

Good research paper about alternate living environment

[Life](#), [Home](#)



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There are 40.4 million elderly (+65 years) living in the American society in 2010 (Administration on Aging, 2011). They live all life in a house they might have purchased in their prime, pay off the house loans and wish to move out of it. There are varied reasons for moving out of the family home. For some it is health reasons, for others it is family reasons. The option to live away from families stems out of the fact the family home does not provide the care or environment for an aging person. There are a number of seniors who seek alternate housing options each year. Alternate housing provides those facilities that are immediate necessities along with some long-term needs. This paper is based on an interview with the owner is Mark Petersen of a facility named Courtyard Estates. The interview tries to answer questions on demographics of the users, facilities offered and the health care reform affects on the facility.

Societies are ever growing and changing. From joint families to nucleated families people have moved on to live as islands. From a teenager to an elderly person, everyone wishes to live on his or her own terms and space. However, the elderly cannot live alone, requiring care and attention at regular intervals with waning health or mobility. The need of the elderly has

germinated alternate housing options. Alternate housing facilities have been in operation since the eighteenth century (Nelson, Ian, 2002) . They were associated with a religious affiliation that provided shelter and care. In the current times, these have privatized and within United States, there are more than 2000 Continuing Care Retirement Communities (CCRC) spread all over the country.

Courtyard Estates

The Courtyard Estates is part of a Continuing Care Retirement Community that offers a full spectrum of care. Residents can enjoy the onsite special services and the special amenities offered. The living environment includes independent living in villas, assisted living and long-term care, short-term rehabilitation services, an Alzheimer’s unit on one campus. Residents have the peace of mind knowing whatever level of services they may need in the future is also available on the campus. This paper is written after meeting with the manager and hearing his ideas about the changes that he would like to make to improve services, and how that health reform would affect the industry. He candidly discussed the research in the field of gerontology that might affect the future planning and the challenges of the new technology, and the nursing staff that supports the services.

The senior housing market increased the need for more independent living and assisted care facilities, but these facilities are geared for the private pay. Some residents of this facility have Medicaid that comes with the Illinois Supportive Living Program. The assisted living is regulated by the state, and the long-term care has state and federal regulations. The Joint Commission

and the Continuing Care Accreditation Commission has accredited the Courtyard Estates for these funds to flow. The CCRC's offer varying levels of care from the independent that has individual condominiums, the assisted living that has apartment style, and the skilled care, which is the nursing home on the campus. The populations on campus are more economically advantaged than the general older population. As observed in several other CCRCs the average resident comes from the middle class or upper middle class families who are able to afford of facilities. Their paying capacity is also assessed while processing their applications.

- Entry Process

The entry process is the same for the CCRC's with the age limit set at 65 years. When a prospective resident decides on the facility that they like, they put in an application to the community. A non-refundable entry deposit is required and that can range from several hundreds of dollars to several thousands of dollars. The applicants are placed on a waiting list because no one can be admitted until they have been approved. The Committee conducts a financial background check on the perspective resident and requests a current medical history. After these are completed, current physical exam is required by one of the staff doctors before choosing the residence needed. Courtyard estates allow the resident to decorate their unit, but the furniture is provided by the Facilities Department or the Special Residence Affairs Department.

The waiting list is long for each level of care because there are very few of CCRC's in the area. A certain unit may be in demand and a new applicant must wait until that type becomes available. The applicant must accept the

unit immediately when available or be moved to the bottom of the waiting list. If their personal home sells immediately, they must move into temporary housing causing problems. If the personal home does not sell, the resident has two house payments.

- Fees

Courtyard Estates marketing allows deferred entrance fees and options for promissory notes to help the potential residents. The local media provides a nice coverage of the facility too. Courtyard Estates is a member of senior housing at caring.com, and is recommended by “A Place for Mom.” When used effectively marketing strategies display the many benefits provided by this CCRC. The accreditation from the Commission of Accreditation and the Joint Commission is accepted seal of approval that indicates the services provided by this facility are above the industry standards. The Medicare and Medicaid Certification encourages the prospective resident in case of they need government health care assistance.

- Amenities

The Courtyard Estates receive Medicaid funds from the Illinois Supportive Living Program that combines the apartment style housing with other services. The residents can live independently within the three levels of care - The Active Plus, Assist Plus, and Ample Plus care plans. In the Active Plus and the Assist Plus, residents receive three family style meals, daily medication reminders, daily trash removal, and bathroom cleaning. The Ample Plus Care provides the level of care that a person would receive from a nursing home. The staff provides level of care needed and provides the physical and cognitive needs while allowing the person to maintain their

dignity, independence, and privacy. Amenities, including an old-fashioned ice cream parlor, fireplace room, cable television, telephone service, bible study, card tournaments, and daily activities are available for use. The health services provide prescription drugs, onsite doctors and nurses, onsite counseling, and physical therapy, skilled nursing care, home health care, and transportation to medical appointments. Other available services are to assist in the billing for insurance, additional meals for family and guests, beauty parlor and barbershop. The fitness area has a weights room, swimming pool that can be used for water aerobics, and health and wellness programs. The desire of this facility is to cater to the independent older adult that has the desire to maintain their independence. The residents enjoy an array of social activities, companionship, and never have to worry about their personal safety. The availability of these three choices allows residents to switch between the plans as needed.

- Regulations and health care reform

The government regulates the financial stability of new CCRC's and plan to pay the expenses. Regulations protect the elderly in the quality of care that they receive, and keep the industry legitimate. The regulations that are presently in place protect the elderly from hardship, if the facility goes bankrupt. They help applicants make informed decisions and a new facility may not start operations unless it has stipulated number of paying applicants (Sanders, Jacquelyn 1997). Though the governmental regulations are ensuring the standards all over the country, CCRCs look for accreditation of Commission of Accreditation and the Joint Commission, which assures their credibility. The regulations are currently not helping low-income elderly

to seek entry into the facilities like Courtyard Estates.

- Future research

Research of the demographics in the area would indicate how many CCRCs may be constructed in the future. Mark, the manager would like to see Courtyard Estates affordable to all older adults. Their prime concern is to provide plans to ensure the financial security of the residents. When CCRCs go out of business, they leave the residents without any savings and without a home. To prevent such occurrence Courtyard Estates seeks a plan from the government or Medicaid that ensures future finances. Elderly coming from low-income families may not be able to sustain their finances for long-term care. A forth option for elderly without regular incomes have to be incorporated into the regulations. The nursing home is no longer the last resort for the elderly because the CCRCs have an environment that meets the changing needs for each resident. Self-regulation of CCRCs is also not able to prevent unnecessary facilities cropping up, which are not based on the demographics. Further research into the affordability of CCRCs is necessary to eliminate age and income segregation of the elderly.

Changes in local demographics also influence the facility's capabilities to continue operations in future years. Current wait lists and future prospective residents have to be analyzed to foresee the future requirements. Male, female ratios and income, affordability ranges may have to adjust to suit the resident needs.

Conclusion

CCRCs enable the seniors to live independently for longer. As the baby boomers begin to retire this is going to increase the demand for housing and assisted living facilities. It is proven in one research that elderly living in CCRC live longer than others who do not. Their expectations of a facility range from technology connectivity and mentally active lifestyles (Hegarty, Erin, 2012). If facilities gear to cater to such needs, their long-range interests are safe guarded. However, for the low income elderly there may not be many options available. It is imperative that government support the poor elderly by subsidizing their entry fees and monthly rents. The entry fee reduction may be possible if the facility construction and set up are funded by low interest governmental loans.

The health care reform need to create a shift in policy towards in-home care through FMAP and demonstration projects, focus on coordinated care, better transitions (bundling), and paying facilities for performance. It needs to move away from 100% government funding through CLASS Act Health Care Reform. The need of the hour is integration of the elderly housing into regular mainstream, prevent segregation by age and financial ability, and improve affordability of CCRCs.

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