

The Care Center at Royal Oaks



**Directed Assisted Living
Benefits for You**



ROYAL OAKS

ENGAGING • INSPIRED • VIBRANT
RETIREMENT LIVING

We realize you moved to Royal Oaks to secure the safety net of health services available on campus. Even so, the idea of moving to our health care center for skilled nursing services, temporarily or permanently, is not something to which you look forward. Our residents have consistently told us they prefer to recuperate and live at home, or in a comfortable residential setting, whenever possible.

To satisfy this preference, we are changing the structure for nursing care on campus. Our goal is to modify our services to meet your needs, allowing you to live and receive nursing services in your apartment or garden home when recuperating from an illness or hospital stay rather than forcing you to take temporary quarters in the HCC. In addition, if a permanent move to another part of our community is necessary because of your health, we want to provide the serene and tranquil environment you prefer.

Introducing the Care Center at Royal Oaks

The HCC will simply be known as the Care Center. We have applied for a new license to provide the highest level of care authorized by the State of Arizona under an Assisted Living license. This new license is designed to help us offer nursing care that more closely satisfies your desire for care in your home or in a quiet residential setting.

Under this new license, you will receive the level of care you require in a much more home-like environment than was offered in the HCC. This change in license allows us to avoid the restrictive regulations that make a skilled nursing setting more costly for you and for us, but not necessarily more attentive.

Assisted Living licensure also allows for respite stays up to 30 days. If you have a temporary need for more services, you may live in the highest care setting, the Care Center, to receive care before returning to your home. Similarly, if your spouse ordinarily cares for you but is hospitalized or on vacation, you may use the Care Center for respite stays.



Let's first discuss in-home care

More and more, residents desire to recuperate in the privacy of their apartment or garden home. Summit Home Health Care now has an office in the Evergreen Fitness Center, providing therapies, home health skilled nursing, palliative and hospice care services after a hospital stay. Medicare, in most cases, pays for these services, leaving you with a lower out-of-pocket cost. Home health care has become an integral part of delivering supportive services nationwide for those in need. Why is this? Home is a quieter place to get well and many people like the peaceful way skilled nursing and therapy services are delivered at home, rather than in a communal care center.

Summit (or another preferred provider if necessary) will bill your Medicare Part A (Hospital Insurance or Home Health Services) or Medicare Part B (Medical Insurance). In most cases, there is no co-pay. The combination of both of those covers eligible home health services like intermittent skilled nursing care, physical and speech therapy, continued occupational services, and more. Summit/your preferred provider will coordinate the services you need, as ordered by your physician. Home health may also include medical social services, part-time or intermittent home health aides, medical supplies for home use, durable medical equipment, or injectable osteoporosis drugs.



As an added cost savings, by using home health services, you will not be charged the extra meals cost of \$20/day that is billed when a resident is in the Care Center.

The Wellness Center focuses on providing case management services by assessing independent living residents when additional support may be needed in the home. This may include referrals to services such as:

- home health (skilled nursing) and hospice services
- therapies when appropriate (physical, occupational, speech)
- meal service
- short term assistance with bathing, dressing and other personal activities of daily living
- medication management
- assistive devices in the home to promote modified independence

Factors we considered

- A focus on wellness and healthy lifestyle habits deter disease progression and increase independence.
- Health and Wellness Programs and Licensed Home Health services in the home are the least restrictive and the most effective for rehabilitation goals.
- Assisted Living environments are the next least restrictive and serve residents well with increased needs for cognitive or functional support.
- Effective case management for people with health conditions and functional needs can keep people independent or at their highest functional level for a longer period of time.
- Admission into conventional models of care such as acute, sub-acute, or skilled nursing care is expensive and often not the most beneficial to the person.
- State and federal regulations, private insurance, Health Maintenance Organizations, the Affordable Care Act and Medicare formularies have had and will continue to have a great impact on the delivery of care. It is these entities that drive the cost of care, where it can be delivered and by whom.

Expanded services already in place

To provide this support, the Wellness Center is staffed Monday through Saturday, 10 hours daily. The professionals there provide health and disease management, medication delivery and personal care, delivered or overseen by RNs who are experienced in assessment, determination of needs, planning, implementation and evaluation of services for older adults. LPNs and Certified Nursing Assistants (CNA) provide services within their scope and under the direction of an RN to support the residents' needs. The Wellness Center staff will follow you for up to 30 days when you are discharged from a hospital or rehab facility. They will help you and your physician to identify home health needs and arrange the appropriate provider. In addition, they will assist with follow-up physician appointments, arrange adaptive equipment, oxygen, tray orders, and medication management. In short, whatever services received in the HCC can now be delivered to you in a home setting.

Also available for 30 days after you are discharged from the hospital or rehab are the services of our CNAs. Seven days a week, these staff members will

visit you in your home, offer wellness checks, and help with activities of daily living, such as showering, etc. If you need more functional care beyond 30 days, just like current practices, you may be offered residence in an Assisted Living setting or you may choose to pay privately for personal care at home.



A separate service offered is Medication Ordering and Delivery Services for a fee of \$50/ mo for once a day deliveries and \$100/mo for twice a day deliveries.

If you choose this service, the Wellness Center will order your medications through Salibas Pharmacy and organize the pre-packaged medications for daily deliveries. Residents with many medications to manage often find the process confusing or burdensome. Forgetting to

take medications or taking too many medications may make your medications ineffective. Medication mismanagement is a common reason for hospitalization. We believe our Medication Management Service will help keep you safe. Often this one service allows residents to remain in their home safely.



The Friendship House is Assisted Living/Directed Care

Our residents who need memory support, and who formerly lived in the HCC, now live in Friendship House. Friendship House is already state-licensed to provide Assisted Living/Directed Care. The Illingworth Center is state-licensed to provide Assisted Living/Supervisory and Personal Care. The Illingworth Center is well suited for our residents who need help with activities of daily living. In each setting, nursing support is still provided by caregivers who are trained to administer medications and provide personal care.

The HCC rooms have already been converted to private suites and redecorated to achieve a more

residential feel; just as at Friendship House, they will be licensed to provide Assisted Living/Directed Care when we complete its conversion into the Care Center at Royal Oaks.

If you need Assisted Living, you will move to one of these three buildings. We are currently immersed in a Master Planning project that will determine the types of residences that the campus will need in the future. If we need more Assisted Living residences, we will explore the construction of another building for that purpose.

Three examples of our care model

1 You plan an elective surgery to correct chronic back pain. You are admitted in the hospital for three or more days and qualify for Med A therapies. If you are able to participate in an intensive therapy plan, you may opt to transfer to a Medicare A Rehab facility such as Banner Boswell, Advanced, or Santé, just as you currently do. Or you may choose to return home, if appropriate, with a Home Health Agency delivering therapy services. These determinations are made by the physician working with the discharge planner at the hospital. Upon discharge to your home here, the Wellness Center would ensure that a post-hospitalization assessment is performed and, if warranted, a home health evaluation will be completed. If the evaluation determines that you are appropriate for home health services, you will receive nursing and/or therapy services from the Home Health professionals. Medicare or your HMO provider determines the amount of care received in the home setting based on needs. In addition, you receive up to 30 days services from the Wellness Center CNA for help with bathing, and dressing. You may also enroll in the Medication Ordering and Delivery Program as explained on page 4.

2 You have a qualifying stay in the hospital with a diagnosis of a urinary tract infection that requires IV antibiotics. We contact Home Health Services on your behalf to arrange for them to start the IV, provide education, and schedule follow up visits to maintain the therapy. In your Independent Living home, the Wellness Center staff can follow up to note progress or any needs that should be quickly reported to the Home Nurse. In your Assisted Living apartment, this daily monitoring would continue with the nurse on staff, again communicating any changes or needs to the Home Health Nurse. If you are unable to remain safely in your independent home upon discharge from the hospital and it is necessary for you to have functional support with transfers or walking, you may elect a respite stay in the Care Center in



conjunction with home health skilled services. An alternative is to pay privately for home care to assist you in your home.

3 You fall here or offsite and sustain severe injuries. EMT services arrive and transport you to the hospital. During your hospital stay, it is determined you require extensive therapy that will need to be done at a rehab hospital (Med A stay). If you plateau and it is determined you can't live independently because of functional deficits in ambulation, toileting, or other activities of daily living, you will be offered a suite in an Assisted Living area of Royal Oaks that most fits your needs. Home Health will be put into place for continued therapy, if appropriate.

There will always be exceptions of what we can safely provide on campus, but they are minimal. The obvious are the acute situations where hospitalizations are necessary. Other examples are: a) Residents that have behavioral needs are transferred to inpatient Behavioral Health Units; b) Residents who become ventilator-dependent must go to a long-term-care specialty facility; c) Residents who may require short- or long-term intravenous feeding would also be transferred to a long-term-care specialty hospital.

To discuss these changes in more detail, contact Dina Capek at (623) 815-4184 or Lori Waltz at (623) 815-4128.



ROYAL OAKS

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