

Different Types of Facility Care

There are so many types of facilities providing care for the elderly, the disabled, or the recovering patient that it is often confusing to those needing care or to those family members trying to choose for them. The outline below will help you understand the differences among them.

Nursing Homes – Nursing homes provide ‘skilled nursing care’ to the elderly or to other disabled persons who cannot live at home on their own. Skilled nursing care is generally defined as those services provided by a registered nurse and include giving IV medications, shots, tube feedings, changing wound dressings, and providing medical education to patients and families.¹ Nursing homes provide 24 hour registered nurse oversight and provide the greatest amount of care to their resident population outside of a hospital setting. Nursing homes were the first facilities to provide nursing services outside of a hospital and the original model was based on hospital-type care; consequently, some nursing homes look and feel more institutional, although this is changing in response to consumer needs and demands. Most nursing homes also provide rehabilitation services in addition to skilled nursing care. A *skilled nursing facility (SNF)* is a facility certified by the Centers for Medicare and Medicaid (CMS) so that when services are covered by either Medicare or Medicaid, reimbursement is made directly to the facility.

Rehabilitation Centers or Units – When an individual has an injury or condition for which there is a recovery and rehabilitation period, hospitals often discharge the patient to a rehabilitation center or unit (a rehabilitation wing of a larger facility). Rehab centers employ both nurses and skilled therapists to provide a schedule of sessions to aid in recovery. These therapies can consist of physical therapy, occupational therapy, speech therapy, or other services where frequent monitoring is required but less than would be provided in an expensive hospital setting.

Assisted Living Facilities – Assisted living facilities vary in the services they provide to their populations of elderly and disabled persons. Assisted living centers evolved out of the hotel industry in the late 1980’s and were originally designed to be a replacement home for persons needing general oversight but not the 24 hour care provided in a nursing home. Over the past 30 years, however, assisted living has evolved in order to meet the needs of a wide spectrum of residents and some now can be a substitute for nursing home care.

Assisted living facilities are required by regulation to employ, at a minimum, a registered nurse consultant to regularly review residents for their nursing care needs; however, most assisted living facilities have RNs or LPNs on staff and available to the residents for certain hours of every day. Residents are able to choose their own physician or other health care provider some of whom will come to the facility to see their patients. Some facilities are structured to be more independent living for those persons requiring minimal assistance with what are referred to in the industry as *activities of daily living* (ADLs) such as bathing, dressing, walking, transferring in and out of bed/chair, toileting, and eating. These facilities have fewer nurse's aide staff members available but will provide medication reminders or actual hands-on medication administration in accordance with physician orders. Other assisted living facilities provide much greater personal care and assistance with ADLs and can often provide full assistance with all aspects of care. Many are *age-in-place* facilities that will provide all services necessary through end-of-life in order to avoid residents having to move out when and if their physical or mental condition declines. Currently, most assisted living facilities work with outside therapists and skilled nursing agencies to provide therapy and skilled nursing services inside the facility so that residents needing those services do not have to leave the facility to receive them.

Alzheimer's Units or Dementia Care Facilities – There are some centers that care exclusively for residents with Alzheimer's Disease or advanced dementia; however, many nursing homes and some assisted living facilities have separate units that cater specifically to the needs of this population of residents. These facilities typically have locked units so that residents do not wander away unsafely and activities are offered that are geared toward those with dementia. Often these units are constructed with consideration to environmental factors (such as lighting, colors, etc) that help in the care of residents with dementia. Some facilities – both nursing homes and assisted living facilities – have an integrated population where all residents are housed together and their individual needs are met by the full facility staff.

Hospice Centers – There are free-standing facilities that solely house hospice patients and care for them until end-of-life. These facilities have registered nurses specializing in hospice care available 24 hours and they provide amenities for family members to be present at all hours of the day and night.

Some facilities in each of the above categories are *private pay* facilities which means that the resident is responsible to pay the daily rate in full and no Medicare or Medicaid monies are accepted. Other facilities are approved by CMS and are reimbursed by Medicare or Medicaid funds when coverage is allowed.

¹ From www.medicare.gov