Experts' Roundtable

Assisted living (AL) facilities that encompass skilled nursing facilities (SNFs) have different concerns and benefits than freestanding or independent AL facilities. What are some of those differences?

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Once you have a campus with choices for the senior population, the residents will want (demand) to reside in the place that has the least institutional feel to it, regardless of what is safest for them. This enables a campus to offer residents a higher level of freedom (often with extended services or enhanced packages) in AL. The availability of choice also can give a resident something to strive for during the rehabilitation process in the SNF. The level of medical (vs. psychosocial) care delivered in the AL setting must be higher than usual to meet these residents' needs. Although some of the higher standards are deliberate, many are the result of better intelligence on campus based on a higher presence of nurses, physicians, physician assistants, and nurse practitioners. Another issue to consider is the presence of spouses who live in the AL facility connected to the SNF in which their partners reside. These spouses require special psychosocial attention as their loved ones slowly fail in the SNF.

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Years ago, I was a CEO of a retirement community that encompassed the full continuum of care, and we built a new AL community, replacing an outdated building and culture. At the time I did a considerable amount of research to ensure that the design and culture of the new building were significantly different than those of the SNF because they previously had been adjoined and now were going to be independent facilities. In the past 8 years my consulting practice has created the opportunity to visit hundreds of AL facilities throughout the country, some freestanding, some attached to SNFs and some part of continuing care retirement centers (CCRCs). During my visits I have always been intrigued by the differences that are visible and (not so visible). My thoughts are based on both professional and personal experience since both my mother and mother-in-law have been residents of AL communities. One was attached to a SNF and the other was attached to independent housing apartments.

The benefits I have observed when an AL is either part of a SNF or a CCRC are primarily related to the availability of clinical services and resources, especially in a CCRC that may employ a nurse practitioner or a physician's assistant. I will bullet the benefits I have witnessed:

- Availability of a registered nurse or licensed practical nurse on the evening and night shifts to respond to an urgent or emergency situation
- Appropriate assessment to determine if residents require transfer to a hospital emergency department
- Assurance that Do Not Resuscitate orders are appropriately communicated to rescue services, the hospital, or other venues
- A nurse practitioner, if employed by the SNF or CCRC, to assess residents
- A medical director and consultant pharmacist for SNF that can be a resource to AL mental health services and more readily available to residents of AL
- An available next level of care to residents in the SNF, either for a short- or long-term stay
- Rehabilitation services available to residents of AL in their apartments or in the SNF rehabilitation department

The concerns or potential disadvantages I have observed are:

- The AL culture/language is institutionalized, not unlike the SNF. A disease-based philosophy vs. a whole-person wellness philosophy is part of the AL culture, making it impossible to carry out the values that differentiate AL from SNF care (ie, independence, self-autonomy, integrity, and dignity).
- The design of the AL may be a wing/unit of a SNF that has been transitioned to AL with very little done to deinstitutionalize space. The same has been seen in AL facilities that adjoin the SNF.
- In some facilities that adjoin a SNF, food service is prepared in the nursing home kitchen with the same menu and then brought to the AL dining room. In one such community, the primary resident complaint was food service (ie, quality, service, lack of variety).
- In addition, some resources may be shared between the two facilities (ie, the activity/recreation director is shared, creating a situation in which the SNF received the bulk of the services, leaving the AL residents with a very weak activity program).

Nonetheless I have found that many CCRCs have found the right blend—differentiating AL from the SNF in design, culture, and service. They create a culture of wellness while having additional resources available to residents when and if necessary. ALC