# ***Eldercare Glossary of Terms*** 

*Rev. 3/11/09*

**Activities of Daily Living (ADLs):** Activities conducted in daily living that include any activity we perform for self-care (such as feeding ourselves, bathing, dressing, grooming), work, homemaking, and leisure. Health professionals routinely refer to the ability or inability to perform ADLs as a measurement of the functional status of a person. This measurement is useful for assessing the elderly, the mentally ill, those with chronic diseases, and others, in order to evaluate what type of health care services an individual may need. In the United States, most medical insurance policies will not cover assistance with performing ADLs, whereas such assistance is often covered by policies specific to long-term care.

**Adult Day Program:** An outpatient program available during the day (i.e. 9 a.m. to 4 p.m.) to help enable seniors to remain at home for as long as possible while alleviating caregiver burden. Day programs provide more structure than that found in a senior center, and are available in both social and medical models to accommodate a wide range of physical and mental functioning levels. Medical model programs often offer bathing, medication management, and assessments for physical and memory status.

**Aging in Place:** The ability to live in one's own home - wherever that might be - for as long, confidently and comfortably as possible. Livability can be extended through the incorporation of universal design principles and other assistive technologies. Aging in Place initiatives are observable in long-term care through organizations that offer a multi-level network of services within one campus or community.

**Alzheimer's Disease (AD):** The most common form of dementia. This incurable, degenerative, and terminal disease was first described by German psychiatrist Alois Alzheimer in 1906. Generally it is diagnosed in people over 65 years of age, although the less-prevalent early-onset Alzheimer's can occur much earlier. An estimated 26.6 million people worldwide had Alzheimer's in 2006; this number may quadruple by 2050. Although each sufferer experiences Alzheimer's in a unique way, there are many common symptoms. The earliest observable symptoms are often mistakenly thought to be 'age-related' concerns or manifestations of stress. In the early stages, the most commonly recognized symptom is memory loss, such as difficulty in remembering recently learned facts. When a doctor or physician has been notified, and AD is suspected, the diagnosis is usually confirmed with behavioral assessments and cognitive tests, often followed by a brain scan if available. As the disease advances, symptoms include confusion, irritability and aggression, mood swings, language breakdown, long-term memory loss and the general withdrawal of the sufferer as their senses decline. Gradually, bodily functions are lost, ultimately leading to death. Individual prognosis is difficult to assess, as the duration of the disease varies. AD develops for an indeterminate period of time before becoming fully apparent and can progress undiagnosed for years. The mean life expectancy following diagnosis is approximately seven years. Fewer than three percent of individuals live more than fourteen years after diagnosis. Because AD cannot be cured and is degenerative, management of patients is essential. The role of the main caregiver is often taken by the spouse or a close relative. Alzheimer's disease is known for placing a great burden on caregivers; the pressures can be wide-ranging, involving social, psychological, physical, and economic elements of the caregiver's life. In developed countries, AD is one of the most economically costly diseases to society.

**Assisted Living Facility (ALF):** A residence designed for people who need assistance with activities of daily living, but who wish to live as independently as possible for as long as possible. Assisted living exists to bridge the gap between independent living and nursing homes. Residents in assisted living facilities are unable to live by themselves but do not require constant care either. Assisted living facilities offer help with one or more activities of daily living (ADLs) such as eating, bathing, dressing, laundry, housekeeping and assistance with medications. Residents are usually older adults ages 60+, and may have chronic and stable conditions, including mental health and cognitive conditions.

**Assisted Living Services Agency (ALSA):** In Connecticut, an assisted living facility is a managed residential community where supportive services are provided to residents by an entity that is licensed by the Connecticut Department of Public Health as an Assisted Living Services Agency (ALSA). Managed residential communities may hold a license as an ALSA, or they may provide supportive services through contracts with a licensed ALSA. An ALSA provides residents assistance with activities of daily living and may also provide nursing services and medication management. An ALSA is responsible for staffing a registered nurse who is on call 24 hours per day, and ensuring that the managed residential community provides other core services, such as laundry, transportation and housekeeping services, meals, recreational activities, maintenance, and 24 hour security. An assisted living facility must also employ a resident services coordinator and supply emergency call systems and onsite washers and dryers. The clinical director of a Connecticut ALSA is the "SALSA" (Supervisor of Assisted Living Svcs Agency").

**Certified Nursing Assistant (CNA):** An individual who assists individuals in long-term care settings with healthcare needs, activities of daily living (ADLs) and provides bedside care—including basic nursing procedures—all under the supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN). The Nursing Assistant is an important member of the health care team who often holds a high level of experience and ability, but without qualification is unable to often perform some tasks due to issues of liability and legality.

**Continuing Care Retirement Community (CCRC)** ***(See last listing in document for full description):*** CCRCs (or "Life Care Communities") have emerged as a preferred living arrangement for many of today's seniors. The primary benefits of a CCRC include the opportunity for residents to age in place and have immediate access to healthcare services should they require them. In addition, CCRCs allow many residents to maintain close ties to their communities and continue relationships they have developed over the years. CCRCs evolved in response to seniors' desires to maintain their independence and active lifestyle, while gaining accessibility to health care. CCRCs may take many forms, but the primary defining characteristics include the levels of care within the community and the resident fee structure. Most CCRCs currently being developed offer the full continuum of care through independent living units, assisted living units and skilled nursing care. More than 70% of CCRCs offer the full continuum of care, while some have arrangements with a nearby nursing home operator or contemplate nursing care in future phases of the community.

**Congregate Housing:** Congregate Housing is a type of senior housing that takes many forms. Originally it was a kind of Assisted Living in a complex of senior apartments with shared daily meals. In the United States, the term "Congregate Housing" appeared in a 1978 federal law that was intended to provide subsidized housing-with-services to seniors and the disabled. Some "Congregate Housing" is the most affordable of senior housing because part of its cost is covered by government agencies and charitable organizations. Nowadays, the term "Congregate Housing" is being used for many types of senior communities from Independent Living to various kinds of Assisted Living. The original form of Congregate Housing differs from Independent Living by providing some services including meal preparation and housekeeping, and sometimes more. People living in Congregate Housing units usually do not have their own kitchen. In some complexes, there can be more than one resident per room, and even the bathroom facilities may be shared. By contrast, the main "service" of Independent Living is opportunities for social and recreational activities in a community of seniors, but communal meals and housekeeping—if available—would be options for extra fees. Congregate Housing nowadays offers so many kinds of help with activities of daily living, that it falls under the "Assisted Living" category. Unlike a Nursing Home, however, congregate living would not include any major medical care.

**Dementia:** The progressive decline in cognitive function due to damage or disease in the body beyond what might be expected from normal aging. Although dementia is far more common in the geriatric population, it may occur in any stage of adulthood. This age cutoff is defining, as similar sets of symptoms due to organic brain dysfunction are given different names in populations younger than adulthood. Dementia is a non-specific illness in which affected areas of cognition may be memory, attention, language, and problem solving. Higher mental functions are affected first in the process. Especially in the later stages of the condition, affected persons may be disoriented in time (not knowing what day of the week, day of the month, or even what year it is), in place (not knowing where they are), and in person (not knowing who they are or others around them). Alzheimer's disease is the most prevalent type of dementia.

**Geriatric Assessment/Evaluation:** A comprehensive outpatient medical evaluation designed to review an older adult's cognitive, psychological, social, medical, functional and caregiver status. The goal is to help the patient and his or her family to make appropriate short- and long-term healthcare decisions. Geriatric evaluations often utilize a collaborative team approach and make professional recommendations to help maximize the patient's safety, function of daily living and quality of life.

**Geriatric Care Management:** A service that provides assistance to the elderly and their families when they are faced with problems they are unable to resolve on their own. This service is often utilized by families who cannot directly manage their loved ones' day-to-day activities due to great distance or other contributing factors, as well as by conservators. Most geriatric care managers have backgrounds in social work or nursing, or another human service such as counseling, gerontology, speech, physical or occupational therapy. Many are social workers, who have appropriate training and education for the broad array of psycho-social issues facing older adults. In the United States there is a National Association of Professional Geriatric Care Managers with nearly 2000 individuals who are members.

**Home Health Care:** Home health care is healthcare or supportive care provided in the patient's home by healthcare professionals (often referred to as home health care, companion care or skilled care). Often, the term "companion home care" is used to distinguish non-medical care or custodial care, which is care that is provided by persons who are not nurses, doctors, or other licensed medical personnel, whereas the term "medical home care" refers to care that is provided by licensed personnel. While home health care usually aims to make it possible for people to remain at home rather than using residential, long-term, or institutional-based nursing care, it can alternatively be used to supplement care levels in a long-term residential setting. For example, if an increased level of care becomes necessary, Independent Living residents may elect to hire a home health aide. Services provided may include some combination of professional health care services and assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, eating, and walking, which may determine an individual's capacity for self-care.

**Hospice Care:** Hospice is a type of care and a philosophy of care that focuses on the palliation of a terminally ill patient's symptoms. These symptoms can be physical, emotional, spiritual or social in nature. The concept of hospice as a place to treat the incurably ill has been evolving since the 11th century with the modern hospice concept emerging in the 17th century. Hospice in the United States has grown from a volunteer-led movement to improve care for people dying alone, isolated, or in hospitals, to a significant part of the health care system. The first United States hospital-based palliative care programs began in the late 1980s at a handful of institutions such as the Cleveland Clinic and Medical College of Wisconsin. In 2005 more than 1.2 million individuals and their families received hospice care. Hospice is the only Medicare benefit that includes pharmaceuticals, medical equipment, twenty-four hour/seven day a week access to care and support for loved ones following a death. Most hospice care is delivered at home, but hospice care is also available to people in home-like hospice residences, nursing homes, assisted living facilities, veterans' facilities and hospitals.

**Independent Living:** Independent Living for seniors refers to residence in a compact, easy-to-maintain, private apartment or house within a community of seniors. Any housing arrangement designed exclusively for seniors (generally those age 55+; in some cases the age requirement is 62+) may be classified as an Independent Living community. As the name implies, Independent Living is just that: the ability to maintain one's residence and lifestyle without custodial or medical assistance. If custodial or medical care becomes necessary, residents in Independent Living for seniors are permitted to bring in outside services of their choice. The physical structure of Independent Living facilities is quite diverse. Although any housing arrangement designed exclusively for seniors qualifies as senior Independent Living, specific Types of Independent Living options include:

> **Senior Apartments:** Senior apartments are apartment complexes restricted by age, usually 55+. Some senior apartments are converted private homes or converted apartment complexes. When senior complexes are constructed or remodeled from existing structures, assistive technologies such as handrails and pull-cords are often built in as an added value for seniors. Some senior apartment complexes provide community services such as recreational programs, transportation services, and meals in a communal dining room. Residents in such communities are tenants and pay for housing on a rental basis.
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> **Retirement Communities**: Retirement communities are groups of homes or condominiums that are restricted to seniors age 55 and over (or in some cases, 62+). Retirement communities may be: single-family or attached homes, mobile or manufactured homes, cluster housing, or standard subdivisions. Depending on the particular community, residents may lease or buy their housing unit. Some senior communities are enormous, with residents numbering in the thousands. Others have only a few hundred residents. Again, the services and shared facilities vary.
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> **Low-Income Housing:** Many senior apartment complexes are subsidized by the U.S. Department of Housing and Urban Development (HUD). Because these apartments are usually rented at below-market rates, waiting lists can take years to turn over. Often, Low-Income Housing falls under the category of Congregate Housing.

**Life Care Community:** See Continuing Care Retirement Community (CCRC)

**Not-for-Profit [501(c) (3)] Organization:** Whereas for-profit corporations exist to earn and distribute taxable business earnings to shareholders, the nonprofit corporation exists solely to provide programs and services that are of public benefit. Often these programs and services are not otherwise provided by local, state, or federal entities. While they are able to earn a surplus, such earnings must be retained by the organization for its future provision of programs and services. Earnings may not benefit individuals or stake-holders. Specifically, 501(c)(3) exemptions apply to corporations, and any community chest, fund, or foundation, organized and operated exclusively for

religious, charitable, scientific, testing for public safety, literary, educational purposes, to foster national or international amateur sports competition, or for the prevention of cruelty to children or animals.

**Occupational Therapy (OT):** A type of rehabilitative therapy that can be offered in either an in- or outpatient setting for those whose ability to function has been impaired by physical injury, disease or disability. The goal of OT is to increase or restore the highest level of independence in activities of daily living including feeding, bathing, dressing, homemaking, and social experiences, through specialized activities designed to improve function.

**Physical Therapy (PT):** A type of rrehabilitative therapy that can be offered in either an in- or outpatient setting that employs exercise and therapeutic strategies to address impairments resulting from orthopedic, neurological or cardiopulmonary disorders.

**Quality of Life (QOL):** The degree of well-being felt by an individual or group of people. Although quality of life cannot be measured directly, perception of QOL is made up of two components: the physical and the psychological. Increasingly, clinicians have become interested in evaluating the experiential aspects of an illness or impairment – the so-called "psychosocial" variables. These often include assessments of feelings, self-image, behavioral consequences of illness or treatment, and role functions. These dimensions of health and illness are often referred to as aspects of "quality of life" (or more accurately "health-related quality of life", to recognize the relationships between aspects of health or illness and these outcomes). Subjective and abstract concepts like these are increasingly being targeted as outcomes, every bit as important as the standard 'hard' biological measures such as blood pressure or joint range of motion.

**Rehabilitation Services (Inpatient):** Inpatient rehabilitation services including physical, occupational and/or speech therapies are provided upon admission to a Skilled Nursing Facility (SNF) or Inpatient Rehabilitation Facility (IRF) and serve patients with a multitude of diagnoses. Most patients are admitted directly from a hospital's medical/surgical unit, but patients can be admitted from any level of care, as well as home. The most common rehabilitation diagnoses include joint-replacement procedures, stroke, orthopedic conditions, arthritis, and spinal cord and traumatic brain injuries. Inpatient rehabilitation can also help people dealing with chronic conditions such as lung disease, arthritis, multiple sclerosis, Parkinson's disease and muscular dystrophy.

**Rehabilitation Services (Outpatient):** Outpatient rehabilitation programs meet the needs of patients requiring physical, occupational and/or speech therapies due to moderate to severe physical limitations, but who can travel to receive care. The goal is to integrate services to improve the functional level of each patient. Outpatient rehabilitation services focus on developing a patient's optimal level of function and community integration. Outpatient services are often utilized to continue therapy following an inpatient stay. Back, soft tissue, sports medicine, and work-related injuries are the most frequent ailments referred to outpatient therapy. Other ailments commonly treated in an outpatient setting include: spinal dysfunction, chronic pain, multiple trauma, cumulative trauma disorders, hand injuries, joint replacement and disorders, peripheral nerve injuries, amputation, neurological disorders, and soft tissue disorders.

**Resident-Centered Care:** A quality-of-life approach to caregiving that combines the best of the clinical model of skilled nursing care with a flexible, innovative social model of care. This social model allows residents to enjoy more independence, privacy and the ability to choose a lifestyle that suits them. Resident-Centered Care programs are designed to recognize individuality, ensure residents' right to make choices, and enhance each resident's quality of life. The concept maintains that residents live happier, fuller lives when there are involved in making choices and decisions about their lifestyles, and that families enjoy better family relationships by being more involved in care.

**Respite Care:** The provision of short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a facility outside the home. The term "short break" is used in some countries to describe respite care. Respite can be gained through the use of supportive services (i.e. hired caregiver, adult day programs, etc.) but can also be achieved through a "Respite Stay," at a long-term care facility where temporary lodging, care and medication management is offered on a short-term basis. In the United States today there are approximately 50 million people who are caring at home for family members including elderly parents, and spouses and children with disabilities and/or chronic illnesses. Even though many families take great joy in providing care to their loved ones so that they can remain at home, the physical, emotional and financial consequences for the family caregiver can be overwhelming without some support, such as respite. Respite provides the much needed temporary break from the often exhausting challenges faced by the family caregiver. Respite has been shown to help sustain family caregiver health and wellbeing, avoid or delay out-of-home placements, and reduce the likelihood of abuse and neglect.

**Skilled Nursing Facility (SNF):** A place of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents include the elderly and younger adults with physical or mental disabilities. Adults 18 or older can stay in a skilled nursing facility to receive physical, occupational, and other rehabilitative therapies following an accident or illness. Depending on the facility, some or all of the following services may be offered: Long-term Nursing Care, Hospice and Terminal Care, Advanced Dementia Care, Respite Care and Short-term Rehabilitation. Rehabilitation Services may include: Physical Therapy, Occupational Therapy, Speech Therapy, Therapeutic Massage, Nutritional Counseling and Health Promotion Programs. In the United States, nursing homes are required to have a licensed nurse on duty 24 hours a day, and during at least one shift each day one of those nurses must be a Registered Nurse. Nursing facilities that participate in the Medicare and Medicaid programs are subject to federal requirements regarding staffing and quality of care for residents.

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The continuum includes three basic components:

> **Independent Living** may include individual cottages or apartments and is designed for the most active residents. Services may include congregate dining, housekeeping, hospitality services, maintenance and transportation.
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> **Assisted Living** may be provided in either the apartment units or specific rooms and is designed for residents who require a minimal amount of care. Assisted living services include personal grooming, bathing or dressing and supervision with self–administration of medications. It could also include services for those that suffer from some form of dementia, Alzheimer's disease or other cognitive impairments, but do not require skilled nursing care.
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> **Skilled Nursing Care** offers custodial, skilled, rehabilitation or sub-acute care and is available for residents with the highest acuity needs.

The fee structure is the other defining characteristic of a CCRC. A CCRC may be based on an **entrance fee**, **fee simple** or **rental model**. Under the **entrance fee** model, a prospective resident pays a lump sum in addition to an ongoing monthly fee. In the **fee simple** model (condominium or cooperative), the resident pays for shares in a cooperative or ownership of a condominium unit. In addition to the purchase price of the shares or unit, the resident pays an ongoing monthly fee. Upon exit from the community (either by choice or due to death) the resident or their estate receives the proceeds from the sale of the cooperative shares or unit. In a **rental model** CCRC, a resident does not pay an up-front fee, just an ongoing monthly fee.

The **entrance fee model** generally utilizes a "life care" or "continuing care" contract whereby the resident pays the entrance fee and the ongoing monthly fee in exchange for the right to lifetime occupancy of an independent living unit and certain services and amenities. Residents who require assisted living or skilled nursing care may transfer to the appropriate level of care and continue to pay essentially the same monthly fee they had been paying for independent living with a slight adjustment for three meals per day.

A continuing care contract generally provides for a resident to pay an entrance fee that can vary from as low as $150,000 to upwards of $800,000 or more. In the case of a couple, there is a second person fee that ranges from $15,000 to upwards of $50,000. For that entrance fee, the resident selects an independent living apartment or cottage and secures a lifetime lease to reside in that unit for the rest of their natural lives, so long as they can live independently. The residence types that are typically available include one bedroom, one bedroom with den, two bedrooms, and two bedrooms with den and range from 750 square feet up to and in excess of 2,600 square feet.

If for any reason the health condition of the resident deteriorates where they can no longer live independently in their apartment or cottage, then the continuing care contract provides for them to receive Assisted Living, Dementia Care or Skilled Nursing in the Health Center. The Health Center is typically located on the same campus. As the

need arises, residents then have the right to live in one of the medical units for the balance of their natural lives and will generally continue to pay approximately the same monthly fee as if they were living in their independent living residence.

Upon the demise of the resident, or the last spouse to demise, the independent living residence reverts back to the owner of the community to resell another continuing care contract. If it is determined that a person has been permanently transferred to the health center, and that they will never be able to return to live independently again, then the residence also reverts back to the owner and the owner may resell another continuing care contract.

If the resident uses the health center on a temporary basis, and it is determined that they can recover, their apartment will remain available to them until such time as they recover to be able to live independently.

As part of the continuing care contract, there is a monthly service fee. This fee can range from $1,500 to upwards of $5,000 a month for the first person and a second person fee that ranges from $650 to upwards of $1,000 a month.

The residents receive services in accordance with their contract that includes weekly housekeeping, scheduled transportation, their daily main meal, activities, water and sewer services, and in some cases, electricity. Also included is an emergency call system where there is a nurse on duty 24 hours a day, security service, valet parking, concierge service, etc.

The prospective residents have a choice of selecting the type of continuing care contract that would best suit their financial needs. The industry has developed three typical entrance fee contracts. They are as follows:

**Traditional Plan:** This is the lowest fee paid. This plan offers a refundable portion during the first four years. After a four-year amortization, the resident or the estate would receive no funds back upon the demise of the resident. As an example, the first month would normally have a fee of 6% and thereafter a 2% fee per month. If a resident were to leave the community, either on their own or their demise, during the first 48 months, their estate would receive a portion of that fee back. However, after the 48$^{th}$ month, the estate would receive no funds back.

**50% Refund Plan:** This plan runs about 25% higher in entrance fee than the Traditional Plan. In this plan the estate would derive a 50% refund at the end of 48 months. Some plans have limitations to medical benefits, which do affect the refundability of this plan. Typically, there is a 4% fee the first month and then a 1% amortization thereafter until it reaches 50%.

**85% - 90% Refund Plan:** This plan runs approximately 60% over the traditional plan. It is the most expensive plan and amortizes at 4% the first month and then 1% a month thereafter, where the estate or resident can receive an 85% - 90% refund upon their demise or leaving the community. This plan sometimes has limitations to medical usage and can affect the refundability.

The owner/developer normally elects to give the resident a choice of either two or all of the above plans in an investor owned community. They are actually priced so it makes no difference to the owner as to which plan the resident selects.

CCRCs are normally located on between 15 to 30 acres, and consist of between 200 and 350 independent living units, a clubhouse, and a health center. Depending on the size of the community, the health center could range anywhere from 40 to over 100 beds. CCRCs have as their core a community clubhouse consisting of dining rooms, living rooms, cocktail lounge, library, convenience store, bank, performing arts theater, card rooms, billiards room, spa, beauty and barber shop, guest cottages, indoor or outdoor pools, putting greens, hobby shops, etc. Most clubhouses range between 20,000 to 65,000 square feet.

To qualify for a continuing care contract, residents must be a minimum of 62 years of age, pass a medical exam to prove that they are capable of living independently and produce a financial statement that supports their ability to pay the entrance fees, as well as the monthly service fees, at the time of their admission and into the future.

Most states have a law governing continuing care contracts. CCRCs are typically regulated by the Department of Insurance, the Department of Aging, the Health Department or other state agency. It is a requirement in most states that prior to entering into the selling of continuing care contracts that the ownership must be pre-approved, in addition to submitting the business plan to the agency for approval.

## *Waveny Care Network Specific Terms:*

**Waveny Care Network:** Provides a comprehensive continuum of healthcare to serve the growing needs of older adults from all areas. Waveny is a not-for-profit organization that offers a progression of living options, programs and services for the senior community and their families, which includes independent living at New Canaan Inn, assisted living for people with Alzheimer's and memory loss at The Village, and skilled nursing at Waveny Care Center. It also includes the Brown Geriatric Evaluation Clinic, a Geriatric Care Management team that provides 24-hour coverage, an Adult Day Program that offers flexible hours and transportation six days a week, inpatient and outpatient Rehabilitation Services, and respite programs and hospice care at The Village and Care Center.

**Waveny Care Center:** ***(Skilled Nursing and Rehabilitation Services)*** Established in 1975 to provide healthcare services to older adults and others incapacitated by illness or injury, Waveny Care Center is a 76-bed skilled nursing facility that offers short- and long-term care. Waveny's inpatient and outpatient rehabilitation services feature a highly experienced staff and state-of-the-art equipment. The Care Center also has a special unit for the long-term care of individuals with late-stage memory loss and provides both respite and hospice care programs. The Care Center is among an elite nationwide group of long-term care facilities that have earned accreditation from JCAHO, whose standards exceed federal and State requirements.

**The Village at Waveny Care Center:** ***(Assisted Living Dedicated to Memory Loss)*** Featuring an award-winning "Main Street" replica of a quaint New England town, The Village at Waveny Care Center is an assisted living residence that was uniquely designed to therapeutically benefit people with memory loss. The Village's innovative programs and quality of care serve as benchmarks of excellence throughout the nation. With 53 apartments, The Village offers a safe and interactive lifestyle and provides the right balance of familiarity, structure and autonomy to all residents. A licensed nurse and certified nursing assistants are always on site and are devoted to helping every resident feel secure, comfortable and happy so that each day is a fulfilling one. Short-term respite guests are welcome to stay at The Village for visits as brief as four days or more.

**New Canaan Inn:** ***(Rental-based Independent Living)*** Nestled in a scenic neighborhood that is walking distance from New Canaan's lovely town center, the Inn is a cozy, not-for-profit retirement community that welcomes seniors from everywhere. With three delicious meals served daily, a caring and attentive professional staff and just 41 private apartments, residents at the Inn enjoy the benefits of living independently in a thriving, yet intimate retirement community. Wonderful benefits and amenities are all included in a modest monthly rental fee. Short-term guests are welcome to stay at the Inn for visits as brief as three days or more. Such stays may be a convenient option for individuals whose spouses are involved in a temporary hospital and/or rehabilitation facility stay.

**Adult Day Program at Waveny Care Center:** Started in 1975 as one of the first of its kind, The Adult Day Program at Waveny Care Center is dedicated to improving the quality of life for older adults who are still living at home, but who may require personal assistance, more social interaction or medical monitoring throughout the day. Unlike any other program, adult day participants at Waveny enjoy a special camaraderie with the assisted living residents from The Village and share in therapeutic recreational, physical and cultural activities each day on "Main Street." The program is available six days a week with transportation provided to and from Norwalk, Stamford, Wilton, Darien and New Canaan.

**The Drs. Charlotte & David Brown Geriatric Evaluation Clinic:** An outpatient program that addresses common, but often complex, medical issues in older adults, especially memory loss. Led by board-certified geriatrician, Waveny's geriatric team focuses on the evaluation and ongoing management of clinical problems affecting seniors and their families. Through an interdisciplinary team approach and individualized assessment of each patient, they strive to improve personal function and manage geriatric conditions that can interfere with personal well-being. The Clinic works collaboratively with primary care physicians and other professionals to optimize outcomes for patients and their families.

**Geriatric Care Management at Waveny Care Center:** Waveny's Geriatric Care Management team helps family members and friends navigate the complex issues, questions and difficult decisions involved in caring for an older adult. The team is led by an advanced practice nurse who is board-certified in gerontological nursing and care management. Waveny's professional care managers help caregivers access appropriate resources to maintain their loved one's maximum level of independent function. They will also develop and implement a personal care plan to help the client remain safely at home for as long as possible, or live with dignity in a structured setting.

**Rehabilitation Services at Waveny Care Center:** Waveny offers physical, speech and occupational therapies on both an in- and out-patient basis for individuals recovering from an operation, injury, illness or other type of medical condition. To complement these services, therapeutic massage, nutritional counseling and health promotion

programs are also offered. Waveny's experienced staff of licensed therapists, coupled with state-of-the-art rehabilitation facilities, assist patients in achieving their highest potential in accordance with their physicians' orders.

**Respite Care Programs:** For families who need short-term assistance from their full-time caregiving responsibilities, Waveny welcomes respite guests with memory loss to visit for an extended weekend or longer at either The Village or the Care Center, depending on their care needs. Waveny's team of talented professionals is dedicated to providing respite guests with the best care possible while caregivers take some necessary time for themselves. The Care Center welcomes short-term respite guests for stays as short as a week, The Village can accommodate guests for stays as brief as four days or more, and New Canaan Inn welcomes short-term guests for three days or longer.