Welcome, and Thank You
The Complete Guide: From Your First Phone Call to Making The Nove©

Thank you for giving me the opportunity to support you during what can often be a stressful, complicated, and overwhelming time. I understand the emotional weight that comes with making decisions about senior care, and I'm here to walk this journey with you.
During our meeting, we covered a lot of ground, both in the information I gathered and the guidance I provided. You may not remember everything we discussed (and don't worry, you're not alone!). The truth is, there's still more to consider as we move forward.
My goal is for us to work together as a team to find the care community that is the best fit for you or your loved one. This guide is designed to be your companion throughout each step of the process, from our initial meeting to community tours, the decision-making process, the move itself, and even the transition afterward.

Some of you may choose to "step off the bus" at some point along the journey. Your situation may change: perhaps your loved one has passed away, your family has chosen a different direction, or you've found a care solution that allows your loved one to remain at home. Or maybe you decided to continue the search without my help. Whatever the reason, you still have my full support, and I hope the information in this guide remains helpful to you.
I encourage you to print this guide and refer to each section as you move through the process.

DO NOT read it all at once, as you may feel even more overwhelmed. Read each chapter as it becomes relevant to where you are in the moving process.

And remember: I'm always just a phone call, text or email away if you have questions or need additional support that may not be included here.

Warmly,

Ronit Cohen
Senior Living Advisor
Owner of A Home to Fit You

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Chapter 1: Starting the Journey

Understanding Your Needs and Setting Expectations

An overview of what to expect from the process and how we'll work together to make informed, confident decisions.

Every journey begins with a first step, and this one begins with a conversation. When you reach out for help navigating senior living options, you may be feeling overwhelmed, uncertain, or even a little lost. My role is to walk alongside you, offering guidance, clarity, and support as we make thoughtful and confident decisions together.

What Happens First

During our initial meeting, my goal is to get a full picture of your situation. I'll ask about:
Care needs: How much assistance is needed with ADL (Activity of Daily Living) such as bathing, dressing, eating, or mobility?
Medical information: Diagnoses, medications, and any ongoing health care needs.
Cognitive status: Sometimes I may use a screening tool like the SLUMS test to assess cognitive status.
Personal background: Lifestyle, career history, family connections, hobbies, likes and dislikes, and personality.
Finances: So we can find communities that not only meet your needs but also fit your budget.
Medical record: If the client is currently in a hospital or rehabilitation facility, I'll also review medical records, including therapy notes, nursing updates, and physician evaluations, to ensure that nothing important is missed.

From all this information, I create a comprehensive client profile: a snapshot that helps me match you with the right type of community and the right environment for your unique needs.

Choosing the Right Type of Community

Often, families come to me with an idea in mind: *"I think my mom needs assisted living."* After assessing the full picture, I might recommend something different, like a memory care community or a smaller adult care home. I'll explain the reasoning behind my recommendation and make sure you feel fully informed and comfortable before we move forward.

Selecting Specific Communities

Next, I'll narrow down the options to 3–4 specific communities that I believe would be the best fit. Sometimes the answer is clear to me right away. At other times, I may reflect on it overnight or discuss it with you to ensure we're aligned.

Once the options are selected, I send the client's profile to those communities only, so they can confirm they're able to meet the care needs before we schedule any tours.
Preparing for Tours
We'll schedule one tour per day, allowing time for thoughtful visits without feeling rushed. Once each Community Relations Director (CRD) confirms availability, we're ready to go. We'll tour together (see *chapter # 2*), and I'll help guide you through what to look for, what to ask, and how to weigh your options.

Making the Decision

When you've found the right place, you may decide to place a deposit and choose a move-in timeline. At this point, the hands-on work shifts more toward you and the community staff. That said, I don't disappear. I'll still be available to answer questions, connect you with helpful services, or troubleshoot any concerns that arise.

Ongoing Support

Even after the move, I remain a resource for you. Whether it's a follow-up question, a concern, or simply needing someone to talk through a change, I'm just a phone call away. This journey is yours, but you don't have to walk it alone.

Chapter 2: Touring with Purpose

Making the Most of Every Visit

Guidance on what to look for, what to ask, and how to read between the lines.

Touring a senior living community is more than just walking through a building; it's a chance to get a real sense of daily life, ask meaningful questions, and imagine your loved one (or yourself) living there. Each tour will feel a little different, depending on the community, the people you meet, and especially the Community Relations Director (CRD) who leads it. That's why it's important to tour with a purpose, so we can gather the information that really matters.

The Start of the Tour

Some tours begin by sitting down for a conversation. The CRD may start with open-ended questions like:
"What brings you in today?"
"What's most important to you in this move?"
"Do you have any questions I can answer right away?"
Even if the CRD has reviewed your profile (which they should, but they don't always do), they want to hear your version of the story. Your loved one's needs, your goals, and how this transition came about. You don't need to share everything, just the highlights. A brief explanation gives them helpful context.
Other times, the tour starts right away with a walk through the building. If that happens, I'll gently suggest that we take a moment to sit and talk first. This ensures you have a chance to ask questions and feel grounded before we begin moving through the space.
What to Ask
During the conversation with the CRD, here are some helpful questions you may want to consider:

- What is your licensed capacity?
- How many residents currently live here?
- Tell me about staff longevity; how long have your administrator, nurse, and caregivers been here?
- How do you handle specific needs? *(For example: "My dad wakes up early and likes his coffee, can he get it when he wants it?")*

- What are the community's weaknesses?
  (For example: "My dad wakes up early and likes his coffee, can he get it when he wants it?")

Don't be shy about asking anything that feels important to your situation. Your questions help uncover the day-to-day reality of life in the community.

What to Look for During the Tour

Once we begin walking through the community, here's what to pay attention to:

- Cleanliness and Condition
  Are the hallways and rooms clean and well-kept? Look for details, are the carpets stained or fraying? Is the outdoor space tidy and inviting?
- Residents
  Are people out and about? Do they look comfortable, social, and engaged? If a resident stops to chat, that's a great chance to ask:
  "How long have you lived here?

"What do you enjoy most about this place?"

- Caregivers and Staff
  Do the staff greet you as you pass? Are they interacting with residents, or are they distracted (for example, by phones)? Genuine connection and attentiveness are important indicators of quality care.
- The Apartment or Room
  Does the space feel right? Will your important furniture fit? If we're touring memory care, remember that the private room is smaller by design, so focus more on the common areas. Will they meet your loved one's needs for movement, engagement, and comfort

Tuning Into the Feel

If you're looking for a community for yourself, ask:
Can I see myself living here?
Does it feel welcoming, peaceful, vibrant, or safe?
If you're searching on behalf of a loved one, try to see through their eyes:
Would they feel comfortable here?
Can I picture them feeling secure, respected, and cared for in this environment?
Remember, we're not just looking for a beautiful building. We're looking for a new home, a place that feels right, both for care and connection.

Each tour is a step closer to clarity. And I'll be right there beside you to ask questions, read between the lines, and help you make sense of it all.
I recommend bringing a notebook to take notes, which will help you remember the information you were given later.

Chapter 3: Evaluating Your Options and Making the Decision

Turning Notes and Impressions Into Clarity

Tips on how to compare communities, weigh pros and cons, and keep your loved one's needs at the heart of the decision.

After each tour, we take time to pause and reflect. While the CRD (Community Relations Director) has shared with you everything they want you to know about their community, its

strengths, offerings, and standout features, our private conversation gives us the chance to talk openly and honestly about everything else.
This is when I can offer insight that might not be visible on the surface:
Has the community recently changed ownership?
Is there high turnover among staff or nurses?
Is the resident-to-staff ratio different from what was presented?
These are the kinds of things that may not be on the brochure, but they matter. And I'll share what I know, so you can make the most informed decision possible.

Trusting Your Gut and Gathering Impressions

After each tour, I'll gently ask:
How did you feel in that community?
What did you like about it?
What didn't sit well with you?
Can you honestly picture your loved one, or yourself, living there?
Often, your first impressions tell you something important. The atmosphere, the energy, the people, they all shape whether this feels like a place that could become "home."
Weighing the Options
Once we've completed all tours, it's time to compare your choices. You may notice that:
Each community has things you like, and things you don't.
No one place checks every single box, so we focus on what matters most.

Here's a process that helps bring clarity:

- Make a list of what you liked and didn't like about each community.
- Rank those items in terms of importance; not all likes and dislikes carry the same weight.
- Compare the communities side by side, using your own priorities as a guide.
- This process turns feelings and impressions into something more concrete and clear.
- Personalizing the Decision
- As we talk through your list, I'll offer additional insight based on your loved one's care needs, personality, and preferences:

Is your parent a lifelong gardener? A beautiful, accessible outdoor space may carry more weight than a slightly longer drive for visits.
Is your loved one very social? A strong activity program and a vibrant common area might matter more than square footage in the apartment.
These little details matter, and together, we'll sort through them thoughtfully.

Giving Yourself Time

By the end of the final tour, you'll likely have one or two top choices. I often recommend giving it a few days to think things over. A little space can help bring clarity and confidence to the decision
.

Placing a (Refundable) Deposit

Once you're ready to move forward, the next step is placing a refundable deposit. This holds your spot on the community's waitlist. Even if you're not ready to move right away, your place in line continues to move up, regardless of your timeline.

And if plans change for any reason and your loved one never moves in, the deposit is refunded. It's a gentle step forward, one that gives you options without locking you in.
This decision is personal and often emotional. But you're not alone. I'm here to help you stay focused, grounded, and supported every step of the way.

Chapter 4: Moving Forward with Confidence

Understanding the Admission Process and Preparing for the Next Step

An overview of the steps, paperwork, and coordination involved in getting ready for move-in day.

Once you've chosen a community and the right apartment or room becomes available, the next phase begins: the admission process. This stage involves paperwork, coordination, and a few important steps to make sure everything is in place before move-in day. It can feel overwhelming, but I'll be here to guide and support you through each step.

Step 1: Gathering Medical Records

The first step is for the community to request medical records from your loved one's primary care physician (PCP). To do this, you'll sign a medical release form, which the community will send directly to the doctor's office. The records typically requested include:
Notes from recent medical visits
A current medication list
A physician's signed order allowing the community to administer medications

Tip:

Before the move, I recommend scheduling an appointment with the PCP a month or two prior to the move. Bring all current medications from home and ask the doctor to verify that the medical records reflect exactly what your loved one is taking. This is crucial! The community can only administer medications that are documented and signed by the physician.
Also, take this time to review any other health conditions that may need to be updated in the medical record.

Note: This is often the step that slows down the process. Physician offices may take time to respond, so I recommend calling regularly to follow up. A few gentle reminders can help move things along.

Step 2: The In-Person Assessment

Next, a representative from the community, usually a nurse, but sometimes the administrator or CRD, will conduct an in-person assessment.
This evaluation serves three purposes:

- To ensure your loved one's care needs are within the community's capabilities
- To determine the level of care and any associated care fees (in addition to the apartment rent)
- To create the care plan (see chapter #7)

It's important that you or a trusted family member is present during the assessment. This helps ensure the information provided is complete and accurate, especially if your loved one is not able to clearly express their needs.
The results of the assessment will also impact the monthly cost (see Chapter 5 for more details on financial matters).

Step 3: Choosing the Move-In Date and Signing the Contract

Once the assessment is complete and the apartment is ready, you'll work together with the community to select a move-in date. Typically, the contract is signed one to two days prior to the move.
The community will give you a list of documents (copies) they need, which may include:

- Health insurance card
- Social Security card
- ID card
- Power of Attorney (POA)
- Advance Directive and/or POLST (with registry number if applicable)
- COVID card

I recommend that you also provide:

- A list of authorized individuals who can receive information from the community
- A list of people who should not receive information or be allowed to visit, or take your loved one outside of the community (especially important if you are the POA and need to set boundaries)

About the Contract Process

Some communities now email the contract for electronic signing via DocuSign. While convenient for some, others find this format confusing or stressful.
If the online process doesn't feel right for you, ask to sign the contract in person. You have the right to feel comfortable with this important step.
If signing in person:
Bring the person who holds the POA, even if the future resident is involved in the process
If you're someone who likes to read everything carefully, schedule extra time or ask for the documents ahead of time so you can review them
Don't hesitate to ask questions or request clarification; this is your decision, and you deserve to understand everything fully.
Be sure to ask for a copy of the signed documents for your records.

This Is a Big Step

Signing the contract means you've committed to move and a financial commitment as well. Typically, payment begins the day you take possession of the apartment, even if the actual move happens a day or two later.
In the next chapter, I'll walk you through the financial side: how fees are calculated, what to expect, and what to know if Medicaid might be part of your loved one's future care planning.

Chapter 5: Senior Care Community and Your Finances

Understanding Costs, Payments, and Long-Term Planning

A straightforward explanation of how billing works, what services are included, and how to prepare for future financial needs, like Medicaid.

Before we continue with the actual move-in process, let's take a step back and look at the financial aspect of moving a loved one into a senior care community.

Monthly Payments

Community Fee

The community fee is a one-time, non-refundable fee paid with the first monthly payment. This fee covers the time spent on assessment and creating the care plan. It also includes any repairs for damage to the apartment. It gives you the freedom to hang pictures or shelves without worrying about leaving holes in the walls.

The amount of the deposit fee will apply as a credit toward the community or the first month's fee.

How Your Monthly Payment Is Calculated

The monthly payment is made up of two parts:

- Room and Board
- Level of Care

Room and Board

This is the fee for the apartment and is based on its size. It is a fixed amount that typically increases once a year. Each community sets its date for annual adjustments. On average, room and board costs go up by 5 to 8 percent each year.

Level of Care

Most communities have five or six levels of care. The majority of residents move in at level one or two. Levels four through six are usually needed for end-of-life care.

How is the level of care determined?

During the assessment, a nurse evaluates the level of assistance required for activities such as dressing, bathing, mobility, medication administration, etc. Each task is assigned points based on the level of assistance and the time required. For example, supervision for transfers earns fewer points than full assistance. A quick shower may be assigned fewer points than one that takes longer.

The total number of points places your loved one into a specific level. For instance:

Level 1 = 1 to 50 points

Level 2 = 51 to 100 points

If the assessment adds up to 37 points, your loved one would be at level 1. If it's 85, they would be placed at level 2.

Can the level of care change?

Yes. A second assessment is typically done 30 days after move-in. It's not uncommon to discover, after this initial adjustment period, that more or less care is needed. However, a change in points does not always mean a change in level. For example, an increase from 37 to 45 points still falls within level 1 (of our example).

Following the 30-day reassessment, care plans are usually reviewed quarterly with the family (see Chapter #).

Unlike room and board, the cost of each level of care does not go up every year. Rate increases typically happen every few years.

Your Monthly Bill

Do not assume that billing is always correct. I recommend reviewing your monthly statement and keeping a record of all payments. Mistakes happen, and it is helpful to have documentation if questions arise.

Medicaid

If your loved one moves into a community with a Medicaid contract, there may come a time when they run out of money. It's important to understand that simply running out of funds does not automatically qualify someone for Medicaid.
Here are some basic guidelines:
Memory Care: Residents in memory care always qualify.
Assisted Living or Adult Foster Care: To qualify, your loved one must need specific types of care, such as assistance with mobility (getting out of bed, transferring, walking with support) and help in the bathroom (incontinence care, hygiene, managing clothing).

When to Apply

Start the Medicaid application process about two months before your loved one runs out of money. Call Senior and Disability Services at **(541) 682-3353** and ask for an intake for Medicaid.
Check with the community to ensure the care plan is up to date and accurately reflects qualifying care needs. SDS may use this document during the application process.
Two-Step Qualification
Medicaid eligibility includes a financial review and an in-person care assessment. I strongly recommend that you be present for the assessment. If your loved one does not have dementia, please remind them that this is not the time to minimize their care needs. If they say they are independent, they may not qualify, which could leave them without a way to pay for their care. If you have concerns, please call me at
(541) 954-2602 for guidance.

Important Note

I strongly recommend that families avoid moving a loved one into a community that does not accept Medicaid unless they are confident that there are enough funds to last through the end of life. Once someone is on Medicaid, it can be very difficult to find a new community that will accept them.
As your Senior Living advisor, I use both the financial information you provide and the in-person assessment to help determine whether your loved one can afford to live in a community that does not take Medicaid, and whether they may qualify for Medicaid in the future.

What Changes After Medicaid Approval?

If your loved one is in assisted living, they may be required to move to a smaller apartment. In memory care, they may need to move to a shared room. Other than that, nothing else changes. They still receive the same level of care and continue to access all of the services and amenities offered by the community.

Rewarding a Caregiver

Caregivers are not allowed to accept money or personal gifts from residents or their families. If you'd like to express appreciation for a caregiver who has gone above and beyond, consider bringing a box of treats for the whole team and including a personal note addressed to the caregiver you wish to thank

Money and Valuables

We recommend that your loved one not keep large amounts of cash, credit cards, or valuables such as jewelry in their apartment, especially in memory care. These items often go missing, and it is nearly impossible to determine whether they were lost or stolen.
Now that we've covered the financial aspect, it's time to tie up the remaining loose ends and prepare for the move.

Chapter 6: Time to Move

Planning, Packing, and Practical Logistics

Step-by-step advice for coordinating the move, preparing your loved one, and creating a smoother transition

You signed the contract. The apartment or room is ready for your loved one to move in.
Emotions are running high.
Let's take a step back and talk about the essentials, before, during, and shortly after the move.

Before the Move

You are moving your loved one into an unfurnished space, which means you get to create a new environment that reflects who your loved one is. You want the space to feel familiar and inviting, while also making sure it is safe and easy to navigate with a walker or wheelchair.

Using Professional Help

Hiring a downsizing and moving service can save you a lot of time and stress. These professionals can help you decide what to bring, design the new space, arrange clothing and personal items, hang pictures, and even help you shop for anything new that's needed. They coordinate the movers, unpack boxes, and can also assist with downsizing the rest of the home.
If you'd like to go this route, I'll gladly connect you with trusted professionals.
If You're Doing It Yourself
If you decide not to use professional help, here's what I recommend:

For Assisted Living Apartments:

- Measure the apartment and the furniture you plan to bring, so you avoid overcrowding the space.
- Involve your loved one in the process: ask what furniture, pictures, clothing, and personal items they want to bring.
- Make a list of essential items to pack:
  Bedroom: bed (twin for a studio) , 2 sets of bedding, 3-5 sets of towels and wash clothes, pillows, comforter or blanket, nightstand, lamp, dresser
  Living room: recliner, side table, lamp, shelves, framed photos or artwork
  Personal items: clothing and underwear, incontinent supplies, shoes, laundry hamper, and any regularly used items

- **Toiletries:** Shampoo, soap, deodorant, toothbrush and toothpaste, electrical shaver and shaving supplies, nail care supplies (clipper), Kleenex, Dentures supplies
- **For Memory Care Rooms:**
  The room is usually smaller and more like a bedroom. You'll bring fewer furniture pieces: typically a twin size bed + waterproof mattress cover, laundry hamper, nightstand, dresser, lamp and sometimes a recliner.
  Personal items and toiletries are similar to those listed above, but with memory care, it's even more important to bring familiar touches: photos, art, and a few meaningful knick-knacks.
- **DO NOT** bring anything from glass, or sharp objects (scissors, stick pins etc;), plants that are poisonous, throw rugs

For both assisted living and memory care, mark all the items that will go to the laundry with a non-washable sharpie
Tip: Try to stage the room a day or two before move-in. Walking into a familiar-looking space can greatly reduce your loved one's stress.

The Day of the Move

Moving is emotional, not just physical.
For Assisted Living:
Be ready for a range of emotions. Your loved one might be sad, anxious, or even angry. Be present and supportive.
Avoid comments like:
"Look how great it is that you don't have to cook or clean anymore," or
"This place is so beautiful, I wish I could move here."
Instead, say something like:
"I know this is hard. I'm here for you every step of the way."
For Memory Care:
Often, the emotional difficulty is harder on the family than the person moving.
Don't talk about the move too far in advance, it may cause unnecessary stress. In many cases, they won't remember the conversation, but they'll hold on to the anxiety.
Instead, bring it up just the day before, and consider using a simple, compassionate "reason" for the move. Some real examples my clients have used:
"We need to replace the carpet/ fix the roof/ spray for ants, so you'll need to stay somewhere else for a little while."
"Your doctor wants you to recover and get stronger in this place."
A good time to move is before lunch, so you arrive, settle in, and head straight to a meal.

How Often Should I Visit (when moving into memory care)?

There's no one-size-fits-all answer.
If your loved one becomes upset every time you leave, it may be best to visit less frequently at first. Give them time to adjust.
If they feel anxious when you're not there, come more often until they feel secure.
Try not to be a "helicopter" spouse or adult child. Step back a little so your loved one can build relationships with caregivers and meet other residents. Most communities give extra attention during the adjustment period.

Easing the Transition

You were told your loved one would be well cared for, and they will. But there's often a gap between promises and reality (see chapter #9).

In my experience, it takes one to three months for things to truly settle. During this time, caregivers get to know your loved one's unique care needs, and your loved one begins to adjust to their new routine. Expect a few bumps, but there are things you can do to make the transition easier:

Visit at different times of day to observe care across shifts.

Ask questions, of both caregivers and your loved one.

Pay attention to details: cleanliness, missing items, your loved one's mood and appearance.

Communicate any concerns constructively. Instead of blaming, offer helpful suggestions.

If things don't improve despite your efforts, contact me. I can arrange a care conference to bring everyone together to find solutions.

Before You Go: Make a List

A clear plan will help the move go smoothly. Include:

- Date and time of the move
- Who is helping with the move
- Who in the community will greet you
- Who will answer your questions that day
- Who will help orient your loved one to their new home

Chapter 7: Guidelines for the Care Plan

Why Details Matter and What You Should Share

An overview of the assessment process, what information you'll need to provide, and how it shapes your loved one's personalized care.

The care plan is the document that outlines your loved one's care. Every caregiver on the team will be familiar with it.

Give specific and accurate information as much as you can, even small details can enhance the quality of care.

However, understand that care may not always follow every detail of the plan.

The care plan is written upon initial move-in, reviewed after 30 days, and then every 90 days thereafter.

It's not unusual for the community to fall behind on these quarterly reviews.

Mark the review dates on your calendar (every three months), give the community a two-week reminder, and ask them to schedule time for the review. This often helps keep things on track.

Please note that it's your responsibility to make sure a care plan review is scheduled. In assisted living, they may schedule the review with your loved one (your parent/spouse) and not include you. Make it clear to the team that you MUST be present.

Information You Should Share for the Care Plan

Mobility

- Any help needed with bed mobility and transfers
- Use of a walking device

- History of falls

Morning Routine

- Wake-up time
- Breakfast time

Dressing

- How much help is needed: choosing clothes, taking clothes out of the closet, dressing upper or lower body, using TED hose, etc.
- Grooming
- Tasks that require help, such as dentures, shaving, brushing hair, setting up the toothbrush, using a washcloth

Shower

- Shower time (morning or evening)
- Type of help needed (e.g., washing back or hair, drying, sitting or standing)
- Preference for long or short showers

Bathroom

- Incontinence (bladder/BM)
- Wearing Depends/pad
- Need help with toileting (transfers, managing clothing, personal hygiene)
- Need for a toileting program
- Tendency for constipation

Day Routine

- Hobbies and activities (e.g., reading, TV, knitting)
- Nap times
- Snack preferences

Evening/Night Routine

- Bedtime
- Specific bedtime rituals
- Nighttime assistance and how often (e.g., bathroom, pain meds)

Food

- Likes and dislikes
- Can feed self/finger foods/needs help
- Food texture (e.g., mechanical soft, purée)

Medications

- Needs to take with or before food
- Occasionally refuses medications
- Needs meds crushed
- Can self-administer

Behavior (mostly for memory care)

- Triggers for behaviors such as anger, yelling, refusal to cooperate
- Strategies that help (e.g., bribing, tone of voice, letting them sleep in)

Personal Information

- Family (marriage, children, grandkids)
- Work history
- Where they grew up/lived

- Hobbies and interests
- Personality traits
- Faith or religious practices

Additional Information

- Who will visit regularly
- Anyone not allowed to visit (must be decided by POA if the person lacks capacity)
- Who is the POA
- Who should be notified of any issues (falls, change of health etc;)

When there is a change in the level of care, it may affect payment. If the change is temporary, it may not impact the cost, but if it's ongoing, it could move your loved one to the next level of care, and that usually comes with a higher fee. If you're told that the level of care has increased, ask to review the care plan to make sure it accurately reflects those changes.

Chapter 8: The Team

Who's Who in the Community and How They Help

Learn about the roles of key team members so you'll know who to turn to for questions, support, or problem-solving.

The Company (Owner)

Every senior living community is owned by a larger corporation that ultimately answers to shareholders. Often, the community is seen as a real estate investment. Investors expect a return, and that business mindset can influence operations and decisions.

The Company (Management)

Sometimes the owner also acts as the management company. In other cases, a separate company is hired to manage day-to-day operations. These top-level decisions shape the environment, staff, and policies within the community.

Important to know:

Ownership and management often change every few years. When this happens, some aspects, like the food, staff, or physical upgrades, may improve or decline. Keep an eye out for changes, both positive and negative.

CRD (Community Relations Director) / Marketing Director

This is the first person you'll likely meet when you're exploring communities. Their job is to present the community to prospective residents and families. They are your point of contact through the touring and move-in process.

After move-in:

The CRD is no longer your main contact, but they can still help connect you to the right team member if you’re unsure who to speak with.

ED (Executive Director / Administrator)

The ED is the person who runs the day-to-day operations inside the building. A strong ED, supported by a good company, can make a significant difference in the overall quality of care. In some cases, a great ED can even overcome limitations from corporate leadership and advocate for residents and staff.

RN / LPN

The nurse works weekdays and is on call 24/7, but they are not the primary medical provider. Emergencies or serious issues will be handled by a physician, ER, or home health agency.
In most cases, the RN will conduct the initial assessment.
Important note:
The RN oversees the care team and contributes to the care plan. However, they may not be the first to notice changes in a resident's condition. Often, they rely on caregivers or med-techs to alert them. Don't assume they're proactively monitoring your loved one's health.
When the RN position is unfilled, a regional RN may fill in—but they are not in the building daily.

RCC (Resident Care Coordinator)
The RCC reports to the RN and often has a closer connection with residents. They help create and review care plans and are involved in scheduling staff. They're a good resource if you want to discuss day-to-day care in more detail.
Med Tech (Medication Technician)
The med tech reports to the RCC and is responsible for administering medications. A good med tech pays close attention and may notice subtle changes in a resident's condition.
Important:
During daytime and evening shifts, med techs should focus solely on medications, not caregiving, to avoid meds errors. At night, when fewer medications are given, they may also assist with caregiving tasks.

Caregiver / Care Partner
Caregivers provide hands-on care and are usually assigned to a specific hallway or area. They are expected to know the care plans of the residents they serve.
Be aware:
Staffing shortages may lead to the use of temporary caregivers, which can affect consistency and the quality of care. Some caregivers are more experienced than others, and this can be reflected in how well your loved one is cared for. By law, the caregiver required to complete 12 hours of yearly education (usually an hour a month).

Life Enrichment / Activity Director
This team member plans and leads social and recreational activities. They do not provide direct care. If your loved one has a specific interest or hobby, it's worth speaking with the activity director to see if it can be incorporated into the schedule.
Final Thoughts
Turnover is common in senior communities, especially among caregivers. But changes can also occur at the RN, RCC, or even ED level. It's important to stay informed and take time to get to know new team members (especially by name). Good relationships can make a real difference in your loved one's experience.

Chapter 9: Expectations vs. Reality

Finding Peace Between What's Promised and What's Possible
Set realistic expectations, avoid common disappointments, and gain perspective on how to build a successful partnership with the community.

Expectation:

I pay a lot of money, and I expect the best care.

Reality:

- Caregiver turnover
- Unqualified caregivers
- Staff shortages

What can you do?

- Get to know the caregivers.
- When you show your support and appreciation (a box of cookies can go a long way), they will pay more attention to your loved one.
- Share any information you think may help improve your loved one's care.
- Visit often. Involved family members are not only another set of eyes, but caregivers will also notice that you're keeping an eye on things and will likely provide better care.

Expectation:

The community should always notice any physical or mental changes and inform me.

Reality:

- There are 50 to 100 residents. It's not easy to notice every change.
- Not every caregiver has the training to detect subtle changes.

What can you do?

- Visit regularly. You are another set of eyes, and no one knows your loved one better than you.
- Inform the caregiver, RN, or RCC of any changes you notice

Expectation:

The transition should be smooth.

Reality:

- Expect some bumps in care during the first few weeks.
- It takes about three months for caregivers to get to know your loved one's care needs and personality.
- It takes about three months for your loved one to adjust to the environment, make friends, get to know the staff, and get used to the food.

What can you do?

- Be patient.
- Visit often to help spot any issues that need to be addressed.
- Support your loved one with lots of love and attention.

Expectation:

There will be open and ongoing communication from the community.

Reality:

- Different staff members have different communication styles.
- Your loved one is one of many, and staff may have a long list of families to communicate with.
- What you consider important to be informed about may not seem important to the staff.

What can you do?

- Be clear about your preferred communication style (email, phone, frequency).
- Be clear about what's important to you to be notified about.
- Be understanding and patient.
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If there is one piece of advice I can give you, it is this: **Be present in your loved one's life.**
Your involvement will improve their quality of life in many ways and give you the peace of mind you need after deciding to move them into a senior care community.

Chapter 10: When Plans Change

Being Flexible and Finding New Solutions

What to do if your loved one's needs change, the first plan doesn't work out, or an unexpected situation arises.

Change can be difficult, physically, emotionally, and logistically. When I first meet with you and your loved one, my goal is always to help you make one move that will last. In some cases, I can anticipate that a person moving into assisted living may eventually need memory care, and we try to prepare for that possibility. In other cases, unexpected health events, such as a stroke or a fall, can suddenly require a different level of care.

After your loved one moves into the community, I follow up to ensure the transition is going smoothly. Once things have settled and there are no active concerns, I respectfully step back, but I'm never gone. As I shared with you from the beginning, I remain available to support you, whether it's months or even years later.

If your loved one's needs increase and the current community is no longer the right fit, or if the staff expresses concerns about their ability to provide appropriate care, please reach out. I will reassess the situation with you and help explore all options. Sometimes, small changes to the care plan can make it possible to stay in the same place. But if a move becomes necessary, I will guide you through the process once again, just as I did the first time, ensuring you find the best possible fit for your loved one's new needs.
How to best use this guide