

## Understanding Senior Living Options with Beth Weeks

[00:00:00] Introduction and Guest Welcome

**Candace Dellacona:** Welcome to the Sandwich Generation Survival Guide. I am your host, Candice Dellacona, and I am thrilled to have join us this morning, Beth Weeks a nurse and one of the co founders of Senior Living Consultants of New York. Welcome, Beth.

**Beth Weeks:** Thanks so much for having me, Candace.

**Candace Dellacona:** I'm so happy to have you. I hear from so many clients and families about the quagmire that senior housing really is not understanding all of the options and the opportunities available to seniors as they age. So I'm thrilled that you're here. You are the expert. You are my go to for senior housing options and guiding families through what is, to the rest of us lay people, a really complicated landscape. So we're thrilled to have you.

**Beth Weeks:** Thanks again. [00:01:00] I really appreciate being asked.

**Candace Dellacona:** Absolutely.

### The Growing Senior Population

**Candace Dellacona:** For our listeners and, Beth, I'm sure you know a lot of these statistics, but I read a really interesting statistic that the number of people over 65 years old will increase by 42%. And the number of people over 85 will increase by 111 percent in the next 20 years. That is baffling when you really think about it, right?

**Beth Weeks:** Absolutely. It's a staggering statistic that not only do we have this larger population of seniors, but people are living longer and longer and having to make plans for a lifespan that their parents never had to or their grandparents never had to.

So it's a whole new unknown world for a lot of people.

**Candace Dellacona:** Absolutely.

### Beth's Background and Motivation

**Candace Dellacona:** So why don't you tell us a little bit about who you are and what your background is and really what prompted you and your wonderful partner, Paul, to find Senior Housing Consultants of New York. What led you to that?

And then we'll get into the nuts and bolts of the different senior [00:02:00] housing options.

**Beth Weeks:** Sure. My background is that my very first real job was as a secretary in a medical equipment company that owned senior living communities as well. I had a great mentor. It was a really great small family owned company and I really loved the population that we were serving and they liked me too, so they kept, moving me to different divisions and I got to try out all sorts of different jobs within the senior living company and eventually found my way to a community. And was in the process of becoming a licensed administrator when my mentor had a rule that we had to do every job in the building if we were going to be effective leaders.

So I went to CNA school, which was terrifying but it was an interesting experience and one that I didn't know that I would enjoy or be good at. And the first time I did hands on care with a senior, I fell in love and I decided in that moment I wanted to be a registered nurse and I wanted to be a nurse administrator to be able to better lead and instruct the [00:03:00] staff in communities and to have more empathy when it came to working with this population.

So after almost 20 years of working directly in communities or in offices related to communities my business partner, Paul and I met while working at a senior living community and decided that there's a lot of noise out there when it comes to this process.

### **Challenges in Senior Housing**

**Beth Weeks:** There's a lot of misinformation on the internet. There is a lot of confusion and I don't want to be so dramatic to say subterfuge, but it's not clear. There's not a lot of transparency in the process and as a result, people can waste a lot of time and sometimes precious time looking at places that aren't appropriate for them or their loved one or their, whoever they're taking care of or that they can't afford, but they're not told that up front before they go to visit.

So the impetus for this was Paul and I were working together one day and someone referred a client to the community where he and I worked and it was a totally inappropriate [00:04:00] referral. In that there was no way the type of community we worked for could support the care needs of this individual.

And it was so sad because that family had been led to believe that we could. And until I actually had that conversation, they weren't aware of it. So in that moment, Paul and I decided we would create this company, Senior Living Consultants of New York with the mission to guide people through this process. By advocacy, education and transparency and make sure that we are advocating directly for that person and not just their physical needs, but their desires, their wants, all the things that make up a human and eliminate that noise.

**Candace Dellacona:** Right. I think the way that you put it is just perfect with the noise. I think one of the things that surprised many families that I deal with when they're looking for the next place to go is the fact that they're being sold. And that's really what I

understand you and Paul are trying to avoid to ensure that the person is looked at as a whole [00:05:00] person and to make sure that the place that they endeavor to live, maybe for the rest of their lives is the right place to live. So let's talk about the different housing options.

## **Different Senior Housing Options**

**Candace Dellacona:** I know that you and Paul are specifically keyed into assisted living and independent living facilities, but just for our listeners in general, there are options that don't involve assisted living facilities, but I want to go over them for people who are thinking about what the options are.

So obviously the first one is aging in place, right? And staying in one's home. And, I have many clients who say that they want to stay at home, that that is where they are most comfortable, they feel safe. It's been a place that perhaps they've called home for, a good number of decades.

So it's no wonder why it makes sense. I think many of the clients that I see and that you see, Beth, are the people that can no longer stay at home for various reasons.

## **Safety Concerns for Aging in Place**

**Candace Dellacona:** I think one of the major issues is safety. And I'm sure you as a [00:06:00] nurse when you are, helping your clients and the families, safety is a big issue.

Do you want to talk about the safety issues that arise that people should be on the lookout for when a loved one is staying home and maybe shouldn't be staying home?

**Beth Weeks:** Absolutely. And you're exactly right. It always comes down to safety. And Paul and I, even though we do this for a living, we believe that home is the best place for someone because that's where people want to be. That's where I want to be when I'm older. But it's only the best place until it's not and what makes it not the right place. And the first thing is safety. So certain barriers that are obvious and here in New York City, does the person live in a walk up apartment and they're no longer able to safely navigate stairs?

Are they reliant on medical equipment that makes it not possible for them to use stairs? Do they require 24 hour home care or live in home care, but they live in a studio apartment. So there's not space for a caregiver [00:07:00] to live and have quality of life while they're caring for this individual. Is there a hoarding issue? Is there a clutter issue? Is there a navigation issue? Do they need specialized equipment that can't physically fit in this apartment? And then the biggest fear for us with our clients, the bathroom situation. Is there a bathtub in this, and it's not safe for this person to step over the bathtub to get into the shower, so they're not, maybe they're not taking care of their personal hygiene, which can lead to infections. There are a lot of different factors. And

it's very, very individualized and it's very personal. And some people don't have the resources to either have home care at home or to modify their home to make it safe to live.

**Candace Dellacona:** I think that those are all really good points and points that families should take in and think about when these things are happening to their loved ones, these should be triggers to you that maybe you should endeavor to start having a conversation about [00:08:00] this particular home not being the right home at this point. I was just, walking here in the city to work and I'll tell you, people walk really quickly on the sidewalks.

There's not an awareness of personal space. And there was an elderly gentleman walking in front of me who clearly was just out for his morning walk. And I was sort of bracing for him. So you add all of those factors together, even leaving one's apartment to run out to the store and grab a cup of coffee, you might be taking your life into your own hands as a senior. So safety, I think, is something that's always top of mind.

### **Independent Living vs. Assisted Living**

**Candace Dellacona:** When the families get to the point where home maybe isn't the right place, can you get into sort of the facts about Independent living and assisted living and what those two settings are and the type of care that one would receive so that we can maybe educate our listeners on the difference between the two.

**Beth Weeks:** Absolutely. And just to back up a tiny bit people aren't always sure what they need. And most people [00:09:00] don't know they need me until they need me. When somebody like you refers me to come in. What Paul or I will do is we'll go to someone's home if they allow us to, and we can help them identify if they have all of the resources or the possibility to make their home safe for them to stay there. And then we connect them with the appropriate resources to make that possible. But if even after that, it's not possible or after a couple of years, they call me again.

So independent living. It used to be a misnomer, but these days it truly does mean independent living.

Basically what that is, is an unlicensed senior living residence. So it's an apartment building kind of on steroids geared towards seniors. So you have a private apartment, whether it's studio, one bedroom, two bedroom. All of the amenities that one would enjoy in a traditional assisted living setting like meals in a common dining room restaurant setting programs, activities, engagement from a variety of sources, whether it's lecturers [00:10:00] or entertainers coming in, outings to different cultural events in the city and communal living socialization, which is really key, and another safety factor for considering being at home as one might become isolated.

What's not offered in independent living sometimes meals are not included. Sometimes just like a meal plan that you pay for, personal laundry is typically not included. You

might have to pay someone to do your laundry or do it yourself. There are laundry machines either in the apartment or in a common space. But the biggest factor for someone would be to consider their care needs. If someone needs a lot of supervision or hands on care assistance or medication management, the independent living community typically has relationships with home care providers who might be on site or that you can bring in to provide that type of care on an hourly basis, but it's not the staff of the actual community.

**Candace Dellacona:** Got it.

**Beth Weeks:** In assisted living, it is licensed by, let's just speak about New York, it's licensed by the state of New York, Department of Health. And so it's [00:11:00] overseen, there are regulations in place for the types of people that the community can employ, the types of people that they can care for depending on their license.

And assisted living in New York is a varied model. There are lots of different options. It's not as black and white as, oh, you have to be able to walk 150 feet to live in assisted living. That's just patently not true. There are a lot of different layers to different types of licenses and some communities can offer care almost up to, I'm not going to say skilled nursing, but they can come pretty darn close to really high levels of care where one can truly age in place in that setting, barring some unprecedented medical event that's not a normal part of aging like a stroke.

**Candace Dellacona:** Right.

**Beth Weeks:** And so the biggest difference is, The care is delivered by the community, it's overseen by the community, they're held to a standard by the state of New York. And there's emergency response systems in place. So if someone does need something in the middle of the night, a nurse or a care [00:12:00] staff will come in and assist them and then all the other things, the meals, housekeeping, laundry, amenities, activities, all the fun stuff too is included.

**Candace Dellacona:** So it's much more structured than an independent living facility, and I guess families probably have a bit more faith in the fact that that structure which is licensed by the state of New York or whatever state I'm sure you happen to reside in, and those employees adhere to certain levels of care and provide a certain level of care pursuant to the license that they have.

That's really interesting in terms of, an independent or an assisted living facility, are there telltale, well, if you are at this point, you really can not consider an independent living, you talk about being able to employ people. Maybe not employed by the independent living facility or sending people in to do the medication management.

What's the sort of breaking point where you say, well, this person really should not continue in an independent [00:13:00] living that really an assisted living is more the appropriate choice?

**Beth Weeks:** That's a great question. And I'm going to answer it with an anecdote. So I have a lovely client. His name is Jay. And he has enjoyed tremendously living in an independent living community for many years. He moved there before I met him. But it was the perfect choice for him. He's a social guy. He was pretty independent, but he was having some mobility issues. He lived in a walk up apartment with his partner and wasn't able to navigate the stairs.

So he was really the poster child for independent living because he could handle all of his activities of daily living. He just can't handle stairs and meal prep and housekeeping and laundry. And he was lonely. He was isolated in his apartment. But he had a medical event that changed his life and his care needs to the point where he required nurse assistance with an ostomy. He now has a colostomy and he's not able to manage that on his own. And due to the nature of [00:14:00] colostomy bags, especially new ones, as you're getting used to caring for one, there can be some accidents or unexpected events with that. And he felt more comfortable being in a setting with a nurse on staff 24/7 who could respond in the moment to provide care for his ostomy and he wouldn't have to wait for a home care person to come in or worse, have to go out to a hospital.

**Candace Dellacona:** Yeah, that makes actual sense. It's a great anecdote to illustrate for our listeners the difference between the two. So I appreciate that.

### **When to Consider Skilled Nursing**

**Candace Dellacona:** Obviously, and we'll circle back, but the next level of care is a skilled nursing facility, which is quite different than an assisted living facility.

Skilled nursing facilities are facilities that despite the fact that we call them skilled nursing facilities really provide a lot of custodial care

which is different than needing assistance with you refer to the ADLs. And for our listeners, those are activities of daily living and there are seven or eight of them.

But the activities of daily living [00:15:00] generally are eating, bathing, cooking, cleaning, transporting, using the bathroom and those sorts of things. And once they reach to the level of a skilled nursing facility, what is the difference between the assisted living facility and one entering into a skilled nursing facility?

And is it always necessary, Beth, to go into a nursing home when residing in an assisted living facility? Is that where everyone's going to end up anyway?

**Beth Weeks:** I am so glad you asked that because I get asked this question a lot with people having, they assume what I'm going to say, which is yes, everyone needs a nursing home and the answer is absolutely not.

**Candace Dellacona:** I love that answer by the way.

**Beth Weeks:** I'm a little bit passionate about this. We're very fortunate that we're in this sort of Renaissance period of assisted living where communities are offering higher and higher and higher levels of care safely. By their own staff. Where people are able to live in an assisted living community who might need a catheter, who might need an ostomy, who need a mechanical [00:16:00] lift to be able to get in and out of bed, who are chronically in need of the use of a wheelchair and they can't self propel it. These are people that 20 years ago, they would be in a nursing home where they'd be home with 24 hour care.

**Candace Dellacona:** Absolutely.

**Beth Weeks:** So now we've got these great options out there that are really getting hip to the fact that because people are living longer and longer and other disease processes are now being diagnosed earlier and earlier people live with these chronic illnesses like Parkinson's disease for much longer than they have in the past. And they need a lot more care as they progress through their illness.

I wish I had a specific statistic, but I can say in my over 20 years of working in this field, the people that usually quote need a nursing home was because they exceeded the guidelines of the current assisted living where they live, which nowadays is not really an issue anymore.

**Candace Dellacona:** Sure. Yeah.

**Beth Weeks:** Or going back to that phrase I used earlier, an unprecedented medical [00:17:00] event, that's not a normal part of aging. There are certain things we plan for as we get older, but nobody plans to have a stroke. And the outcomes of a stroke are unpredictable and sometimes can lead to things like needing a tracheostomy or needing a feeding tube.

Those are examples of things that cannot be safely cared for in an assisted living community and would necessitate a skilled nursing facility. The other not so great reason for someone to move to a skilled nursing facility in New York is because we don't have a great Medicaid assisted living model here, and as people outlive their money or they worked in a field where they didn't have a retirement fund and they don't have, or they had some emergency where they had to use their money for something else, there's not a great plan for those folks not in the metro area anyway for them to be able to go to an affordable assisted living facility under Medicaid.



So we do see some folks end up in skilled nursing facilities [00:18:00] because Medicaid is a payer for that type of care.

## **Cost Considerations and Financial Planning**

**Candace Dellacona:** That's the perfect segue into, the cost and I think that, A, people are living longer. And B, I think because of that, there are people in generations older than ours that didn't expect to live as long as they did. Or they have, or they are. And, while it's amazing that they are living past what they anticipated would be their lifespan from a financial perspective, it can wreak havoc in a family's sort of existence to figure out how to pay for these things.

So I think first and foremost, our listeners should know Medicare does not cover any sort of long term care. Medicare is not something that anyone can turn to for long term

home care for any sort of assisted living facility or for a nursing home. Medicare does not cover any long term housing options. That's number one.[00:19:00]

Number two, I think it's really important that, especially people in our generation, Beth, where we're maybe one generation removed, hopefully two, from thinking about our long term care options, but, long term care insurance does help pay for the cost of assisted living facilities, independent living facilities in some circumstances.

So it's really important to think about how to cover the costs so that one has more options. What would you say, Beth, the average cost of an assisted living facility is here in the New York City area?

**Beth Weeks:** That's a really tough average because yeah, in this renaissance that I alluded to we've seen these ultra, ultra luxury communities pop up, that come with price tags, starting just for an apartment at, 13, 14,000 dollars per month. But if you really were to break down when I give somebody in Manhattan a good [00:20:00] starting point for assisted living, not including care services. So not including if you need help with bathing or dressing or toileting or feeding you're starting in a studio apartment around like 70 to 7, 300 per month.

And that's not going to be in a setting that offers a very, very high level of care. If you do need a lot of care services, your starting rates are more in the 8, 500 to 8, 900 dollar per month for just the apartment, the studio apartment.

**Candace Dellacona:** So when a family thinks about an assisted living facility, they have to think about sort of two things. The actual cost of the residence. And the level of care that your loved one needs, which could really be all over the board and can really significantly add to the expense, right?



**Beth Weeks:** Yes. So when we are helping people evaluate that go through that problem we're looking at the types of communities and how they bill their care.

So some communities bill their care sort of an a la carte tiered system where they have levels. And each person's level can be very, very different. I [00:21:00] often get that. Well, what's included in level one care? Well, it depends on, what Mr. Smith needs to be ready to answer that question. So level one care for Mr. Smith could be, he just needs somebody to come in in the morning to help him get out of bed and then somebody else to give him his medications and that might cover his services under level one. But Mrs. Smith, his wife, might need someone just to take her to the bathroom in the middle of the night, and that's all she needs. And that could be her level one. So some communities now are offering all inclusive models where all of their care and medication management services are bundled into that base rate, which is a really great deal for somebody who either needs a lot of hands on care help now, or we project that they're going to need it in the near future and make sure your costs a lot more predictable as you age.

**Candace Dellacona:** Predictability of cost is a big deal because when you're talking about a senior or a family that's trying to financially help support that [00:22:00] senior or at least, perhaps enhance their options by contributing to the cost of the care.

I think you're right that at least being able to navigate what's in store so that a person doesn't run out of money that you can budget and you're not forced into, a long term nursing home situation and leaving a community that you now find is your home, which is what one hopes an assisted living will become for a senior. Isn't that right?

**Beth Weeks:** Absolutely. And it's not to be crass, but Paul and I call it one and done. That's our goal is we want people to move one time. Moving is traumatic at any age. I just moved. And I think I'm still going to need some therapy to get over it, so complicate that by this decision being motivated by probably some event. Or some trauma. It's emotional. People are vulnerable. Sometimes they're making this decision while wearing a hospital gown, lying in a bed, and they're making this decision that way, which is a terrible way to make a major [00:23:00] life decision.

**Candace Dellacona:** Or having lost a spouse of 50 plus years and thinking about their own mortality and their own fragility, and it's so important that when family members start these conversations with their loved ones, they think about it, all that it symbolizes, right? It's the loss of independence.

**Beth Weeks:** A perceived loss of independence, sometimes it's not actually, but it's that perceived, and they're losing, losing your home. That's a loss, losing the ability to make decisions on your own. That's a loss. So when we help people through this process, we're really looking at as much as we can trying to predict that this can be the place where they spend the rest of their life if they choose.

**Candace Dellacona:** Absolutely. One of the things that you mentioned is that New York, unfortunately, doesn't have a great model for Medicaid to pay for assisted living facilities. I did some reading in anticipation of our conversation today, and what I actually found out is that nationwide there really are only 18 [00:24:00] percent of the people that are in assisted living look to Medicaid at all to help cover the cost. And I think that figure is going to continue to be reduced as our Medicaid programs from state to state are slowly chipped away. So it really is important that people of our generation that are watching our parents go through decisions like that, that we also prepare ourselves for the cost, which could be significant. I think that, one of the things that I really appreciate about what you and Paul do, Beth, is when you meet with a family, you talk about what they can actually afford so that they're not going to the creme de la creme and thinking, Oh, this is, I could live with this.

And then realizing there is no way that they could possibly afford that level of maybe concierge assistance. For our listeners out there, one of the greatest things about Beth and Paul and what their organization does with Senior Living Consultants of New York is they don't charge you.

They do all the research and they are [00:25:00] paid by the assisted living facilities. So, they are able to give you an unbiased view of what your options are in doing all that research, which takes a lot of time, Beth. How many assisted living facilities would you say that you and Paul have visited in New York since you started your organization?

**Beth Weeks:** That's a great question. We spent the first six months we were in business just visiting communities. So it's over a hundred that we visited and we continue to visit. That's something that's very important to us. People often ask me, what's your favorite assisted living community? And I say, I don't have one. And the reason I don't have one is number one, it's specific to the person. Cause what's best for me, isn't best for somebody else necessarily. But things change in these communities, staffing turnover. There can be negative feedback related to care, related to meals, related to the amenity services.

So we are in these communities on a regular basis. We have [00:26:00] relationships with leadership, with the nurses, sometimes with the direct care staff, we stay in touch with our clients sometimes long, long after they move into communities because it's not a straight line and nobody should be making these recommendations based on geography and budget only, you have to know what's going on in these communities and sometimes communities come off of our list. And we have those tough conversations with leadership about why.

And until they meet our level of satisfaction and safety we, don't necessarily work with them or we tell our clients why we're not recommending a place if they ask about it so that they can go in with their eyes wide open if they choose to proceed with a community that we may not be recommending at the time.

**Candace Dellacona:** Which is super helpful. One of the things that, you point out is how important it is to set your eyes on a place and really go into the community and not perhaps read, reviews online that could be a year or two old and not reflective of current staff changes. So that's super [00:27:00] important.

## **The Future of Senior Living Communities**

**Candace Dellacona:** The last thing I want to talk about, Beth, that I love about this industry and the way that it's headed is that particularly in New York, there are specialized communities popping up all over the place to really cater to different communities and different ethnicities and languages and all those sorts of things.

And in fact there is a community that was started in Queens. And I believe if I recall correctly, it was started because a physician couldn't find the right place for one of his parents and they were Indian speaking and I think they were calling it the India house that was opened in Queens to cater to certain communities, the way that they cook and their traditions and those sorts of things.

What do you see in terms of the future of the industry with these sort of subspecialty facilities popping up all over?

**Beth Weeks:** Well it's a really exciting time, that more seniors are, people are living longer and longer and the traditional models in some cultures are falling away.

Historically Asian families [00:28:00] live together. I grew up in Asia. I am not Asian, but all of my friends grandmothers lived with them. Their grandparents lived with them or they lived with their grandparents. But now we are seeing more diversity in senior living. And people of that generation are more open to communal style living.

While we don't have as many that are popping up that are specifically geared the entire community geared towards one culture or lifestyle we are seeing communities get more hip to the fact that they need to be catering to all sorts of different people and training their staff, not just on care delivery and safety protocols and fire drills in the building, but cultural awareness and sensitivities and we're seeing communities that are endorsed by SAGE or endorsed by LGBTQ communities because they're training their staff to work with the older out adult. Or the older adult who may not be out, but has shared with you that he or she [00:29:00] is gay. So it's really we have a new awareness. But I think as we progress and more communities open, because the demand is there, as you said in the statistics you were quoting early on, I think we will see more smaller kind of boutique communities opening up.

**Candace Dellacona:** I had some folks from SAGE on last year, and I'm happy to provide a link to our listeners if they want to listen to that, but organizations like SAGE are providing that training. So many assisted living facilities are bringing in these organizations like SAGE or particular cultural organizations to educate the staff so that people are more comfortable.

Ending on that theme of not only living longer, but really living better and finding the right place.

### **Conclusion and Final Thoughts**

**Candace Dellacona:** I'm so happy, Beth, that you were able to spend some time with me today and impart some of your wisdom. Really, this has just been so enlightening for me, and I'm really thankful for all of your guidance and expertise. Thanks for being here.

**Beth Weeks:** Oh, thank you so much for having me, Candace. This is wonderful and happy to have been asked [00:30:00] and I really enjoyed it. Thank you.