



Often times, we receive questions regarding our basic medical procedures and requirements. Our goal is to keep you informed as much as possible. We compiled a list of our most frequently asked medical questions and concerns so you can know what to expect from our communities. If you have additional questions or concerns, please do not hesitate to contact us at any time.

1. What makes a person eligible for assisted living or memory care assisted living?

For both assisted living and memory care assisted living a person has to be a one person assist with their activities of daily living (dressing, bathing, etc.) They have to be able to ambulate independently, with a one person assist, use a walker, or propel themselves in a wheelchair. They must not have any major behavior problems or have any swallowing issues. No wounds can be present. They cannot be on hospice care or in need of hospice services to be admitted to any of our communities. For regular assisted living, they have to be aware of their medications and know how and when to take them. There are caregivers to assist them with medication administration. They have to be able to direct his or her care. Memory care assisted living is for people with dementia. It is a locked unit. A RN or LPN administers medications in these communities.

2. What is a medical plan of care?

This is a document that must be completed within 30 days prior to moving into any of our communities by a doctor or nurse practitioner. It consists of medical information such as medications, diagnoses, and other pertinent medical information. A chest x-ray or TB skin test must also be completed with this within 30 days prior to moving in. The medical plan of care has to be completed along with other admission paperwork.

3. What type of nursing care is provided?

In a regular assisted living, there is not a requirement for a nurse to be there at any time. Home health can come in if needed for certain problems and their doctor feels like there is a need for it. In a memory care assisted living a nurse has to administer all medications. A nurse is usually available during the day and some in the evenings during the week. They are also available some during the weekends. A nurse can always be contacted. Even though a nurse is required in a memory care unit they cannot perform any skills. Any skills that may come up, such as wound care, home health would have to come in to take care of that. There are caregivers in all our communities 24/7.

4. What happens if a resident gets sick?

If a resident gets sick the family will be contacted and they can take the resident to the doctor or we can try to get orders from his/her doctor. In most of our communities, we have the option of using Premier Medical House-call which would allow the resident to change their primary care provider to them and they could be seen in the community by the nurse practitioner that comes out weekly. If emergency care is needed, we would let the family know that they needed to be transported to the emergency room or an ambulance would be called for transportation.

5. What happens when a resident's needs become more than what the assisted living can provide?

Once a resident no longer meets eligibility requirements for assisted living, a 30 -day notice will be issued. This is when the family begins trying to figure out the next placement which could be taking the resident home, nursing home, or other arrangements. The community will help as much as they can with placement. We try to encourage families to think about plan B before it actually comes time so it's not as stressful in that moment. We, of course, want to keep all of our residents as long as possible as long as they continue to meet eligibility requirements.