

When Mom or Dad can not live alone anymore

By Kevin G Jackson MD

Geriatric Solutions House Calls and Desert Oasis Hospice work very hard with patients and their families to keep patients in their home. We no longer go to nursing homes as we have found that there are less restrictive care solutions for our patients. We have been providing medical care for patients in their homes for over 10 years and are very familiar with the local resources. Luckily, the greater Phoenix area has an abundance of choices throughout the valley in all price ranges. I will discuss some options below except for the nursing homes which we do not visit.

Private Home

The clear choice for the vast majority of our patients. The patient stays in their own environment with their family, pets and, own belongings. If the patient does not have dementia this is often the cheapest alternative as help with housekeeping, gardening, and shopping are not overly expensive. If the patient qualifies for ALTCS (Arizona Long Term Care System) many home services are provided at no cost to the patient. However, if the patient has dementia or any other condition where they require monitoring 24/7 then paid care quickly becomes very expensive. Large families or very devoted individuals are able to provide care but caregiver burnout can develop if there is no other social support. Patients who have no one able to look after them can face more than \$10,000 per month to provide care through an agency. About 30% of our patients are in private homes.



Group Homes

There are more than 1500 Group Homes in Maricopa County. In general, pricing for room and board plus care reflect the local real estate costs. However, the cost of food and number of caregivers are not affected

by location. When choosing a Group Home you should consider several issues.



1) How often visitors will be coming and where they live. If a spouse or grown child plans to come frequently then the home should be close by. If family live out of state and visit less often but more intensively then you can look further out where prices are generally lower.

2) How social is the parent? An introvert will not enjoy a home with rowdy residents or a rowdy young family living in the home. An extrovert will not enjoy a home with only severely demented residents who are not usually interactive.

3) How many caregivers are available particularly at night? If a resident has to be helped to urinate at night and there is only one caregiver available, then that they may struggle to get out of bed if help does not come quickly, and risk a fall.

4) How many residents appear to need a great deal of help? When you visit the Group Home take note of how many of the people are not able to help with their care. The greater the number, the more caregivers are required otherwise residents may be left in soiled briefs or not turned sufficiently at night.

5) Ask for a sample menu for a month and question who prepares the food. If the parent hates fish, for example, and fish is on the menu three times per week it is not a good fit. About 50% of our patients are in Group Homes.

Assisted Living

Here I will discuss the larger facilities as technically many of what I refer to as "Group Homes" are Assisted Living Facilities under Arizona State Law. The issues to consider are similar to Group Homes. In general, the advantages of larger facilities are: often more activities, most offer small suites up to 2 bedroom apartments allowing some independence while still providing meals and housekeeping, a larger group of people to interact with, and often an on-site RN or LPN in addition to the caregivers. As the parent becomes frailer, sometimes the advantages disappear and the person interacts less, becomes more isolated, and does not deal well with changing caregivers. It is not unusual with our Desert Oasis Hospice patients as they become more frail that they no longer do well in larger facilities, and must be moved to a Group Home. Our Nurses and Social Worker are often able to provide some direction as to choices that match the "personalities" of the patient and the Group Home. We have had patients do so well with these transitions that on occasion we have needed to discharge from hospice due to stable and improved condition.

If the parent is declining it is best to plan early. Our Geriatric House Call Providers can often make suggestions regarding changes to the home environment to allow continued living in a private home. When a transition has to be made it is best to have researched potential options than to be rushing to find placement after a hospital stay where the discharge planner is aggressively working to get the patient discharged from the hospital. Word of mouth from friends or families can be helpful. Most important is finding a home where the parent can be comfortable.

Geriatric Solutions
602.954.0444

www.geriatricsolutionsllc.com

www.azhealthandwellness.com