

## **A Guide for Families**

### **Making the Transition to Nursing Facility Life**

For the person who is about to enter a nursing facility, and for caring family and friends, the days just before and during the move can be traumatic. Anticipation, fear and guilt – often combined with illness or the recent loss of a loved one – mean that the individual faces the future with fear and doubt.

This is not unusual. With love, understanding, help and planning, the uncertainty of entering and adjusting to life in a nursing facility can be greatly minimized.

#### **Planning Ahead**

Though not always possible, the involvement of the resident in selecting a nursing facility can make a critical difference in the final adjustment. If able, the resident should have input into choosing a nursing facility that fits the resident's personal style of living.

The resident also should have the opportunity to speak with the admissions director or administrator. The resident may have questions regarding care that family members may not be able to answer.

As far in advance as you can, begin planning for the move. To the extent possible, plan the move with the help and participation of the resident. Remember, the professionally trained staff understands your concerns and is eager to help you make this period as calm and positive as possible.

#### **Tell The Facility About The Resident**

Your family physician can provide the nursing facility with much of this information. The more they know, the better they can help the resident adjust to daily life in the facility. Provide them with written details about individual habits and practices. Include information about:

- **Diet**
  - Is the resident a good eater?
  - Does the resident have any dietary restrictions: religious, medical or allergy-related?
  - At what times is the resident used to eating, and how much does he or she eat?
  - What about likes and dislikes?
- **Mobility**
  - To what extent can the resident get around independently?
  - Does the resident need help because of poor eyesight?
  - Will he or she accept help from a staff person or resent it?
- **Personal Care**
  - To how much privacy is the resident accustomed?
  - What types of activities can the resident perform independently?
  - Can the resident manage personal bathing and grooming?
  - Up to now, has the resident preferred a bath or a shower?
- **Living Conditions**
  - What was it like where the resident used to live?
  - Did the resident share a room or bathroom?
  - Has the resident always prepared his or her own meals?
  - Does the resident like eating with others?
  - Is the resident concerned about having a roommate?
  - What, if any, habits should we know about that might help in finding a compatible roommate?
- **Mental State**

Does the resident become fearful in strange surroundings or at night?  
Is the resident always aware of who he or she is, where he or she is, or what day it is?

- **Religion**

Is religion an important part of the resident's life?  
Does the resident usually attend religious services?  
Does the resident want to continue attending religious services?  
Will a particular clergy member come to visit?  
Would the resident welcome or be hesitant of a visit by a new clergy member?

- **Habits and Practices**

Does the resident smoke or drink?  
Does the resident have a set routine that involves activities that are enjoyed and anticipated, such as watching a particular television show, going for a walk after breakfast or reading a particular newspaper?

- **Special Interests**

How does the resident currently keep busy?  
Does the resident have any hobbies?  
Does the resident enjoy membership in clubs and social groups?  
Does the resident have a special interest in sports, music, arts and crafts or gardening?

While some changes in lifestyle are going to be necessary, facility staff will do their best to help the resident to maintain a particular custom, practice or reassuring habit.

### **Paperwork**

It's a good idea to get a head start on paperwork and financial details. Before admission day arrives, fill out the forms to the best of your ability, making note of any questions you and the resident may have. Provide a complete medical and personal history for the resident. Check on Medicare and Medicaid eligibility requirements.

Finances are often the most confusing and misunderstood part of the entire admission process. Be sure you, the resident and the appropriate staff member openly discuss all costs. Know what's included and what's extra. Know the requirements and how long Medicare, Medicaid and insurance coverage lasts and talk about what happens next. Review your understanding of payment, money management and other details. Don't hesitate to ask questions.

### **Personal Belongings**

Think about personal belongings. Items from home are very important to someone moving away from familiar surroundings. A small piece of furniture, pictures, books, a radio or TV, a lamp, a clock – these familiar items may help eliminate a feeling of loneliness and displacement. Discuss with staff what's appropriate to bring.

If some of the personal belongings have monetary value, make arrangements with the staff for safe storage and use.

Talk about clothing needs and laundry facilities. Be sure the resident has enough of what is needed, and that the clothes are comfortable and easy to manage. Label items with the resident's name.

### **Talk About Everything**

Many issues may be awkward or embarrassing; some are sensitive and emotional. Instead of avoiding uncomfortable topics, talk about them openly, with dignity and patience. These uncomfortable subjects are probably very much on the resident's mind.

Some of the most common questions asked by new residents are:

- **Other Residents**

Who are they?  
What are they like?  
Where are they from?

- **Roommate**

With whom will I live?  
What if we don't get along?  
How will our differences be accommodated?

- **Personal Possessions**

What can I take with me?  
What will the staff do for me?  
What will I be able or have to do for myself?  
Can I take my own medicine?

- **Food**

What's it like?  
What if I don't like it?  
Can I have something special fixed for me?  
If I'm hungry at night, do I have to wait until morning?  
Can my family join me at some of my meals?

- **Visiting**

How often can relatives and friends visit?  
How often will they visit?  
Can I leave to visit friends and relatives?  
What about mail?  
What about going out of the facility?

- **Staff**

Who are they?  
To whom should I speak if I have a problem?  
Are they qualified?  
Do they know about me?  
What should I tell them?  
Can I trust them?  
Should I tip anyone on the staff?

- **Finances**

Can we afford this?  
What happens if money runs out?  
Do I have insurance?  
Will I have spending money?  
How much money should I keep with me?  
How can I ensure that my money is safe?  
What if I need money in a hurry?

- **Privacy**

How much privacy will I have?  
Can I be alone if I want to?  
Can I visit in private with relatives and friends?  
May I make private phone calls?  
Will my personal things be kept private?  
Will my problems and financial matters be common knowledge among facility staff?

## **Decision Making**

It is the resident's right to make decisions. Family input is welcome, but ultimately the resident has the final say. Should the resident be incapable of making key decisions, the legally designated responsible party makes decisions. It is this individual's responsibility to communicate information to other family members.

Regarding treatment decisions, some residents may choose to prepare an advance directive—a legal document designed to express the resident's wishes for treatment should the resident be unable to communicate his or her desires.

If you have questions about handling the decisionmaking process, or deeper questions about advance directives, guardianship, or powers of attorney, contact the nursing facility administrator or your family attorney.

## **What Am I Doing?**

The resident and his or her family are certain to question their actions as they get close to the day of the move. Second thoughts are common and are to be expected. To deal with doubts and possible feelings of guilt, review the reasons for the decision. Remember, you already have carefully considered other options, decided on the best facility, talked with the staff, discussed finances, and applied for and been granted admission. You've done a lot of debating, and you've made the right decision.

With openness and honesty, stress the positive reasons for the move: security, comfort, companionship, professional care and a concerned staff.

## **Admission Day**

On the day of admission, family and close friends should plan to spend several hours in the facility helping the new resident set up the room, learn his or her way around, and meet some of the staff and residents. Family and friends might also plan to attend the first meal or a planned activity.

When family members depart from the facility, they may be faced with an emotional reaction from the resident. Assure the resident that family will call and visit often and soon. Remember that when you make plans, you should make every effort to keep them.

Also, remind friends and relatives in other cities and states that the resident has just entered a nursing facility. Urge them to send letters and cards, especially in the beginning of the stay.

## **Initial Reaction**

Like any new living arrangement, life in a nursing facility may seem strange at first. The new resident may sense a loss of control over the daily routines of his or her life, and this may result in anger and depression. Some residents may be a bit reclusive initially. Other residents will ease into life in the facility without a problem.

Fortunately, facility staff are quite familiar with the wide range of reactions and make every effort to involve all new residents in activities and at meals. Often the nursing facility has a resident welcoming committee whose purpose is to introduce the resident to others and help him or her become accustomed to the new facility.

Keep in mind that nursing facilities have social workers on staff who monitor residents emotional and psychological progress. Social workers can offer counseling to residents as well as advice to families who hope to aid in the adjustment process.

A person with a major sensory loss who is either deaf or blind may have a more difficult period of adjustment. But the real key to adjustment is time. Adjustment can be helped along by frequent visits from family and friends and by invitations to join in family gatherings outside the facility whenever possible. The new resident needs to feel that although living arrangements have changed, your relationship is as vital and warm as ever.

### **Getting Involved**

Although frequent visits are critical, your continued involvement also is very important. One way to stay involved is to join the facility's family council, if there is one in place. If not, you might suggest forming one.

Family councils generally meet once a month in the facility to address issues of interest and concern. Council meetings provide an opportunity for family members to raise questions related to care with facility management. Family councils also may organize special events for residents, or generally work together to improve communications between staff and family with the ultimate goal of enhancing resident quality of life.

In addition, family councils can organize letter-writing campaigns to legislators when there is a bill of concern to nursing facility residents before Congress or state legislatures.

### **A Final Note**

Your interest in this information reflects your commitment to easing the transition to life in the nursing facility. Certainly, problems will crop up along the way, and when they do, open communication among the resident, the staff and other family members will make the problem more manageable. Finally, the simple expression of love and concern for the resident will help him or her through the rough spots and make the good days even brighter.