleaner, beauty/barber shops and usually a bank or ATM
- group and/or individual transportation services
- all facility maintenance and grounds keeping, utilities (phone is typically responsibility of ambulatory residents) and
- security services.

Additionally, CCRCs promote healthy lifestyles through wellness programs to improve the health status and quality of life for residents. Entrance assessments — required by all CCRCs — are updated regularly through routine physical examinations and emotional inventories. Care plans are drawn, modified and followed by CCRC care managers or care coordinators.

CCRC CONTRACTS

The combination of services and the method of payment for those services is stipulated in the continuing care contract — an applicant and CCRC enter together. The contract forms the basis for the commitment by the CCRC to the resident and the resident's return commitment — financial and otherwise — to the CCRC.

There are three standard CCRC contracts as delineated by the AAHSAH — the American Association of Homes and Services for the Aging. These contract types may also be used to describe the type of CCRC facility. You may want to review these contracts in this guide's RESOURCES A to Z to gain an understanding of CCRC inclusions and limitations. You may also want to review the Code of Virginia excerpts in RESOURCES A to Z that define CCRCs and their entrance fees.

The three types of contracts or facility types generally associated with CCRCs are

- TYPE A CONTRACT/FACILITY:
Comprehensive or Extensive Entrance and Monthly Fee Required
- TYPE B CONTRACT/FACILITY:
Modified
Entrance and Monthly Fee Required

- TYPE C CONTRACT/FACILITY:
 - Fee For Service
 - Entrance and Monthly Fee Required

CCRC agreements contractually stipulate the CCRC's and the applicant's choices in services, payment arrangements and agreed upon duration. Pursuant to the Code of Virginia, a CCRC contract must be for not less than one year to meet the operational definition for a CCRC.

Note: A TYPE D contract, by nature of its short contract life and reduced service access terms, falls outside of the Code of Virginia's definition for CCRCs and is, therefore, usually offered as a 'special situation' option to a TYPE C contract rather than a separate contract.

CCRC ENTRANCE AND MAINTENANCE FEES

An entrance fee can be thought of as a security deposit that is reserving your home for you for the rest of your life and committing the services to you that you will want and need from the CCRC you have chosen. As a resident in a CCRC, an entrance fee works for you in several ways.

- It contributes to the many services provided by the CCRC facility.
- It acts as a down-payment on your personal CCRC housing; and, along with other CCRC funds, it contributes to the support of the facility's buildings, grounds and amenities you will enjoy.
- And, the entrance fee also works to buy down or offset the costs of routine health care, of special wellness programs and for nursing services you may need over the long term.

In addition to an entrance fee, most CCRCs require a monthly maintenance fee usually covered by a resident's social security and/or pension.

CCRC FINANCIAL ASSISTANCE

Because many of Virginia's CCRCs are nonprofit organizations, benevolent care or financial assistance funds may be available to those in need through the CCRC's charitable trusts and endowment reserves. These trusts and reserves are the result of donations from large corporations, religious organizations, wealthy benefactors and from the fund-raising efforts of the CCRC staff and auxiliaries themselves.

From the income generated by these trusts and reserves, CCRCs often make annual awards to Virginians for CCRC housing and care. If the facility you are exploring is operated by a for-profit corporation, you may want to inquire about financial assistance options during your interview with the facility administrator or manager.

REGULATION OF CCRCs

In terms of the future and stability of CCRCs, Virginia allows CCRCs to collect entrance fees to build and maintain financial reserves, to expand facilities and services and to start a new CCRC or add residential units to current facilities. It is important to remember that entrance fees are subject to special requirements and may not be refundable. Carefully review all contract terms with an attorney, a financial advisor and with someone who has an understanding of your needs.

Financial Regulation — In Virginia, there are specific requirements and limitations governing the use by a CCRC of its residents' entrance fees. These requirements and limitations are itemized and defined by the Code of Virginia. The use of entrance fees by a CCRC forms a part of its financial statement each year, including any funds held in escrow (pursuant to the Code of Virginia).

All CCRCs in Virginia are required to register with the State Corporation Commission 🏠 and to submit their annual detailed disclosure and financial statements to the State Corporation Commission for review. Their financial statements must also be disseminated to the CCRC's residents as well as to prospective residents.

Health Related Regulation — CCRCs in Virginia are regulated by the Virginia Department of Health 🏠 and the Virginia Department of Social Services 🏠.

All facilities licensed as CCRCs are required to maintain compliance with the Code of Virginia. The Department of Health (nursing facilities) and the Department of Social Services place certain health regulations on various levels of health and medical care provided by CCRCs. These regulations must be met or exceeded by CCRCs.

Additionally, CCRCs are required to demonstrate that their services promote their residents' abilities to maintain the highest functional level. Meeting these criteria allows a CCRC to maintain its licensure and

state and federal funding options. The two departments responsible for the regulations perform surveys throughout the year to make sure a facility is in compliance with applicable requirements.

- SEE ASSESSMENT OPTIONS
 - CONTINUING CARE RETIREMENT COMMUNITIES
 - CCRC CONTRACTS
 - CCRC ENTRANCE FEES
 - CCRC FINANCIAL ASSISTANCE
 - VHI LONG-TERM CARE PROVIDER DIRECTORY
 - VIRGINIA, CODE OF
 - CCRC DEFINED
 - VIRGINIA, STATE OF
 - HEALTH, DEPARTMENT OF
 - SOCIAL SERVICES, DEPARTMENT OF
 - STATE CORPORATION COMMISSION

ASSISTED LIVING FACILITIES

Assisted living facilities
can provide a warm, congenial lifestyle.

When home health and community-based care, friends or family cannot fulfill the physical and emotional needs that provide seniors or persons with a disability a safe and productive lifestyle, an assisted living facility may be an appropriate solution. In an assisted living facility, general supervision of its residents as well as assistance with daily activities (such as bathing or dressing) is readily available. Assisted living facilities 🐾 provide varying levels of service options.

What Assisted Living Facilities are...

The Code of Virginia broadly defines an assisted living facility as "...any congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision, and assistance for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting..." 🐾

And what they are not.

- Those facilities or portions of facilities that serve infirm or disabled children or adolescents
- Those facilities dedicated to care only for persons that are related by blood or marriage. In other words, taking care of four elderly cousins doesn't qualify as an assisted living facility.
- Assisted living facilities are NOT licensed to receive entrance fees from applicants or residents.

LEVELS OF SERVICE

There are many different types of facilities — from private homes to high-rise apartment complexes — within the classification of assisted living facility with two levels of service taking place within them.

Residential Living — Services provided at residential levels are intended to provide minimal assistance with ADLs or instrumental ADLs* for adults who have only minor physical or mental limitations. Residents with residential living status may receive some assisted living services on a regular or on an as-needed basis.

Assisted Living — As defined in the Code of Virginia, this level of service in an assisted living facility provides moderate assistance to those who may need more help than those residents enjoying an independent lifestyle at residential living levels. Assisted living services are typically provided by aides and companions. Assisted living services may include assistance with ADLs, help with medications and assistance with the arrangements necessary when off-site medical services are needed.

MEALS

Food service personnel prepare three primary daily meals — breakfast, lunch and dinner; and snacks are also served periodically during the day. Though meals and snacks are prepared to be served in a congregate dining room, when illness dictates, many assisted

*An instrumental ADL — or IADL — is one that a resident needs to perform social functions such as meal preparation, housekeeping, laundry and money management.

living facilities will arrange for residents to be served in their rooms or in the infirmary. When off-site infirmaries are used, meals and snacks are handled by the off-site facility when the resident's standing agreement with the primary assisted living facility covers this contingency.

SOCIAL ACTIVITIES

Assisted living facilities have various forms of social, recreational and religious activities. Volunteers as well as activity directors or coordinators plan group social opportunities, which include special holiday activities for the residents.

State regulations currently require that a certain number of hours each week be set aside for social activity. In addition to meal times, no less than one hour each day must be devoted to planned socialization, recreation or religious activity.

FACILITY AMENITIES

Many assisted living facilities have on-site facilities that allow residents to take care of personal business. Some facilities may include services such as a small grocery or drug store, laundry/dry cleaner, beauty/barber shops and a small branch bank. Additionally, the following services and facilities are usually included as standard amenity services in the monthly fee. Some or all of these services and facilities may be added to the monthly payment as stipulated in the contract.

- Housekeeping services and/or some laundry services
- Group and/or individual transportation services

- All facility maintenance and grounds keeping
- Most utilities (phone responsibility of residents)
- Security services

ADMISSION ASSESSMENT

To provide the best service and appropriate level of care to the individual resident as well as prepare programs that contribute positively to the overall well-being of an assisted living facility's population, it is important for each facility to have a thorough understanding of each resident's physical and emotional needs. Therefore, as with other long-term care services and facilities, assisted living facilities require that an assessment be conducted prior to admission as part of the admission process. The assessment is reviewed and a reassessment is performed at least once a year and whenever there is a significant change in the resident's condition.

Homes that accept non-ambulatory residents are required to meet special building code requirements. Depending on a facility's compliance levels under the Uniform Statewide Building Code, assisted living facility residents may be

- **ambulatory** — in response to an emergency physically and mentally capable of exiting the facility without assistance
- **non-ambulatory** — unable to exit the facility in an emergency without the assistance of another person.

When a resident is admitted from an institution for people with developmental disabilities or mental

illnesses, an agreement between the assisted living facility and the local community services board, a state mental health clinic or a private facility or physician for the provision of appropriate services is required.

STAFFING

In a small assisted living facility, staff members may do double duty, filling several roles depending on need; in large complexes, staffing may be quite extensive. Regardless of size, five critical areas must be adequately staffed to meet state requirements

- administrators who are responsible for the management of the home
- aides and companions who assist the residents with daily activities
- maintenance and housekeeping staff
- food service personnel and
- activities planners and facilitators.

RIGHTS AND RESPONSIBILITIES OF RESIDENTS

We encourage you to review the Rights and Responsibilities document for assisted living facilities. It is part of the Code of Virginia. Facilities must make a copy available in an easily accessible place for review. The facility must also make its policies and procedures for implementing the Rights and Responsibilities available and accessible to the general public as well as residents, relatives and agencies. Read about your rights and responsibilities in this guide 📖, then compare it to the assisted living facility's version.

A FAST-GROWING, POPULAR OPTION

Affordability, coupled with the congenial, settled residential character of the facilities have boosted the popularity of assisted living facilities. Assisted living facilities offer a less-restrictive environment for individuals who need some assistance but do not need the level of care offered by a nursing facility.

- SEE ASSISTED LIVING FACILITIES
ASSISTED LIVING FACILITY CHECKLIST
VHI LONG-TERM CARE PROVIDER DIRECTORY
VIRGINIA, CODE OF
ASSISTED LIVING FACILITIES
VIRGINIA, STATE OF
SOCIAL SERVICES, DEPARTMENT OF



NURSING FACILITIES AND SKILLED NURSING FACILITIES

With their 100-year-old history, nursing homes — now called nursing facilities and skilled nursing facilities — are one of the most recognized long-term care providers.

A QUICK LOOK BACK

Nursing homes were started by a physician in France in 1881. They created little impact in the U.S. until the early 1900s when the Nurses Act of 1919 stipulated new licensing parameters for nurses. America's nursing associations expanded these licensing boundaries by detailing the capabilities level — the education necessary plus the responsibility and accountability that came with it — for carrying out a physician's orders over an extended period of time.

With the advancements in the professional recognition of nurses' capabilities, the door was opened to the development of places specific to around-the-clock nursing care and day-to-day medical care for the ill and disabled. Nurses could now take care of their patients under the orders of — but not constantly watchful eye of — a physician.

Building on this beginning, the National League for Nursing introduced the accreditation of nurses' educational programs. It was this growth of the professional credentialing of the nursing profession and the early findings of geriatric physician specialists and other medical professionals that came together

to form the foundation for what we know today as nursing facilities.

WHEN A NURSING FACILITY IS APPROPRIATE

For the purposes of this guide and in general consumer usage, all 24-hour licensed nursing facilities are considered skilled care facilities. However, the federal government refers to

- non-Medicare-certified facilities as nursing facilities and to
- Medicare-certified facilities as skilled nursing facilities or SNFs (Medicare and Medicaid 🗑️).

The Virginia Department of Health recognizes those facilities that do not participate in Medicaid or Medicare as non-participating facilities.

Unless otherwise noted, this section focuses on licensed nursing facilities.

Most nursing facility admissions — more than 70% of them — come as the result of an acute care hospitalization for injury or illness.

Nursing facility care may be needed to

- continue the recovery process
- provide hospice services for the terminally ill
- facilitate rehabilitation or
- maintain nursing care for a chronic set of medical needs.

Nursing facilities are to be considered when

- the required period of care is longer than acute care facilities provide

- alternatives to institutional care are not sufficient for proper medical care
- 24-hour licensed/registered nursing care is medically necessary and/or
- short-term or long-term rehabilitative services for injured, disabled or ill persons are needed.

An entire facility or portion of a facility can be licensed as a nursing facility. For example, continuing care retirement communities offer skilled nursing facility services for their residents. Those services can be fulfilled in a special section of their CCRC or in a special section of a hospital that provides long-term care services under contract to the CCRC. Hospitals may also provide skilled nursing care in a long-term care unit — LTCU.

Whether a nursing facility admission follows hospitalization or is the result of a determination by medical professionals that full-time nursing care must be provided, the first requirement for entrance is the admission assessment.

NURSING FACILITY ASSESSMENTS

By law, except for a clinical (medical) debilitation, nursing facilities are responsible for preventing a patient's condition and abilities from diminishing. To uphold this commitment, periodic reassessments are necessary to provide any "then and now" changes that might take place.

Therefore, all licensed nursing facilities must conduct and complete a comprehensive assessment of each

resident within 14 days of admission. A significant change in the resident's condition requires additional assessments and care plan changes.

The medical and functional portions of the assessment form the foundation for the resident's care plan.

A physician must write all orders for the resident's care including orders for

- medications
- diet
- treatments and
- any changes to standing medical orders.

The facility's administrator or designated supervisor must review and approve all care plan changes before they can be instituted.

STAFFING

A nursing facility is required to maintain interdisciplinary staffing at several levels including

- licensed nursing facility administrator
- physician medical directors as well as directors of nursing services
- nurses trained to provide skilled nursing care and
- social workers and activities directors.

They are also required to staff or have as consultants

- a pharmacist
- therapists that may include physical, occupational and speech therapists
- food service personnel including a dietary supervisor (minimally a consulting dietician) and
- an interdisciplinary assessment and assurance committee.

And, like hospitals they never close. Service is continuous — 24 hours a day, 365 days a year with trained, licensed nursing staff always present.

NURSING CARE

Today's nursing facilities provide a mix of training levels in their nursing staffs. This allows patient care needs to be matched to the most appropriate levels of training.

However, to be licensed in Virginia,

- a nursing facility must provide around-the-clock licensed nursing care and
- a Registered Nurse (RN) must be on duty for at least one eight-hour shift of every day, seven days a week.

Licensed nursing care is nursing care provided by any of the following state licensed nursing levels:

- Licensed Practical Nurse — LPN
- Registered Nurse — RN
- Clinical Nurse Specialist — CNS/is also registered
- Registered Nurse Practitioner — RNP

Skilled nursing care (for example, a Medicare-certified SNF) is appropriate for those whose day-to-day condition is not acute or chronic but who still need 24-hour nursing services. When acute episodes require treatment and care, the nursing facility, with a physician's orders, will move the patient to an acute care hospital.

Certified Nurse Aides provide basic services but are not licensed or registered (degreed) nurses. However, in Virginia, CNAs must

- complete a certified 120-hour training program
- pass a competency test within four months of being hired to work in a licensed nursing facility and
- be registered with the Virginia Nurse Aide Registry.

CNAs may provide assistance with Activities of Daily Living — ADLs:

- bathing, dressing and eating
- toileting, transferring and bowel/bladder continence

and assistance with Instrumental ADLs (IADLs)

- changing linens or performing other housekeeping duties
- laundry and meal preparation

PHYSICIAN CARE AND ATTENDANCE

Even though a nursing facility runs to a physician's orders, nursing facility licensing in Virginia requires that each resident be seen by a physician at least once every 30 days for the first 90 days of care. Thereafter, a physician visit is required every 60 days. In a Medicare-certified skilled nursing facility, physician visits are required upon admission — no later than the 14th day — and every 30 days thereafter. Interim physician visits in both nursing and skilled nursing facilities would be driven by residents' needs.

If you need to see your own physician on a more regular basis and/or it is medically necessary, this is your right but the request should go through

appropriate channels at the facility in which you are receiving care.

SOCIALIZATION

Many nursing facility residents enjoy social activities and the nursing facility is responsible for supplying various levels of social activity that meet the capabilities of all patients. Community agencies also provide out-of-home activities for those who are able. Activities in and out of the home can include

- social
- recreational
- intellectual and
- religious activities and may even include
- opportunities for volunteer service.

Summing Up — Virginia has many nursing facilities that provide much needed services. Statewide monitoring and consumer response systems have been put in place to ensure that good service and quality care continue.

- Long-term care ombudsmen 🗡️ who can help with special patient and family concerns and issues are becoming more plentiful.
- Nursing facilities' compliance with state and federal licensing and certification measures continue to be reviewed and enforced by Virginia authorities.
- Many nursing facilities participate in voluntary accreditation organizations 🗡️.
- And, federal guidelines have been strengthened and enforcement improved.

If you are a family member who is responsible for making a nursing facility decision for a member of your family, there are things you can do that can improve your comfort level with your final choice, enhance the overall satisfaction of your choice and improve the care your loved one receives.

A checklist 📌 of these measures is provided in the resources section of this guide to help you.

- 📌 SEE JOINT COMMISSION ON ACCREDITATION OF
HEALTH CARE ORGANIZATIONS
MEDICAID
MEDICARE
NURSING FACILITIES
NURSING FACILITIES CHECKLIST
OMBUDSMAN
VHI LONG-TERM CARE PROVIDER DIRECTORY