

Senior Living Options

Compliments of Senior Living Advisors

Western Pennsylvania Resource Guide

We are a free service to help families choose an appropriate Independent Living apartment with services, Personal Care Home, or Assisted Living community for their loved one that matches the medical needs, financial capabilities, and geographic preferences.

With the family's permission, we will assess the candidate at home, at the skilled rehab unit, or at the hospital. After obtaining an accurate report to determine the scope of care the individual requires, we make appropriate recommendations of communities that fit the parameters of medical, financial, and geographic needs.

Senior Living Advisors will accompany the family and prospective resident on tours to help them through the process. Our skilled representatives will always make recommendations as if it were pertaining to our own Mom, Dad, or other loved one. We answer seven days a week.

Kerry Beck – 412.860.7516

Barb Kramer – 412.965.8979

Mary Beth St. Clair – 412.328.5025

Lynn Fiedor – 412.737.4002

Cherie Fluharty – 412.480.4642

Carolyn Glace – 864.775.6280

Web: www.seniorlivingadvisorsltd.com

Email: sla@seniorlivingadvisorsltd.com

Phone – 412.628.0725 Fax – 866.568.0725

- **Independent Living**

Independent Living is ideal for seniors who are looking for companionship and freedom from issues involving housekeeping, laundry, transportation, and preparing meals. The larger apartment-style communities have a “hotel” feel.

Residents customarily have a community dining room with a wait staff. They often have a beauty salon, vans or buses for transportation, and community areas such as a library, TV room, gym, etc. Apartments vary in size from studio to two-bedroom.

Independent Living is great for seniors who are on the go and who are able to live on their own but who also enjoy the shared dining experience and relief from the upkeep of a home or apartment.

Keep in mind, there is no administration of medications in **Independent Living** — that is the responsibility of the resident or family.

Payment option is private pay.

- **Assisted Living/Personal Care Home**

Many **Assisted Living** communities are styled to resemble apartments ranging from 20-200 residents with 24-hour, on-site security. They provide assistance with activities common to daily living, such as: supervising and administering medications, bathing, dressing, ambulating, and transferring and assisting with personal hygiene, including incontinence management. Many of these facilities also have restaurant-style dining, laundry and housekeeping services, activities, community events, and transportation services. Some communities can accommodate residents with mild **Alzheimer’s** or **Dementia**.

Personal Care Homes provide many of the same services that **Assisted Living** communities do. However, they operate in a much smaller environment--one similar to a home setting. At this time, there is no differentiation in the state regulations between an **Assisted Living** community and a **Personal Care Home**.

Payment options for **Assisted Living** or **Personal Care** can be private pay, long-term insurance (depending on individual policy), VA Aide and Attendance (if eligible), or Social Security/SSI benefits. Monthly charges vary, depending on the facility.

- **Alzheimer's Dementia Care**

These **Assisted Living** or **Personal Care Homes** are specially designed, maintained, and staffed for people who have **Alzheimer's** or other forms of **Dementia**. These facilities have a unique design, including alarms on all windows and doors to prevent wandering.

Staff typically have taken special courses and/or seminars to increase their knowledge of caring for seniors with behaviors such as aggression, depression, and confusion.

Floor plans are usually one level to allow ease of ambulation. Most homes have novelties such as textured pictures on the walls for sight and touch as well as enclosed courtyards for freedom of movement while maintaining security.

Payment options are private pay, long-term insurance (depending on individual policy), VA Aide and Attendance (if eligible), or Social Security/SSI benefits.

Monthly charges vary, depending on the facility.

- **Respite Care**

Family caregivers face many challenges. Caregiving is a demanding task, and it is easy to neglect one's own health and well-being when involved with a loved one's needs. Caregivers need time off from their responsibilities to relieve stress and to prevent burnout.

Respite Care provides time off for family members who care for someone who is ill, injured, or frail. It can take place in an adult day center or in a residential setting, such as an **Assisted Living** community or **Nursing Home**. Although there are different approaches to **Respite Care**, all have the same objective: To supply caregivers with planned, temporary, intermittent, substitute care while allowing for relief from the daily responsibilities required of a loved one. **Respite Care** is essential for all family caregivers. Payment option is private pay.

- **Nursing Homes or Skilled Nursing Facilities**

A **Skilled Nursing** facility has registered nurses who provide 24-hour care to people who can no longer care for themselves due to physical, emotional, or mental conditions. A licensed physician supervises each patient's care, and a nurse or other medical professional is always on the premises. **Skilled Nursing** facilities provide medical care such as wound care, IV medication administration and management, injections, IV hydration, tube feedings, rehab following an accident or surgery, etc. **Skilled Nursing** facilities also care for patients who are bed bound.

Most medical insurance coverage follows Medicare guidelines. Private insurance and Medicare pay for **Skilled Nursing** for a limited time period following hospitalization. The Medicare guidelines for a **Skilled Nursing** facility payment are as follows:

- The patient must have been hospitalized for at least three days
- The patient must enter the nursing home within 30 days of discharge from the hospital
- Only the first 20 days are 100% covered. Day 21 up to day 100 result in a daily deductible. Medical coverage may cover the deductibles and some other charges
- There is a 100-day maximum related to one hospitalization or diagnosis
- The patient must be making regular progress as documented by medical professionals. If progress towards independence “plateaus,” insurance coverage ends

- **Long-term Care**

Long-term Care provides care for those who may have completed their rehab program, but who still need more care than a family. A **Personal Care Home** or **Assisted Living** community can provide **Long-term Care** for seniors requiring constant assistance with activities of daily living and medical care under 24-hour supervision of a registered nurse. Residents in nursing care will have their daily medical, physical, social, and psychological needs met with help of nursing staff under the direction of a physician.

- **Hospice**

Hospice represents a compassionate approach to end-of-life care. **Hospice** is more a concept of care than a specific place. It is an option for people whose life expectancy is limited, and involves palliative (pain and symptom relief) rather than on-going, curative measures. **Hospice** enables patients to live end-days to the fullest with purpose, dignity, and grace.

Hospice care can be provided in a **Nursing Home** or **Assisted Living/Personal Care Facility**.

Hospice pays for all medications and equipment.

