

# NURSING HOME CARE

## Thinking and Planning Ahead

by David Wayne Smith, DEd, DABPS, FACFEI, Jeffrey Lisse, MD,  
John Polle, BFA, Cydney Lamb, MA, and David Hammond, BS

Statistics show that roughly 5% of all Americans over the age of 65 are in some type of assisted living facility, including nursing homes. Statistics also show that there are currently 78 million baby boomers in the United States, and that about 10,000 of them are reaching age 65 every day. A study by the US Department of Health and Human Services says that people who reach age 65 will likely have a 40% chance of entering a nursing home.

While it is not known what percentage of nursing home residents have arthritis or other musculoskeletal diseases, it is known that the prevalence of arthritis rises with age, and as a chronic, long-term illness, it is often very debilitating. Arthritis can cause people to become physically unfit, prone to falls, and unable to care for themselves. In fact, 65% of people who apply for Social Security disability benefits do so because of a musculoskeletal disorder. It is probable, therefore, that many of the people now living in nursing homes have arthritis.

### The importance of planning

While most people do not like to think about the possibility that they may someday need to enter a nursing home, it is wise for everyone to consider that possibility, if for no other reason than the cost. The price tag for nursing home care varies from community to community, but it is expensive. In Arizona, for example, costs range from \$2,300 per month to as much as \$5,000, depending on the level of care required. Who pays for that care depends on a number of things, including a person's personal assets (or family assets) and whether the person has purchased a long-term care insurance policy.



Medicare helps pay for medically necessary care in a skilled nursing facility only when a person enrolled in Medicare meets certain conditions and only for 100 days during each benefit period. (A benefit period begins the day a person starts getting inpatient care and ends when the person has been out of the hospital or skilled nursing facility for 60 days in a row.)

Medicaid currently has no limit on the number of days of long-term care it covers. However, to be eligible to receive Medicaid benefits, the person needing care must have a low income and limited assets. (People who qualify for Social Security disability benefits or Supplemental Security Income also receive a stipend for personal items.)

Another option for paying for nursing home care is long-term care insurance. Certified Financial Planner David Hammond encourages people with a net worth of \$3 million or less to purchase long-term care insurance prior to reaching age 65. If a person can pass a physical exam, the cost of the insurance may be low. When a person has a chronic illness such as arthritis, however, the cost will be higher. In addition, about 30% of Hammond's clients are denied long-term care policies due to health issues. For those who can buy a policy, Hammond suggests that a way to keep costs down is to select a policy with a 90- or 100-day waiting period before benefits begin.

To plan effectively for your future, it's important to know what options and resources you have. Most communities are served by an area Council on Aging, with staff (often social workers or registered nurses) who are available to discuss such planning issues as how to obtain long-term care insurance or how to find in-home help before a crisis or urgent need arises. They are also available to guide family members and caregivers toward needed services when an elderly family member requires help.

*It is helpful to have one or more family members who are willing and able to act as advocates.*

## Family advocacy

Expecting one's children to assume responsibility for their elderly parents—either caring for them directly or arranging for nursing home care—is not realistic for many families. However, when a person needs the type of care provided in a nursing home, it is helpful to have one or more family members—or, in their absence, other interested parties—who are willing and able to act as advocates for that person. Ideally, the primary advocate should live in the same city as the nursing home resident and be able to make regular—even daily—visits to the care facility.

In cases where there is no family member available to act as advocate, the area Council on Aging may be able to direct the family toward sources of assistance. One option is to hire a geriatric care manager. Those with financial resources should consult an elder law attorney.

Most quality nursing homes have regular visits by geriatricians (physicians trained in the field of gerontology, the study of aging and the problems of

the aged). The advocate or advocates should meet with the geriatrician to discuss the patient's well-being, outlook for recovery, medication regimen, and other concerns. Family members may be able to help the patient maintain or regain physical and mental health by participating in his care in some way. For example, they might take regular walks with the person, accompany him to social or recreational events at the nursing home (or outside it, if possible), read to him, or simply be available for conversation and company.

## Assessing nursing home care

While not all issues related to nursing home care can be covered in one article, a few major concerns are critical to good care. These include proper medication, exercise, hygiene, nutrition, treatment of any new acute illnesses, and attention to the psychological and emotional needs of the person needing care. **Medication.** Ideally, a geriatrician will review the



Thinksack/Stockphoto; Thinksack/Weinbreck Media

*To plan effectively for your future, it's important to know what options and resources you have.*

---

## LONG-TERM CARE RESOURCES

These resources can help you find information on different types of long-term care, as well as on planning for long-term care, paying for it, and finding advisors to help you and your family navigate the whole process.

### MEDICARE.GOV

[www.medicare.gov/longtermcare/static/home.asp](http://www.medicare.gov/longtermcare/static/home.asp)  
(800) MEDICARE (633-4227)

Medicare's long-term care site has a wealth of information about different kinds of long-term care and programs that can help you afford it. Be sure to click on the "Resources" tab for links to other useful sites. If you're considering a nursing home, [www.medicare.gov/Nursing/Overview.asp](http://www.medicare.gov/Nursing/Overview.asp) may be particularly helpful, especially the "Nursing Home Checklist," which lists questions you should consider when visiting a nursing home.

### ELDERCARE LOCATOR

[www.eldercare.gov](http://www.eldercare.gov)  
(800) 677-1116

Simply enter your ZIP code or city for a list of eldercare services and facilities in your area. You can also search for specific services, such as "In-Home Services," "Transportation," and "Legal Assistance." Click on the "Resources" link for information on planning for long-term care, federal Web sites focused on helping seniors, and a link to the Benefits Check-Up Web site where you can see what benefits you may be eligible for from various federal, state, and nongovernment programs aimed at assisting seniors with health care, housing, food, and more.

### NATIONAL CLEARINGHOUSE FOR LONG TERM CARE INFORMATION

[www.longtermcare.gov](http://www.longtermcare.gov)  
(202) 619-0724

This site from the US Department of Health and Human Services is chock full of information on the ins and outs of long-term care, planning for long-term care, and paying for long-term care. The "Planning Quiz" suggests 10 ways to start preparing for future long-term care. The "State Costs" page shows the average costs, by state, for nursing-home care, assisted living facilities, a home health aide, home-maker services, and adult day services.

### CARE CONVERSATIONS

[www.careconversations.org](http://www.careconversations.org)  
(202) 842-4444

Care Conversations is an initiative led jointly by the American Health Care Association and National Center for Assisted Living. While it has much of the same kinds of information as many of the other sites on this list, it gives particular focus to how you can talk to loved ones about your (or their) needs and options and how to ease the transition when moving to an assisted living facility or nursing home.

### NATIONAL CENTER FOR ASSISTED LIVING

[www.ahcancal.org/ncal](http://www.ahcancal.org/ncal)  
(202) 842-4444

Click on "Residents and Families" to find free guides on choosing an assisted living residence, making a smooth transition into assisted living, talking with your loved ones about long-term care, and affording long-term care. Free print copies of these guides are also available by calling (800) 628-8140.

### AMERICAN ASSOCIATION FOR LONG-TERM CARE INSURANCE

[www.aaltci.org](http://www.aaltci.org)  
(818) 597-3227

The AALTCI is a professional organization for people who sell long-term care insurance (although the Association itself does not sell insurance). Click on "For Consumers" for information and answers to many common questions about long-term care insurance.

### NATIONAL ASSOCIATION OF PROFESSIONAL GERIATRIC CARE MANAGERS

[www.caremanager.org](http://www.caremanager.org)  
(520) 881-8008

Geriatric care managers act as independent advisors to help you plan and arrange for long-term care. While they can assist directly in the care of an elderly or disabled person (for example, by checking in while family is away), their primary role is to help you come up with a plan for using the services in your area. The NAPGCM can help you find a care manager in your area who has signed the NAPGCM code of ethics.

## *Nursing home residents should be out of bed several times a day.*

patient's medication regimen and ensure that the person is not overmedicated. Drug interactions are a dangerous risk in people being treated for multiple medical problems, and sometimes nursing home patients are inappropriately sedated to control emotional outbursts. While medication should be used as part of a plan to help control dangerous or disruptive behavior, efforts should also be made to treat any underlying, reversible causes of the behavior and to modify the behavior without sedating the person. Many nursing homes have a psychiatrist on call to see patients and monitor psychoactive drugs.

**Exercise.** Nursing home residents should be out of bed several times a day. Even those who must use a wheelchair to get around should attend regular exercise sessions. Any good nursing home should have a rehabilitation gym and a qualified physical therapist who can assess the patient's physical capabilities and tailor a safe and effective exercise plan for that person. Residents who are capable of using walkers should be given additional exercises on a regular basis. Advocates who are concerned that their family member is not receiving these services should speak to the geriatrician or the resident's primary-care physician about that concern.

**Hygiene.** There is no substitute for a clean environment that is free from vermin and unpleasant odors. Frequent visits to see the resident will provide family members and friends with ample opportunity to observe how clean the facility is.

**Nutrition.** The reputation of nursing home food is similar to that of hospital food: not very good. The reality, however, may be better than expected. Families are often given the opportunity to sample the food at nursing facilities, and it's probably a good idea to do so. The food should be nutritious enough to meet the resident's dietary needs and appealing enough to tempt the person to eat it. This may be a more difficult task than many people realize, since many elderly patients need to be coaxed to eat, especially when they have dementia.

Weighing a person is a cheap, reliable way to assess whether that person is eating enough, and all nursing home residents should have their weight checked on a regular basis. Family members who are concerned that their relative isn't eating properly or is losing weight should bring their concerns to the nursing staff promptly.

**Infections.** Elderly, frail nursing home residents are susceptible to infections, especially bladder, lung, and wound infections. However, elderly people often

don't show the same signs of infection as those seen in younger people because their immune systems are not functioning normally. For example, elderly people may not have fevers with infection. Sometimes the only sign of a problem is a change in behavior.

It is helpful for family members and other visitors to learn to recognize signs of infection and to report them to the nursing home staff or treating geriatrician immediately. Family advocates should also make sure their relatives receive appropriate immunizations to prevent infections, such as flu shots and pneumonia and shingles vaccinations.

**Coming home.** While many people who enter a nursing home spend their final days there, there are also those whose health improves and who can move back home or to an assisted living facility, as long as adequate help is available. Family advocates are encouraged to discuss this possibility with the geriatrician and to make sure the resident is receiving the care necessary to improve his condition, if that's possible. The geriatrician plays a vital role in determining whether a person is fit enough to leave the nursing home and what kind of help he'll need to live elsewhere.

Even if family members cannot provide that help themselves, they can take an active role in arranging for it by using such resources as Eldercare Locator, a service of the US Administration on Aging. (To find sources of help in arranging for care, see "Long-Term Care Resources" on page 30.)

## **Stepping up to the plate**

Getting involved in the care of a person in a nursing home can be a tough job, and it may be frustrating at times. But it can also be rewarding to see that your friend or family member is receiving the care he needs. So if you can, step up and advocate for your relative who needs nursing home care.

Even if you are not a person's designated family advocate, you can contribute to his care by simply spending time with him. He will appreciate your effort, and his family members will, too. □

---

*David Wayne Smith is Director of the University of Arizona Disability Assessment Research Clinic (DARC), part of the University of Arizona Arthritis Center (UAAC) at the University of Arizona in Tucson. Cydney Lamb is a Counselor in the Disability Clinic and has completed a Fellowship in Gerontology. David Hammond is a Certified Financial Planner in Tucson, Arizona. Jeffrey Lisse is the Eitel P. McChesney Bilby Professor of Medicine and Chief of Adult Rheumatology at the University of Arizona College of Medicine. John Polle is an Information Specialist at the University of Arizona Arthritis Center.*