



# Aging in Place Framework



Assisted Living & Independent Living

Consider the birds of the air:  
They do not sow or reap, they have no  
storeroom or barn; yet God feeds them.  
And how much more valuable  
are you than birds.

Matthew 6:26

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# Background

Aging in place means staying in your own home and community as you get older.

As stated in the British Columbia's (BC) government website, "Aging in place (AIP) means staying in your own home and community as you get older".<sup>1</sup> The concept of aging in place is growing in popularity with most older adults choosing to preserve their independence as long as possible.<sup>2</sup>

Staying as long as possible in one's own home may be preferable but for many older adults, independence can be enhanced or prolonged by moving to an independent living (IL) or assisted living (AL) environment. This environment provides them with a number of supports, including meal preparation and housekeeping services. It assures them they are not alone in the event of a health emergency and gives them ample opportunities for socialization. In her recent report *It's Time to Act: A Review of Assisted Living in BC* (June 2023) the BC Seniors Advocate strongly endorsed the option of assisted living by saying:

*Assisted living can be a desirable option to support seniors as they age. The ability to have your own private living space but share meals and activities with others can be ideal for those seniors who find it more challenging or isolating to remain in their own home but are not in need of long-term care.*<sup>3</sup>

The BC Care Provider's website describes independent living as a good choice for seniors who need minimal support and warns us that the population of those over 85 years of age is expected to triple by 2046:

*Independent living is a good option for seniors who are confident in their ability to live alone safely, but don't want to worry about things like home maintenance, housekeeping or cooking. Seniors who chose independent living also feel more confident knowing that help is there if they need it and enjoy the amenities and activities available in their retirement community.*<sup>4</sup>

1. BC Government. (2023). Retrieved July 31, from <https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/housing>
2. Pani-Harreman, et al. (2021). Definitions, Key Themes and Aspects of Ageing in Place: a Scoping Review. *Aging & Society*.
3. BC Senior's Advocate (2023). *It's Time to Act: A Review of Assisted Living in BC*. <https://www.seniorsadvocatebc.ca/osa-reports/its-time-to-act-a-review-of-assisted-living-in-b-c/>
4. BC Care Provider's Association. (2023). Retrieved July 31, 2023, from <https://bccare.ca/about-seniors-living-and-care/>

Long-term care or acute care may become the only option available if care needs cannot be met in the independent and assisted living environment. It is critical to have a well-balanced approach to assess tenants in this situation, offering readily available assistance to help them remain independent while at the same time maintaining their safety and the safety of others.

Menno Place is a campus of care in Abbotsford, British Columbia providing home to more than 700 seniors. On this campus of care, tenants live in a range of accommodations from independent living and assisted living to long-term care. This project focused on reviewing the supports available in assisted living and independent living and did not consider those living in long-term care.

To better understand the depth and breadth of this project it is important to note that over 340 adults living in 315 apartments in 4 different buildings consider AL and IL at Menno Place to be their home. Assisted living consists of both funded and private pay suites located in the Terrace East building while the independent living suites are all private pay suites located in the Primrose Gardens, Pavilion and Terrace West buildings.

Those who reside in health authority funded AL suites have Fraser Health case workers, but Menno place staff provide all the care and services. Those in private pay suites pay for care depending on the level of care needed.

All IL tenants have access to Fraser Health Home Support Services, or to any other private care providers. Menno has several supports available which may be obtained on a fee-for-service basis.

### The objectives of this project were to:

1. Define aging in place in the context of assisted living and independent living
2. Examine the currently available AIP supports in both AL and IL
3. Outline opportunities to improve or add AIP supports
4. Develop a decision support tool to assist with aligning AIP supports with those who may need them

It was also important to understand the opinions of those who currently reside in the AL and IL suites. To determine this a focus group approach was used. An external consultant was hired to work with stakeholders in developing a framework to be applied to the assisted living and independent living programs to help ensure all available aging in place supports are engaged when appropriate.



# Working Group

It was determined by leadership that a small and very knowledgeable working group be assembled to conduct the objectives of this initiative. The working group had their kickoff meeting in February of 2023 and met twice monthly either in person or via Teams meetings.

**Members of the working group were as follows:**

Sharon Simpson  
Director & Project Manager

Trish Giesbrecht  
Manager, Community Enrichment

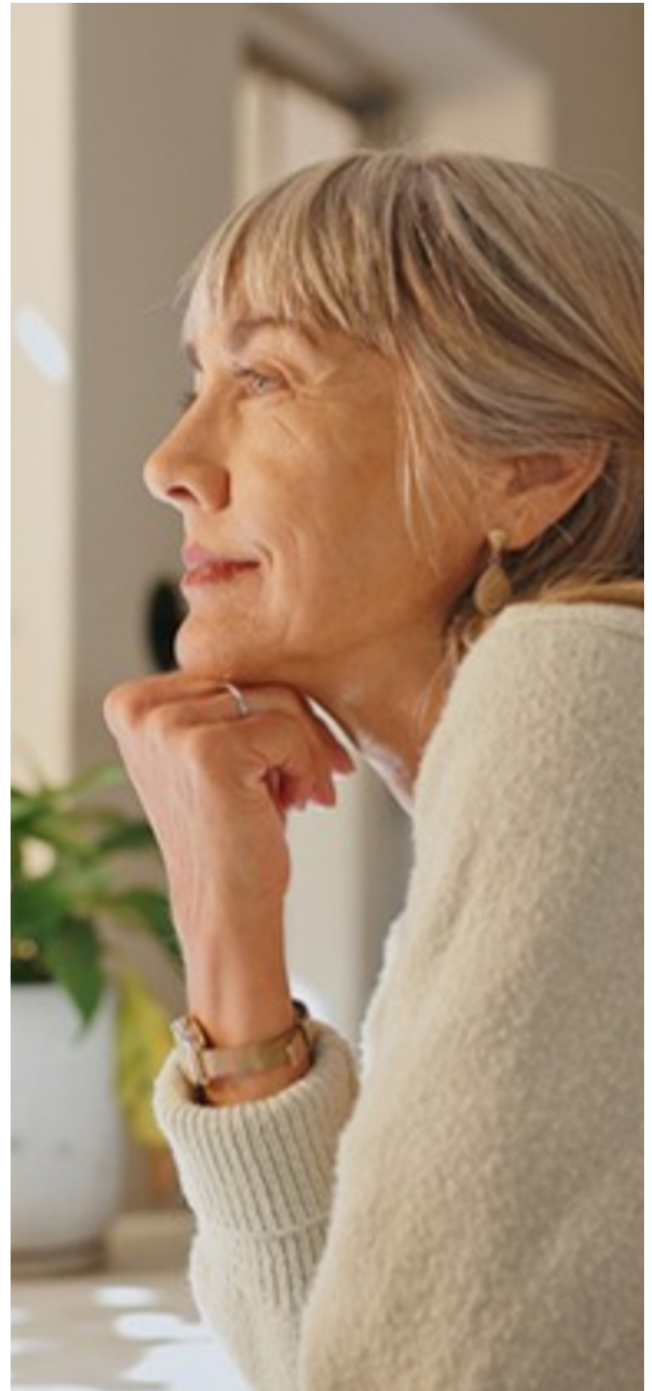
Leonard Klassen  
Life Enrichment Coordinator, Apartments

Tamara Stasich  
Life Enrichment Associate

Claire Colvin  
Receptionist, Terrace East

Michelle Merkel  
Consultant

The role of the working group was to provide the consultant with the necessary information to fulfill the project objectives and to complete assigned tasks.



# Aging in Place Definition

At Menno Place you can age in place with confidence

The first order of business for the Aging in Place (AIP) Working Group was to agree on an appropriate definition for aging in place that fit with assisted living and independent living at Menno Place. A literature search was conducted to support this work and focus groups were held with the tenants of both assisted living and independent living. After reviewing material and stakeholder input, the following definition was drafted, integrating both assisted living and independent living definitions within it:

**At Menno Place we are focused on helping you extend your independence, maintaining your quality of life so you can age in place with confidence.**

## Assisted Living

Assisted living at Menno Place offers peace of mind and an easier way of life in a community where support is always available. Our customizable services and activities let you focus on the things that matter most.

### **Assisted living services include:**

- Private apartment
- Shared hot meal at lunch and dinner
- 24/7 call button with in-house response
- Help with daily living - housekeeping, personal care & linens laundry
- Customizable nursing services as needed
- Full recreation and social calendar
- Chaplain available for pastoral care

## Independent Living

Independent living at Menno Place gives you the opportunity to live in a supportive community. Here you are independent but never alone. Our customizable services and activities let you focus on the things that matter most.

### **Independent living services include:**

- Private apartment
- Shared hot meal at lunch time
- Optional 24/7 call button with in-house response (Terrace West Only)
- Available housekeeping and laundry
- Customizable nursing services
- Full recreation and social calendar
- Chaplain available for pastoral care

# Tenant Focus Groups

Listening to the people who matter most

To better understand the thoughts and opinions of the tenants in assisted living and independent living a focus group was held for both populations.

The questions asked were as follows:

1. How important is it to you to prevent moving again, such as moving to a LTC home if your health or social circumstances changed?
2. What are the supports and/or services that are helping you stay safe and independent currently?
3. What in your opinion would require you to move to LTC?
4. What supports and/or services could be introduced that would allow you to continue living here?
5. How would it change this community if we were to adopt an aging in place policy?



## The findings gathered from the focus groups are summarized as follows:

It was unanimous among all those who participated in the focus groups that aging in place is preferable to moving.

The services found to be most beneficial include access to meals, assistance with showers and dressing, medication administration, and access to housekeeping/laundry support.

A move to LTC was seen as something that could occur with cognitive changes/dementia, injury/illness, being bedridden and/or unable to feed oneself.

Services suggested by participants that could be added to even further support aging in place were:

- Assistance with toileting
- Two person lifts
- Staffing for personal needs
- 24hr nurse on call

There is overall concern that adopting an aging in place policy could change AL and IL into a long-term care environment something that was clearly not desirable to the tenants.

# Gap Analysis

## Assessing areas for improvement

A gap analysis is a way to assess systems to determine what areas should be improved. It looks at the desired or preferred state and compares that with the current state. Teams can then determine what actions, if any, should be tested or implemented to improve the service gap identified.

Using the information ascertained from the working group a gap analysis was conducted to determine opportunities to strengthen aging in place supports for both assisted living and independent living.

Services	Current Practice AL	Preferred State AL	Current Practice IL	Preferred State IL
<b>Meals</b>	2 meals plus morning break.	Al la carte breakfast.	Hot meal at lunch.	A la carte service so additional meals can be ordered (supper and breakfast).
<b>Meal Delivery</b>	Provided to those who are ill	No change.	Provided to those who are ill	No change

Services	Current Practice AL	Preferred State AL	Current Practice IL	Preferred State IL
<b>Response to Falls or 911 Calls</b>	Care staff check in on those who have fallen/called 911 to determine if medical assistance may be required.	No change	Staff respond if aware. 911 called noted in Senior Care if family makes us aware.	No change
<b>Assistance with Non-Medical Tasks</b>	Assistance provided as needed with calling.  HandyDART/ cabs, opening mail/parcels, reading mail and assisting with interpreting mail, tech support (cable, phone, remote, cell phone use), garbage removal, access to suite when keys are lost & for emergency personnel.	Senior friendly remote.  Streamlined tech services.	Assistance provided as needed with calling.  HandyDART/ cabs, opening mail/parcels, reading mail and assisting with interpreting mail, tech support (cable, phone, remote, cell phone use), access to suite when keys are lost. Garbage removal only as a requested service.	Senior friendly remote.  Streamlined tech services.

Services	Current Practice AL	Preferred State AL	Current Practice IL	Preferred State IL
<b>Providing Information and Informal Emotional Support</b>	Listening and assisting with normalizing aging experience, providing support to those who are confused,	No change	Clarifying the supports available for purchase such as home support, house-keeping service, supper meal etc.	No change
<b>Follow-up with Families</b>	Families are notified when changes in cognition are identified, when residents need supplies, when there is a fall or a 911 call, when a resident is aggressive or there is a reportable incident.	No change	When aware follow-up with families.  Residents are independent.	Primary contact (authorized by tenant) to reduce number of family interactions.
<b>Items for Purchase</b>	Stamps are available for purchase.	Assistance as needed to access 3rd party food delivery service (Save On Foods, etc.).	Small items such as milk (only in PG & PAV), stamps, etc. are offered.	Assistance as needed to access 3rd party food delivery service (Save On Foods, etc.)

Services	Current Practice AL	Preferred State AL	Current Practice IL	Preferred State IL
<b>Bus Trips</b>	Bus trips are planned for shopping trips and recreational excursions.	Increase bus service to include appointments.	Bus trips are planned for shopping trips and recreational excursions.	Increase bus service to include appointments.
<b>Dementia Care</b>	Memory care consists of cuing and reminding at present.	Accommodate those with mild dementia (access to tools/ resources: wander guard, locked areas, GPS Lifeline).  Provide education.	Memory care organically as relationships develop. It may consist of cuing and reminding.  Family is contacted with concerns when observed.	Accommodate those with mild dementia (access to tools/ resources: wander guard, locked areas, GPS Lifeline).  Provide education.
<b>Meal Support</b>	With advance notice can order a smoothie, minced, puree textures from provider.	Provide modified diets, nutritional care plan.  For those with injury or dental surgery provide therapeutic diets (for short periods).	With advance notice can order a smoothie, minced, puree textures from provider.	Provide modified diets, nutritional care plan.  For those with injury or dental surgery provide therapeutic diets (for short periods).

Services	Current Practice AL	Preferred State AL	Current Practice IL	Preferred State IL
<b>Adult Day Program</b>	None	Promote access to available programs to provide respite for spouse.	None	Promote access to available programs to provide respite for spouse.
<b>Recreation</b>	Current recreation calendar includes games, crafts, exercise classes, etc.	Provide modified recreation for tenants with dementia, those with impairment (vision, hearing).	Current recreation calendar includes games, crafts, exercise classes, etc.	Provide modified recreation for tenants with dementia, those with impairment (vision, hearing).
<b>Caregiver Support Group</b>	None	Create a caregiver support group for spouses and families.	None	Create a caregiver support group for spouses and families.

<b>Services</b>	<b>Current Practice AL</b>	<b>Preferred State AL</b>	<b>Current Practice IL</b>	<b>Preferred State IL</b>
<b>End of Life Supports</b>	Some tenants choose to die at home i.e., do not request a transfer to hospice care by using EDITH which is the Expected Death in the Home process.	Provide nursing care, equipment, spiritual care, resource in FH/ Hospice, Social Worker for end-of-life support (if desired by tenant).	Some tenants choose to die at home i.e. do not request a transfer to hospice care by using EDITH which is the Expected Death in the Home process.	Provide nursing care, equipment, spiritual care, resource in FH/ Hospice, Social Worker for end-of-life support (if desired by tenant).
<b>Bathing Support</b>	Shower assist is currently offered in AL as part of a care plan if needed. There is also a shower room for residents who struggle to step into the shower.	Provide accessible showers/ baths, tub room with a lift.	Home Health provides bathing support as needed. Can be added as a service. There is also a shower room for residents who struggle to step into the shower.	Provide accessible showers/ baths, tub room with a lift.
<b>24/7 Lifeline Support</b>	In house service which is included for AL tenants.	Upgraded hardware to include Fall Alert and coverage to all of building as opposed to the suite only.	Pendant response service available for purchase in Terrace West only. (Absent in Primrose Gardens and the Pavilion.)	Provide Lifeline type responses, emergency response in all buildings.

Services	Current Practice AL	Preferred State AL	Current Practice IL	Preferred State IL
<b>Wellness Centre</b>	*Proposal in progress – onsite pharmacy will operate a clinic to provide basic medications and renew prescriptions.	Provide tenants with easy access to MD, NP, PT.	*Proposal in progress– onsite pharmacy will operate a clinic to provide basic medications and renew prescriptions.	Provide tenants with easy access to MD, NP, PT.
<b>Urgent Care Centre</b>	None	Create a walk-in clinic on campus.	None	Create a walk-in clinic on campus.
<b>Medication Admin</b>	Med admin available when required as part of care plan.	No change to current practice.	Gaps exist in IL for those who require meds at unique times.	Assess options such as hired supports/Pharmacies.
<b>Financial Consultation</b>	None	Provide tenants with information and importance of POA, PGT and SDM.	None	Provide tenants with information and importance of POA, PGT and SDM .

Services	Current Practice AL	Preferred State AL	Current Practice IL	Preferred State IL
<b>Wellness Centre</b>	*Proposal in progress – onsite pharmacy will operate a clinic to provide basic medications and renew prescriptions.	Provide tenants with easy access to MD, NP, PT.	*Proposal in progress– onsite pharmacy will operate a clinic to provide basic medications and renew prescriptions.	Provide tenants with easy access to MD, NP, PT.
<b>Family Education</b>	Advance care planning seminars were planned for AL and IL but COVID happened instead.	Resume education on all topic areas of interest and need, avoiding fraud/ scams, falls reduction, etc.	Advance care planning seminars were planned for AL and IL but COVID happened instead.	Resume education on all topic areas of interest and need, avoiding fraud/ scams, falls reduction, etc.
<b>Equipment Loans</b>	None	Maintain medical equipment for easy access when needed.	None	Maintain medical equipment for easy access when needed.

Services	Current Practice AL	Preferred State AL	Current Practice IL	Preferred State IL
<b>Technology Support</b>	<p>Pre-COVID tech classes (basics of how to use a tablet) were offered for AL and IL residents.</p> <p>Recently tech workshops have been put back on the calendar. Staff assist with TV, Wi-Fi and computer/ phone issues.</p>	<p>Assess each tenant for technology that would assist them.</p>	<p>Pre-COVID tech classes (basics of how to use a tablet) were offered for AL and IL residents.</p> <p>Recently tech workshops have been put back on the calendar. Staff assist with TV, Wi-Fi and computer/ phone issues.</p>	<p>Assess each tenant for technology that would assist them.</p>
<b>Falls Prevention Program</b>	<p>We did a month of falls prevention in Jan 2023.</p>	<p>Provide recreation, exercise and wellness initiatives directed at falls prevention.</p>	<p>We did a month of falls prevention in Jan 2023.</p>	<p>Provide recreation, exercise and wellness initiatives directed at falls prevention.</p>
<b>Case Manager Service</b>	<p>Those in funded AL suites are assigned a Case Manager through FH.</p>	<p>Provide a Case Manager to assist with navigating services available for aging in place.</p>	<p>Those with Home Support have a FH Case Manager. Darlene is providing this service for those in IL.</p>	<p>No change to current practice.</p>

Services	Current Practice AL	Preferred State AL	Current Practice IL	Preferred State IL
<p><b>Support for accessing or transitioning to a higher level of care for sudden change</b></p>	<p>AL doing this to a great degree.</p>	<p>Create stronger partnerships/ communication with FH and other service groups to support those who require urgent or transition support. ARH discussion re alternatives and assistance/ support needed – planning.</p>	<p>IL working towards.</p>	<p>Create stronger partnerships /communication with FH and other service groups to support those who require urgent or transition support. ARH discussion re alternatives and assistance/ support needed – planning.</p>
<p><b>Accessibility</b></p>	<p>AL is accessible but there are areas that require upgrades over time.</p>	<p>Evaluate and upgrade all buildings to current accessibility standards – door openers, wheelchair accessibility, lights, flooring, etc.</p>	<p>IL is accessible but there are areas that require upgrades over time.</p>	<p>Evaluate and upgrade all buildings to current accessibility standards – door openers, wheelchair accessibility, lights, flooring, etc.</p>

Services	Current Practice AL	Preferred State AL	Current Practice IL	Preferred State IL
<b>Parking</b>	AL has underground parking for tenants' vehicles and scooters, however not all parking is accessible and there is a limited quantity available.	Evaluate and upgrade parking. Improve visitor parking.	IL has surface and underground tenants' vehicles and scooters, however not all parking is accessible and there is a limited quantity available.	Sufficient accessible parking and emergency parking. Improve visitor parking.
<b>Short Term Temp Relief (community and current tenants)</b>	None	Introduce Short Term Relief care and provide a place for those with higher care needs waiting for an LTC bed.	None	Introduce Short Term Relief care and provide a place for those with higher care needs waiting for an LTC bed.
<b>Strengthened Acute Care Partnerships</b>	There is good communication with acute care.	Build on current relationships to support quick access to ER service and return to IL and AL when appropriate and with necessary equipment/medical support.	Communication with acute care is in beginning stages.	Build on current relationships to support quick access to ER service and return to IL and AL when appropriate and with necessary equipment/medical support.

# Opportunities for Improvement

It was interesting to note while conducting the gap analysis that there are indeed many current supports to assist tenants with aging in place within both assisted living and independent living. All current supports were collated and added to a decision support tool to assist with assessing tenants and aligning appropriate strategies. As additional services are added to the spectrum of support for aging in place the checklist can then be updated so it is kept current.

Opportunities for improvement (or at least consideration) are listed below without consideration of priority or cost of implementation:

1	Add an a la carte meal service in Independent Living so additional meals can be ordered (supper and breakfast).
2	Strengthen tech services by providing a senior friendly remote control for the TV and by streamlining the services provided.
3	Create a system in Independent Living to obtain a primary contact person (authorized by tenant) to reduce number of family interactions.
4	Provide assistance as needed to access third party food delivery service (Save On Foods, etc)
5	Increase bus service to include appointments.
6	Accommodate those with mild dementia (access to tools/resources: wander guard, locked areas, GPS Lifeline). Provide education.
7	Provide modified diets, nutritional care plan. For those with injury or dental surgery provide therapeutic diets (for short periods).

8	Promote access to available programs to provide respite for spouse.
9	Provide modified recreation for tenants with dementia, those with impairment (vision, hearing).
10	Create a caregiver support group for spouses and families.
11	Provide nursing care, equipment, spiritual care, resource in FH/Hospice, S.W for end of life support (if desired by tenant).
12	Provide accessible showers/baths, tub room with a lift
13	Provide Lifeline type responses, emergency response in all buildings (absent in Primrose Gardens and the Pavilion)
14	Provide tenants with easy access to MD, NP, PT.
15	Create a walk-in clinic on campus for urgent care needs.
16	Assess options such as hired supports for medication administration issues – perhaps utilize other local resources/service providers?
17	Provide tenants with information on the importance of POA, PGT and SDM
18	Resume education on all topic areas of interest and need, avoiding fraud/ scams, falls reduction, etc.
19	Maintain medical equipment for easy access when needed.
20	Assess each tenant for technology that would assist them.
21	Provide recreation, exercise and wellness initiatives directed at falls prevention.
22	Provide a Case Manager to assist with navigating services available for aging in place (in private pay AL)

23	Create stronger partnerships/communication with FH and other service groups to support those who require urgent or transition support. ARH discussion re alternatives and assistance/support needed – planning.
24	Evaluate and upgrade all buildings to current accessibility standards – door openers, wheelchair accessibility, lights, flooring, etc.
25	Evaluate and upgrade parking (car, scooter) to ensure there is sufficient parking to meet tenant needs.
26	Introduce Short Term Relief care and provide a place for those with higher care needs waiting for an LTC bed.
27	Build on current relationships to support quick access to ER service and return to IL and AL when appropriate and with necessary equipment/medical support.

# Decision Support Tool

## Menno Apartments Aging in Place Checklist

This checklist is meant to support those living within Menno Place Independent Living and Assisted Living by assessing strategies to age in place successfully. It is always best to seek medical attention when necessary.

<b>Cognition Changes</b>	
<input type="checkbox"/>	Memory care supports (i.e. cuing)
<input type="checkbox"/>	Educate how to utilize tracking technology i.e. cell phone, GPS tracking
<input type="checkbox"/>	Provide information re: Respite for spouse
<input type="checkbox"/>	Provide information re: Adult Day Programs
<input type="checkbox"/>	Provide information to spouse/family re: caregiver support groups
<input type="checkbox"/>	Follow-up with families (when aware of issues)
<b>Falls Risk</b>	
<input type="checkbox"/>	Provide information re: emergency alert pendant options
<input type="checkbox"/>	Falls prevention education
<input type="checkbox"/>	Assist with strengthening exercises (in-person and Channel 10)

<input type="checkbox"/>	Walker and wheelchair safety tune ups
<input type="checkbox"/>	Walking club
<input type="checkbox"/>	Provide information regarding walking aides/equipment
<input type="checkbox"/>	Check for hazards in suite upon request (as well as annually as part of suite inspection)
<input type="checkbox"/>	Tub to shower conversion
<input type="checkbox"/>	Provide information regarding safety equipment i.e. transfer pole, grab bar
<b>Loss of Independence</b>	
<input type="checkbox"/>	Meal delivery when ill
<input type="checkbox"/>	Follow-up with families (when aware of issues)
<input type="checkbox"/>	Follow-up after 911 calls (when aware)
<input type="checkbox"/>	Offer shopping bus trips (i.e. Save-on-Foods, Wal-Mart)
<input type="checkbox"/>	Assistance with placing grocery order to be delivered
<input type="checkbox"/>	Referral to ECC to discuss additional supports i.e. Home Health and fee-for-service at Menno Place
<input type="checkbox"/>	Add supper meal (IL only)
<input type="checkbox"/>	Add housekeeping (IL only)
<input type="checkbox"/>	Add personal laundry

<input type="checkbox"/>	Provide medication administration (access through on-site pharmacy)
<input type="checkbox"/>	Provide tech support for telephone, TV, Wi-Fi
<input type="checkbox"/>	Provide garbage removal when ill
<input type="checkbox"/>	Provide information re: foot care nurse services
<b>End of Life</b>	
<input type="checkbox"/>	Pastoral/Spiritual support
<input type="checkbox"/>	Provide information re: equipment rental i.e. hospital bed, wheelchair
<input type="checkbox"/>	Provide information re: arranging nursing care
<input type="checkbox"/>	Provide information re: transfer to Hospice Care
<input type="checkbox"/>	Provide information to spouse/family re: caregiver support groups
<input type="checkbox"/>	Provide information re: dying at home

# Next Steps

It is quite clear that the assisted living and independent living options provided by Menno Place offers safe accommodations for seniors to live and flourish. Many aging in place supports currently exist in this environment, however there are others that could be explored and expanded. Aging in Place is a priority for tenants in both assisted and independent living, based on tenant feedback, making it a sound investment for Menno Place as they look to the future.

The next steps for Menno Place leadership would be to review the suggested improvement opportunities to determine priorities.

A decision support tool was created to help ensure each tenant is offered appropriate aging in place strategies that are currently available. This tool should be updated when new strategies are brought on board.

# Appendix A

Independent Living Focus Group - January 4, 2023

<b>1. How important is it to you to prevent moving again, such as moving to a LTC care home if your health or social circumstances changed?</b>	
	Rather not, 8 or 9/10 (in importance)
	Prepared to move to higher care when I cannot take care of myself <ul style="list-style-type: none"> <li>• If supports are available, it would depend on mental condition</li> <li>• I'd stay here as long as I can be active</li> </ul>
	This (IL) is affordable. Cost is an issue. Costly services could trigger a move.
	It would be good to be able to stay. <ul style="list-style-type: none"> <li>• Initially moved to IL because wife in Menno LTC. IL is getting a little bit to be like where my wife was (LTC).</li> </ul>
	I hate moves, prefer to stay as long as I can afford it.
<b>2. What are the supports and/or services that are helping you stay safe and independent currently?</b>	
	HS are in suite for shower 2x/wk. HS does dishes while she showers, she does not need assistance with showering at this time.
	Access meals (morning break and lunch)
	Meals only, resident is diabetic, finds kitchen does not cater to it. Could be better options for diabetics.

**2. What are the supports and/or services that are helping you stay safe and independent currently? (cont'd)**

	Private housekeeping and laundry
	Pays daughter to do housekeeping.
	Daughter does heavy cleaning, resident does light cleaning.
	Resident had full care (FH HS) last year when sick, she now has HS for shower once per week.
	Private housekeeping.
	In process of having her housekeeping done.
	Noon meal is important.
	Apex Pharmacy.

**3. What in your opinion would require you to move to LTC?**

	Memory loss
	Would experience initial injury in place, then may need to move if additional injuries.
	Memory loss – cannot look after medications.
	Bed ridden
	Can't keep medications straight

	When there is a need for total care.
	Daughter has told resident she will move to LTC if necessary.
	Injury
<b>4. What supports and/or services could be introduced that would allow you to continue living here?</b>	
	Cost of services is a big concern. IL does not receive government assistance while AL and LTC does.
	Stay in place if IL costs reflect LTC costs
	If IL and LTC costs were equal, resident prefers to stay in IL
	Have LTC services, such as night time medical staff, available in IL
	Medication administration.
	Nurse on-call
	Resident hall monitor check for "I'm okay" sign to be removed by certain time in morning, if not taken in staff are notified and do wellness check.
	Concern that wellness checks are not happening earlier in the day. Concern that something may happen at night so check at lunch time is not sufficient.
<b>5. How would it change this community if we were to adopt an aging in place policy?</b>	
	Extra cost
	Can broaden care but a time for LTC should come, otherwise it is not wise.

	Do not want IL to become LTC center
	There is a line as to when someone should go to LTC.
	IL could adopt AL services.
	There needs to be a distinction between IL & LTC
	Moving to IL is a big decision, does not want to IL to be LTC.
	Preserve as it is now.
<b>6. When should someone be in LTC?</b>	
	When the person requires 24 hour supervision
	If ambulance comes 2 - 3 times per week.
	When people wander/run away.
	If one cannot look after themselves.
	Bed ridden.

# Appendix B

Assisted Living Focus Group - January 4, 2023

<b>1. How important is it to you to prevent moving again, such as moving to a LTC care home if your health or social circumstances changed?</b>	
	Important to stay, realize if I regress I may need to go to LTC but I would access additional services to stay.
	Stay here as long as I can.
	Very important to stay; however, want to move to family in Kelowna eventually.
	I don't want to go anywhere, stay here, I'd like to spend what time I have left here.
	Don't want to move again but what is the alternative? Prefer to stay here.
	Important to have continuity and support aging in place.
	Is it possible to keep couples together? Recognize AL is not equipped for higher levels of care.
	Familiarity with staff impacts resident well-being.
	Peace of mind for family knowing resident is happy. There is value for residents and family when residents are able to age in place.
	Moves can trigger large dips in mental state. Routines and familiarity are more important.

	Would not want to move, primarily independent.
	Family has said if her health declines, her family would take her in.
<b>2. What are the supports and/or services that are helping you stay safe and independent currently?</b>	
	Meals (morning break, lunch and supper)
	Showers and dressing
	Medication administration
	Appreciate choice in services (i.e. whether they need med administration or not)
	Housekeeping and linen laundry
<b>3. What in your opinion would require you to move to LTC?</b>	
	AL not equipped to look after needs (whether they lack staff or equipment)
	Cannot feed self, require two person lifts
	Worried about dementia
<b>4. What supports and/or services could be introduced that would allow you to continue living here?</b>	
	Toileting
	Two person lifts
	Staffing for personal needs

<b>5. How would it change this community if we were to adopt an aging in place policy?</b>	
	Would leave if it became LTC.
	Chose to come here because of what was offered at that time, why change it?
	Perception from outside is that this is an "old folks home" but it is not.
	Enjoy sense of community, important to keep it.
	Appreciate Menno Place for calling building Terrace East Apartments or Menno Apartments, not an "old folks home"
	Recognize there is currently a mix of people here, some who need higher care already and some who are suitable for AL.
	Help people to a certain point. (That "point" was not defined.)
<b>6. Further discussion/suggestions</b>	
	Help figure out programs and activities that benefit various needs and interests of all residents.
	A couple of residents identified they are doing, or going to start doing, their own linens because they react to detergent Menno Place uses. Would it be possible to use a different detergent that is more suitable for those with sensitive skin?
	Concern about mental decline due to COVID.
	Possible to have bistro in afternoon as well as morning? Social aspect of bistro is very important.

	Would it be possible to receive updates about residents in hospital? Is it okay to visit them? Can they send a card? Whether in hospital or not, it is nice to know why someone is gone.
	Why can motorized wheelchairs not live above the first floor?
	Appreciation for wonderful staff – care team, admin staff, dietary staff.
	What about people with dementia and do not realize it? Concerns about resident who makes accusations of items being taken. (Resident stated she believed people with dementia are not to be in TE.)
	Confirmed overnight LPN is already on staff.





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