

**Evaluation of Resident Policy Handbooks of
Eight Assisted Living Facilities in Virginia**

Sung-jin Lee

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Rosemary Carucci Goss, Chair

Julia O. Beamish

Kathleen Parrott

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(ABSTRACT)

The purpose of this study was to examine resident policies in assisted living facilities and to recommend consistent policies for resident handbooks. To accomplish this purpose, in the first phase, a mail survey form was developed to determine current resident policies provided in existing assisted living facilities in Virginia. In the second phase, the researcher analyzed each policy from the eight participating assisted living facilities and then compared the policies to determine which policies should be included in resident handbooks. Policies with similar content, but with different names were categorized together. The study employed the content-analysis method, which is oriented to qualitative research. The number of resident policies dealt with in this study totaled 56. The framework for analyzing resident policies was divided into three sections: 1) policies related to administration, 2) policies related to resident services, and 3) resident activities listed in the handbooks.

As a result of content analysis and evaluation of policies as they related to the aging process, a total of 27 recommendations were suggested. Two recommendations were suggested based on the findings of the resident handbooks survey, and 25 recommendations were suggested from analysis of the handbooks. The recommendation of resident policies can help staff to manage assisted living facilities efficiently, and the handbooks will be able to offer prospective residents clear information as they make decisions among various assisted living

facilities. Moreover, current residents will benefit from lucid and consistent resident handbooks in that they will provide explicit information about policies and services.

*To My Grandmother,
Okhun Lee*

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CHAPTER 1

INTRODUCTION

A majority of older adults experience social, psychological, and physical changes due to aging. In their later life, social changes such as retirement, role changes, or changes in the living environment may mean isolation from families and friends. In addition, physical changes such as loss in skeletal, muscular and nervous systems can restrict mobility, and psychological problems can be caused from social and physical changes (Moseley, 1988). Those changes can induce the loss of older adults' independence. Therefore, senior housing, offering supportive services such as assisted living, can be the preferred housing alternative for older adults' in later life.

Since 1990, assisted living has been an important housing alternative for many older adults. It provides professional staff and health care services in a residential environment, as well as assistance to improve physical and psychological independence of the residents (Reigner, 1999). The Assisted Living Federation of America (ALFA) (n.d.) reports six factors contributing to the growth of the assisted living industry: (a) aged people have increased dramatically in numbers, especially those aged 85 and older, and the number in this age group is expected to increase by 33.2 percent between the years 2000 and 2010; (b) about 6.5 million older adults need assistance with activities of daily living (ADLs), and this number will double by 2020; (c) the number of older people who live alone has continued to increase; (d) the number of women in the work force increased from 20.5 percent in 1915 to 50 percent in 1995, so women are often not available to be primary caregivers for their family members; (e) the number of older people with incomes sufficient to afford assisted living has increased; and (f) assisted living facilities are a less costly alternative to nursing homes or home health care.

Given the previous statistics, it is no surprise that the number of assisted living facilities continues to increase. In addition, a recent trend in assisted living facilities shows that more and more facilities are owned by large corporation (e.g. ARV Assisted Living Inc., Sunrise Assisted Living Inc., and Assisted Living Concepts). However, many small facilities still remain that will be in competition with the larger, more sophisticated companies. Moreover, expectations of consumers continue to increase. For all these reasons, marketing and management of these facilities will continue to be more important.

One aspect of management that has marketing implications is resident policies and the way they are presented in the resident handbook. The information in many resident handbooks is often inconsistent and insufficient. In addition, the history of assisted living is shorter than is that of other housing alternatives (i. e. nursing home facilities), so there is little information available for those who write the handbooks. Therefore, this study seeks to determine what resident policies are typically included in resident handbooks by analyzing eight assisted living facilities in Virginia. Based on these findings and the knowledge we have about the aging process, I will propose resident policy criteria that should be included in the handbooks. This study can help the staff of such facilities to manage their community more efficiently since they can develop a clear and well organized resident handbook by considering the results of this study. Additionally, a well organized and thorough handbook can lead to good management in an assisted living facility.

Background of Assisted Living Facilities

Utz (2003) says that assisted living is “a consumer-based approach to long-term care that is fundamentally defined by a shared notion of philosophical goals” (p. 379). Regnier (1999) defines assisted living as:

a long-term care alternative that involves the delivery of professionally managed personal and health care services in a group setting that is residential in character and appearance; it has the capacity to meet unscheduled needs for assistance, while optimizing residents’ physical and psychological independence. (p. 3)

As in the definition above, the main purpose of assisted living is to provide services that fit an individual’s needs in a residential and normalized setting. Traditionally, assisted living facilities have not been heavily regulated by states or federal governments, but most state regulations require the presence of 24-hour emergency response programs on-site to qualify as assisted living (National Center for Assisted Living [NCAL], 2001).

Terms

Assisted living facilities have been called by various names. In the beginning, the names were inconsistent. During the 1980s, assisted living facilities were called retirement centers, Adult Congregate Living Facilities (ACLF) I-residential, retirement hotels, ACLF/residential care facilities, assisted living, personal care, retirement clubs, and assisted retirement living (Kalymun, 1991). According to the National Center for Assisted Living (NCAL) (2001), assisted living facilities have more recently been referred to as residential care, personal care, basic care,

domiciliary care, housing with services, and board and care. These terms still exist; however, there is an increasing trend for long-term care alternatives that provide personal and health care services in a group setting to be called assisted living.

Resident Profile

Assisted living is defined as a housing type for physically and mentally frail older people. Those two resident groups have different needs which must be addressed by assisted living facility staff. Physically impaired residents who are mentally alert suffer from one or more chronic ailments which restrict mobility, limit ability to carry out fine motor tasks, or cause problems with balance control. They may be suffering from arthritis, hypertension, heart disease, diabetes, and/or hearing and visual impairments. Therefore, they often need assistance with bathing, dressing, medication supervision, toileting, ambulation, eating, or grooming. Mentally impaired older people may be physically active, but have disorientation, memory lapses, confusion, agitation, and frustration. Residents who have memory impairments such as dementia are often included within or adjacent to the main assisted living facilities if they show a hazard to themselves or other residents. The decision to separate patients with dementia depends on how their behavior affects other residents (Regnier, 1994).

According to the Consumer Consortium of Assisted Living (2004), about 1,000,000 older adults and individuals with disabilities live in assisted living facilities, and approximately 50 percent of all residents have memory impairments. The number of residents has increased rapidly from around 600,000 residents living in 25,000 to 30,000 facilities in 2000 (Edelstein & Gaddy, 2000). The typical resident is an 83-year-old woman, and the average age of all assisted living

residents is 83. Moreover, 64 is the average youngest age while 97 is the average age of the oldest residents. The average female/male ratio is 74 percent to 26 percent (National Center for Assisted Living [NCAL], n.d.).

Services

Assisted living facilities generally offer residents the following services: (a) 24-hour assistance for scheduled and unscheduled nursing services or health services, (b) social and recreational activities, (c) three congregate meals per day plus snacks, (d) laundry service, (e) housekeeping, (f) transportation, (g) assistance with ADLs (activities of daily living) and IADLs (instrumental activities of daily living), and/or (h) coordination of other services. Other services include assistance with medication, an emergency response system, social services, physical therapy, occupational therapy, podiatry, and exercise classes. Common amenities are cable television, beauty salons, recreation rooms, exercise equipment, libraries, small shops, and chapels (NCAL, 2001).

IADLs are activities such as telephoning, traveling, shopping, money management, housekeeping, and food preparation. In terms of telephoning, over one half of residents of assisted living facilities do not ask for any help. Twenty-two percent need some assistance with speaking on the telephone, while 27 percent get help from direct care staff to assist them in placing or receiving a call. Over three-fourths of residents need at least some assistance in traveling, shopping, taking medicine and managing money (NCAL, 2001). In terms of ADLs, almost 26 percent of all residents do not need help, but other residents need assistance with 1.7 ADLs such as bathing, toileting, transferring, and eating (NCAL, n.d.).

Direct Care Staff

Direct care staff workers are not licensed health care professionals acting within the scope of the requirements of their profession. They are not certified nurse aides, and have not graduated from a Virginia Board of Nursing approved educational curriculum from a Virginia Board of Nursing accredited institution for nursing assistant, geriatric assistant or home health aide. Usually they have not been approved under 22 VAC 40-71-630 C 3 (Virginia Department of Social Services, 2002).

Cost

The cost of assisted living facilities varies depending on the size of the units, the variety of services offered, the level and frequency of care needed, the location of the facility, and the fee structure. According to the results of a survey by NCAL in 2001, an average monthly fee was \$1,873, and the median monthly fee was \$1,800. In 2005, assisted living in the United States costs an average of \$2,905 per month, or \$34,860 per year (MetLife Mature Market Institute, 2005). If some residents use more services, they may pay more than other residents. Due to the price, only middle- or upper-income people are able to choose assisted living facilities as a housing alternative. On the other hand, the elderly with lower income and poorer health tend to live in subsidized housing, where professional nursing and therapy are not provided (Schwarz & Brent, 1999).

Settings

Assisted living facilities include studio, one-bedroom, or semiprivate units, and housing options ranging from a high-rise apartment building to a residential home. The average size of an assisted living facility is 23 units, with 30 beds and 24 residents. Nineteen percent of assisted living facilities provide private kitchens, while 25 percent offer kitchenettes (NCAL, 2001).

Figure 1 shows the floor plan of an assisted living facility including the entire building, the private room, and the semi-private room. In the floor plan for the entire building, public places, such as the dining room and lobby, are located in the middle area. In the floor plan of the private room and semi-private room, the rooms are furnished with a twin bed, a dresser, a chair, window treatments, full carpeting, and a private bath. In the floor plan of the semi-private room, a space for a few favorite items and other personal touches, and a wall divider are provided as well (Richfield Retirement Community, 2004).

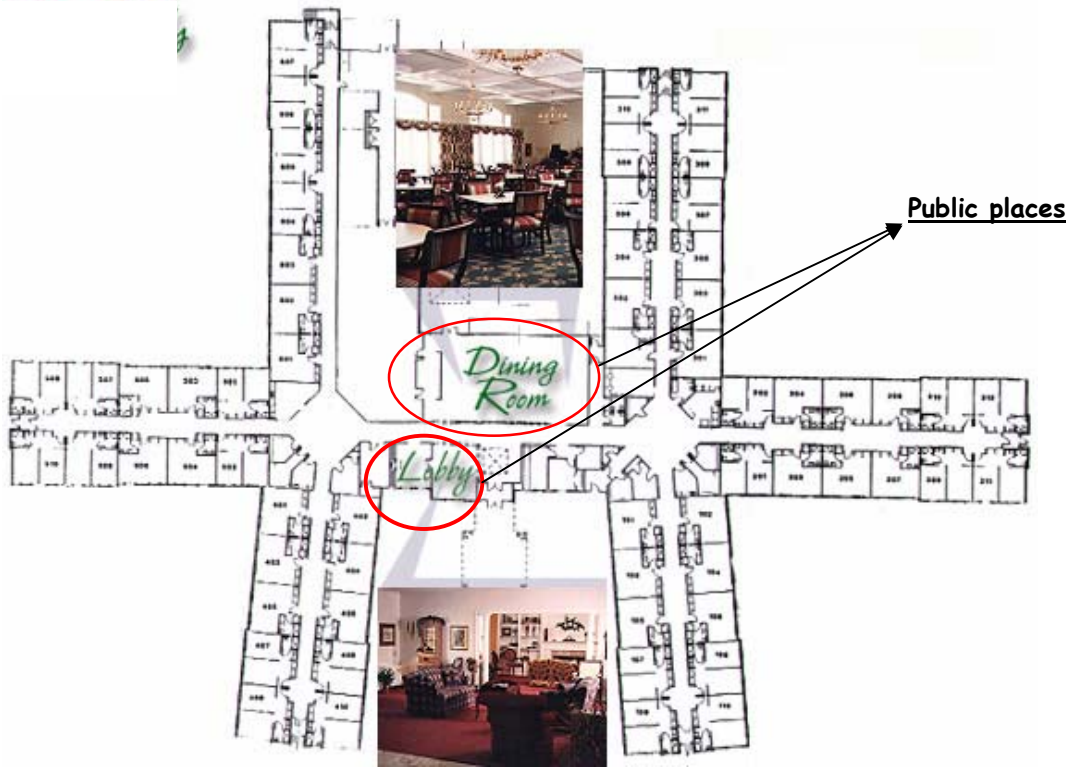
Statement of Problem

When older adults choose an assisted living facility as an alternative to staying in their current home, relocating to the private home of a family member, or moving to a nursing home, their first step is to search for information: location, cost, apartment design, services available, and policies. Consequently, resident handbooks can be a primary source for prospective residents, residents, or families before and after moving to the facilities since those handbooks provide information regarding services and resident policies.

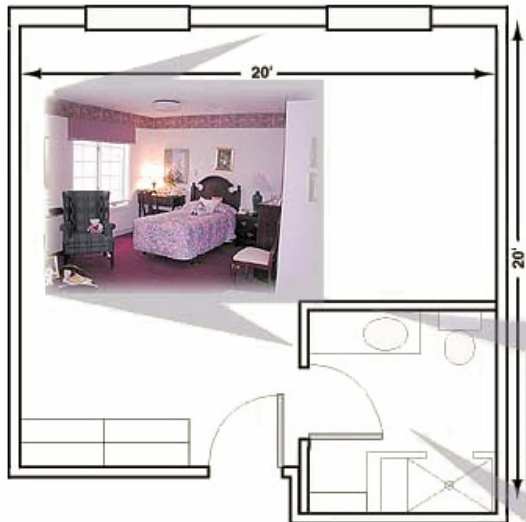
Policies for residents are definitely important items for prospective residents to know

Figure 1. Floor plan of assisted living facilities.

A. Floor Plan for the Entire Building



B. Floor Plan of the Private Room



C. Floor Plan of the Semi-Private Room



From "Richfield retirement – Skilled nursing care, retirement living, assisted living, Alzheimer's care," by Richfield Retirement Community, 2004, http://www.richfieldretirement.com/assisted_living_theoaks.php. Copyright 2004 by Richfield Retirement Community. Reprinted with permission of the author.

when determining if they would be able to live harmoniously with staff and other residents in an assisted living facility. Also, those items include crucial information for prospective residents to use in choosing a facility as an alternative to a single-family home. Since assisted living facilities are a relatively new concept as an alternative housing option, the current format, content, and breadth of coverage in resident handbooks tend to be inconsistent, and the information is insufficient regarding policies for residents. Therefore, this study will examine what policies are commonly provided in resident handbooks and make recommendations for what information should be included.

Purpose of the Study

The purpose of this study is to examine resident policies in assisted living facilities and to recommend consistent policies for these handbooks. The recommendations of resident policies in this study can help staff to manage assisted living facilities more efficiently, and the handbooks will be able to offer prospective residents clear information as they make decisions among various assisted living facilities. Moreover, current residents will benefit from clear and consistent resident handbooks in that they will provide clear information about policies and services.

Objectives of the Study

The research objectives of this study include the following:

1. To investigate the current resident policies of selected assisted living facilities in Virginia.
2. To suggest clear and consistent resident policies for assisted living facilities that will support the staff in efficiently managing the community.

Justification of the Study

A prospective resident's choice of an assisted living facility as a housing alternative and the quality of a resident's life in an assisted living facility are both closely connected with the resident policies of those facilities. In 1997, the United States General Accounting Office (GAO) provided a brief of the responsibilities of federal and state governments and assisted living facilities in ensuring quality and protecting consumers living in the facilities. The study went on to identify issues for further research. The GAO (1997) recognized that most written materials for these facilities do not have this key information (e.g. services, costs, and the respective obligations of both the resident and the provider). Moreover, they reported that assisted living facilities usually provide misleading and confusing written materials.

Generally, assisted living facilities provide their policies in resident handbooks. Even though the importance of resident policies has been recognized, there has been little research regarding the identification of resident policies on assisted living facilities. Accordingly, this study can be the starting point to determine which policies should be provided in resident handbooks.

Delimitations of the Study

This study is limited to eight Virginia facilities located in Arlington, Burkeville, Salem, Richmond, and Roanoke. One facility was chosen from Arlington; one from Burkeville; two from Salem; two from Roanoke; and two from Richmond. For privacy purposes, pseudo names have been assigned for each facility. Therefore, generalization to all facilities may be limited.

Limitation of the Study

1. The assisted living facilities chosen for this study are located in Virginia and were included in the Best Practices in Assisted Living Study conducted by housing faculty in the department of Apparel, Housing, and Resource Management at Virginia Tech. The results of this study might not apply to facilities located in other states or represent all facilities in Virginia.

Definition of Terms

Assisted living: Regnier (1999) defines assisted living as:

a long term care alternative that involves the delivery of professionally managed personal and health care services in a group setting that is residential in character and appearance; it has the capacity to meet unscheduled needs for assistance, while optimizing residents' physical and psychological independence. (p.3)

Resident policies: regulations or rules established by assisted living facilities to apply to their residents. Pearce (1998) states that rules and regulations for senior living communities should be concerned with the use of residents' apartments, parking, use of the grounds, storage, apartment modifications, locks and keys, and the conduct of guests, as well as other liabilities and responsibilities of tenants.

Resident handbooks: written documents that state the policies of assisted living facilities. The categorization of policies in resident handbooks are various but consistent in focusing on how residents live in their facilities.

CHAPTER 2

LITERATURE REVIEW

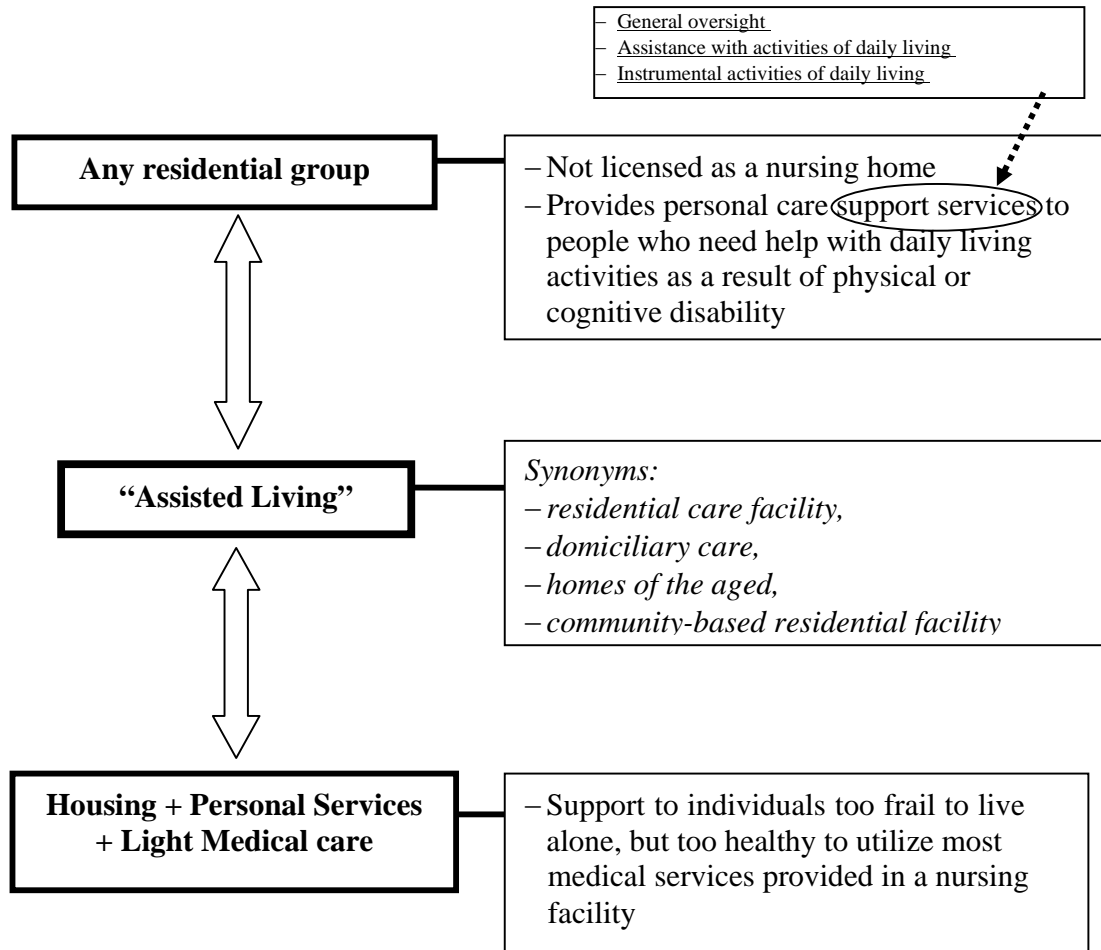
This chapter introduces general information about assisted living facilities, discusses the aging process, describes the importance of resident policies to the management of assisted living facilities, and explains marketing and the management of seniors housing in general.

Assisted Living Facilities

Assisted living facilities are one of the main types of long-term care facilities for older adults. Older adults expect assisted living facilities to provide a dwelling where they can age and receive services, such as assistance with activities of daily living (ADL) or instrumental activities of daily living (IADL) (Kissam, Gifford, Mor, & Patry, 2003). The purpose of assisted living facilities is to minimize the need to move from the care setting when individual residents' needs and preferences change; to maximize residents' dignity, autonomy, privacy, independence, choice, and safety; and to encourage family and community involvement (National Center for Assisted Living [NCAL], 2001).

Figure 2 (Virginia State Bar, 1999) shows the general introduction of the term "assisted living" into the industry's vocabulary. Any residential program can be called assisted living if it is not licensed as a nursing home and it provides personal care and support services to people who need help with daily living activities as a result of physical or cognitive disability. Examples of activities of daily living (ADLs) include eating, transferring, toileting, dressing, and bathing. Examples of instrumental activities of daily living (IADLs) include telephoning, traveling,

Figure 2. The Term, “Assisted Living.”



shopping, money management, housekeeping, food preparation, and medication management (NCAL, 2001).

The typical features of assisted living are a combination of housing, personal services, and light medical care. The residents might be too frail to live alone, but too healthy to use most medical services offered in nursing homes. Terms related to assisted living are residential care facility, domiciliary care, homes for the aged, and community-based residential facility (Virginia State Bar, 1999). The next section discusses the definition of assisted living, some research on assisted living facilities, and some issues of assisted living facilities.

Definition of Assisted Living

There is no fixed definition for assisted living facilities because the concept is relatively new. The American Heritage Dictionary (Houghton Mifflin Company, 2006) describes an assisted living facility as “a living arrangement in which people with special needs, especially seniors with disabilities, reside in a facility that provides help with everyday tasks such as bathing, dressing, and taking medication.” The Virginia Department of Social Services (2005) defines assisted living as “non-medical residential settings that provide or coordinate personal and health care services, 24-hour supervision and assistance for the care of four or more adults who are aged, infirmed or disabled. This care may be provided in one or more locations.” The Department states that assisted living facilities can provide three service types: (a) non-ambulatory, (b) resident and assisted living care, and (c) special care unit. They can be described as:

- Non-ambulatory: facilities with this qualification are permitted to care for residents who by reason of physical or mental impairment are not capable of self-preservation without the assistance of another person (Virginia Department of Social Services, 2005).
- Residential and assisted living care: this service is provided by some assisted living facilities for adults who require assistance with at least two activities of daily living. Included in this level of service are individuals who require assistance because of significant behavior problems. Facilities licensed for the assisted living level of care also may provide care to residents who require only the residential level of care (Virginia Department of Social Services, 2005).
- Special unit care: this is a self-contained safe, secure environment for individuals with serious cognitive impairments due to a primary psychiatric diagnosis of dementia who cannot recognize danger or provide for their own safety and welfare. There may be one or more self-contained special care units in a facility or the whole facility may be a special care unit (Virginia Department of Social Services, 2005).

Many researchers or institutions have their own definitions that incorporate the concept of “long term care.” The National Center for Assisted Living (NCAL, 2001) describes assisted living facilities as long term care alternatives for older adults who need more assistance than is provided in a retirement community. However, assisted living facilities are not designed for older adults who require complex medical or nursing services. Zimmerman, Sloane, and Eckert (2001) regard assisted living as synonymous with residential care, which includes all settings for

residents who cannot live independently and who need assistance with activities of daily living (ADLs) but not complex medical services.

The GAO (1997) describes assisted living facilities as the middle phase between independent living and nursing homes, and emphasizes assistance with ADLs as one of the main distinguishing features of the facilities. In general, assisted living facilities are smaller than nursing homes and provide congregate meals, housekeeping, and laundry. They also provide the residents with some assistance with ADLs at a cost lower than that required by nursing homes (Cavanaugh & Blanchard-Fields, 2001). However, their most important merit is to provide independence, privacy, and personal care for the residents within a residential setting while offering a few health services.

Kane and Wilson (1993) explain that assisted living is a supportive living arrangement for older adults who require some assistance with personal care, but not 24-hour medical care. Kim (2002) defines such a facility as “a recent addition to a semi-independent living category of housing which includes a higher level of service, such as at least one meal a day, transportation, activities, and often an alarm system. The concept emerged out of a desire to provide services in a residential setting” (p. 27).

Porter (1995) approaches the design concept of assisted living facilities by explaining that an assisted living facility is a complex which includes a central dining room that is designed with features and staff to assist frail residents with daily activities. He indicates that assisted living facilities are one of many housing alternatives for seniors which also include such options as independent-living facilities, congregate senior’s housing, and continuing-care retirement communities (CCRC). The Virginia State Bar (1999) also states that an assisted living facility

can be free-standing, near or integrated with nursing homes, a component of a continuing care retirement community (CCRC), or an independent housing complex.

Similar to the definitions above, various other definitions are found, but most include the same basic philosophy (Wright, 2004). The philosophy of assisted living facilities is to meet consumers' scheduled and unscheduled needs, to maximize consumers' independence, autonomy, and dignity, to minimize the need to move when residents' needs for services increases, and to provide a homelike environment.

The similarities and differences between assisted living facilities and other housing alternatives are distinctive. Alternatives of the housing for older adults are considered along a continuum of care. Table 1 can help clarify the level of care among CCRCs, congregate housing, assisted living, and nursing care. CCRCs provide all levels of living arrangement from independent to dependent. Congregate housing offers residents a semi-independent life style, while assisted living provides a semi-dependent living arrangement. Nursing homes offer totally dependent living arrangement (Moseley, 1988).

The National Center for Assisted Living (2001) explains the differences and similarities in terms of service intensity and resident level of need among retirement/ independent living, assisted living and skilled nursing care. Assisted living falls between retirement/independent living and skilled nursing care. One similarity between assisted living and skilled nursing care is that both provide professionally managed services. A difference between assisted living and nursing care is that assisted living is homelike while skilled nursing care is generally institutional. Another difference between assisted living and nursing homes is that assisted living facilities are not regulated by the federal government while nursing homes are regulated by both the federal and state laws. Accordingly, services and levels of care in assisted living facilities vary from

Table 1

Seniors Housing Alternatives in Relation to Continuum of Levels of Living Arrangement

Housing alternatives	Continuum of levels of living			
	Independent	Semi-independent	Semi-dependent	Dependent
CCRC	●	●	●	●
Congregate housing		●		
Assisted living			●	
Nursing care				●

Note. From "Managing Seniors Housing," by S. K. Moseley, 1988, p. 18. Copyright 1988 by the National Association of Home Builders. Adapted with permission of the author.

state to state with different state and local laws. Most states have few regulations, which allow competition in the marketplace to set the standards for quality. Also, about 90 percent of assisted living services are paid for by private funds. Long term care insurance policies may pay for assisted living as an alternative care benefit, but Medicare does not support assisted living expenses at all (Virginia State Bar, 1999).

In addition, assisted living is different from continuing care retirement communities (CCRC) and congregate housing services. Assisted living is for older adults who need regular help with ADLs but do not need nursing home care. However, CCRCs provide services from independent living to skilled nursing care (Pearce, 1998). On the other side, congregate housing is a multifamily complex catering to senior citizens, with centralized dining services, shared living spaces, and access to social and recreational activities (Pearce, 1998). Residents with early dementia and those with night care needs can not be supported (Regnier, 1994).

Assisted living facilities are similar to board and care facilities in that they provide protective supervision and assistance with some ADLs or medication services. However, board and care settings are smaller than assisted living facilities (Helpguide, 2005), and provide no direct health or personal care services (Delaware Healthcare Association, 1998). Moreover, assisted living facilities are different from board and care settings in that the assisted living philosophy emphasizes residents' autonomy, maximum independence, and respect for the preferences of individual residents (United States General Accounting Office, 1997).

Research on Assisted Living Facilities

Assisted living facilities embody a relatively new concept of long term care so very little literature exists on the concept. Past research focused on the meaning, services, philosophy of assisted living facilities, or ideal physical environments of assisted living settings.

Kim (2002) examined five sites of assisted living facilities in Southwest Virginia by means of semi-structured interviews. She studied factors that make residents feel at home, and suggested necessary policies and design guidelines. Kim studied personal, physical, social, and organizational factors that could have possible effects on a resident's feeling about living in an assisted living facility. She found that social factors such as a resident's relationship with the staff and the support from their family and friends are very important in making residents feel at home in those facilities.

One of the main services in assisted living facilities is health services. Cox (2001) studied the link between housing and services for low-income elderly. The objective of the research was to identify characteristics of the Department of Housing and Urban Development's (HUD) Best

Practice Award winners and to suggest methods of linking housing and community services for low-income elders in subsidized housing or assisted living. He found that award winners provided access to a significantly greater number of supportive and health services. He enumerated those health services which are appropriate to assisted living facilities: evaluations and referral, vital signs checks, glucose checks, nutritional counseling, flu shots/clinic, vision checks, hearing screenings, podiatry, medication monitoring, and dental care.

In terms of philosophy of assisted living facilities, Utz (2003) pointed out that the administrators of assisted living facilities still struggle with determining ways to provide services that balance philosophical goals with traditional business considerations.

Sloan, Zimmerman, and Walsh (2001) studied the ideal physical environment for older adults in assisted living settings and suggested seven key dimensions.

- **Safety and security:** The promotion of safety and security is a primary dimension of physical environments for the frail elderly. Assisted living facilities should provide protection from fire, injury prevention, and assistance provisions (e.g., call buttons in rooms).
- **Resident orientation:** Orientation to location and place is an important aspect of long term care settings (Lawton et. al., 1997; Norris-Baker et al., 1999). Because of memory and visual problems of older adults with dementia, an assisted living facility should provide a mental map of the facility (i.e., older adults with dementia need visual cues to orient them). Examples of mental maps include labels with the residents' names, displaying personal objects at entrances, placing one or more pictures of the residents near the doorway, color coding, and direct visual access by keeping the door open.

- **Stimulation without stress:** The aging process causes sensory changes, particularly in the visual and auditory systems, which can be adverse to environmental perception and the performance of daily tasks. To provide a positive sensory environment for older adults, potential distractions and hazards, such as glare, uneven lighting, unpleasant odors, and noise should be considered. Insufficient light may cause unsafe walking, difficult reading, and decreased activity levels. In addition, hearing loss in older adults causes high sensitivity to distractions from adventitious noises and increases stress (e.g., conversation of others, the shirring of vacuum cleaners, and background music). Therefore, ambient noise should be minimized in assisted living facilities (Kline & Scialfa, 1996).
- **Privacy and personal control:** Physical changes in older adults does not decrease their desire for privacy; and privacy and personal control are important standards of living in the United States (Wilson, 1996). Individualized heating and air conditioning controls, windows, kitchen appliances, telephone connections outside of facilities, door locks on residents' rooms, access to the bathroom, and televisions in rooms are examples of individualized accommodations which can increase residents' privacy.
- **Facilitation of social interaction:** Important elements of satisfaction levels are developing friendships, working and socializing with others, and spending meaningful time with loved ones. From this aspect, long term care can provide an environment that incorporates these elements for older adults who live alone in their own house without other family members and have unsafe neighbors (Mattiasson & Andersson, 1997; Reed, Payton, & Bond, 1998). Public spaces and living areas

should be designed to encourage social interaction. Examples are a library for discussions, a chapel for religious activities and family meetings, and a living area with a kitchen for crafts and group activities (Kalymun, 1990).

- **Continuity with the residents' pasts:** Older adults have a long personal history when entering long-term-care facilities. The facilities should provide the continuity needed to link the residents' pasts. Examples that reflect the continuity with residents' pasts are the presence of personal pictures and mementos, noninstitutional furniture, and homelike décor.
- **Cleanliness and maintenance:** Cleanliness can promote residents' health and improve aesthetic aspects in the facilities. In addition, residents feel better and function better in clean environments. Poor maintenance may cause hazards. Examples of hazardous maintenance issues in facilities include loose handrails, broken doorknobs, broken chairs, exposed wires or extension cords, broken fixtures, and wheelchairs with missing parts.

Issues of Assisted Living Facilities

Assisted living facilities began to appear in the United States from the mid-1980s and significantly expanded in the 1990s. Several issues have arisen with the spread of assisted living facilities, such as resident selection, aging in place, and problems with services (Moseley, 1988). Those issues should be solved as soon as possible to improve the quality of services of assisted living facilities and to provide a better home-like environment to residents.

Zimmerman et al. (2001) point out some of the more particular issues in assisted living facilities.

The Various Definitions of Assisted Living

Residents have been confused with the concept of what assisted living is since there is neither a fixed definition nor any systematic way to explain these facilities. In addition, they have no uniform model or organizational type (Zimmerman et al., 2001). Assisted living is synonymous with residential care, which includes all settings with ADLs but not the level of skilled nursing care. Therefore, the term assisted living can be defined differently in each state, and varies from small, freestanding residential homes to single apartments within continuing care retirement communities. Broad and complicated definitions of assisted living cause facilities not to identify themselves as assisted living facilities even if they have similar size, services, staffing, admission and discharge criteria, and resident characteristics to facilities which describe themselves as such (Hawes, Rose, & Phillips, 1999; Zimmerman et al., 2001). Since the definitions of board and care and assisted living overlap and are used interchangeably, and the meaning of assisted living reflects different perspectives and approaches to regulation across states, it may be more difficult for state policymakers and regulators to define assisted living (Mollica, 1998; Zimmerman et al., 2001).

The Role of Residential Care/ Assisted Living vis-à-vis Nursing Homes

Assisted living facilities are growing much faster than nursing homes now, and the relationship between the two is very competitive with regard to prospective residents. Assisted living facilities can be a preferable alternative in that they may give residents services at a lower

cost than do nursing homes. The future role of assisted living and nursing homes is dependent on the degree to which Medicaid is offered to assisted living as an alternative to nursing homes (Zimmerman et al., 2001). Medicaid is a medical insurance program for poor people, and therefore, the older adults in assisted living facilities can not be recipients (The Virginia State Bar, 1999). Medicaid is a major source of funding for nursing homes while private funding is the major source for assisted living facilities (Zimmerman et al., 2001).

Access and Availability

Funding from Medicaid is unavailable to the residents of assisted living facilities, so the main source of funding is private in those facilities. Accordingly, low income elderly people can not easily afford the services in the assisted living facilities. Low cost care should be provided and states should develop a program for the low-income older adults. Also, the pattern of ethnicity in assisted living facilities is similar to that of income. African Americans, Hispanics, and certain religious groups do not populate assisted living facilities in numbers nearly as high as those of Caucasians (Zimmerman et al., 2001).

The Development of Knowledge

Even though older adults' interest in assisted living has been growing faster than before, information such as service types, costs, and policies is insufficient. Also, marketing materials, admission contracts, and facility information are incomplete and unclear; the degree to which facilities can meet resident needs, for how long, and under what circumstances is a matter of great concern (United States General Accounting Office, 1997; Zimmerman et al., 2001).

Regulation

Many states provide regulations for assisted living facilities but they do not reflect today's assisted living trends (Murer, 1997; Zimmerman et al., 2001). The Virginia State Bar (1999) states that assisted living facilities are not regulated by the federal government, so services and levels of care differ from state to state according to state and local laws.

Consequently, most states have minimal regulations, and allow competition in the marketplace to set the standards for quality. State regulations should consider the rapid growth of assisted living, rising federal expenditures for disabled older adults, and limited governmental role in monitoring the quality of residential services (Murer, 1997; Zimmerman et al., 2001).

Quality

The United States General Accounting Office (1997) reported that the quality of assisted living facilities depends on information provision, care, staffing, and medication. However, currently some problems have arisen from the provision of misleading information, inadequate care, staffing problems, and medication errors. In addition, research related to quality and the design concept of assisted living facilities is insufficient (Zimmerman et al., 2001).

Overall, assisted living facilities are a relatively new field of investigation. Therefore, more questions have arisen than answers, such as the variable definition of assisted living facilities, similarity to the role of nursing homes, limited access and availability to all older adults, insufficient knowledge and regulation, and lack of consistent quality (Zimmerman et al., 2001).

Aging Process

All people age and they will need probably some assistance in their later life. From this point of view, one housing alternative, assisted living, has been developed for older adults who need some help with activities of daily living. Accordingly, resident services and an environment of assisted living facilities are very closely related to the aging process because the residents in assisted living facilities are older adults who have lost some functions because of aging, and the staff of assisted living facilities can improve the quality of management by considering needs related to their residents' aging process.

Moseley (1988) pointed out that the aging process involves physical, social, and psychological changes which vary according to individuals. In later life, those changes mean a process of losses: (a) physical change such as change in skin, skeletal and muscular system, heart and lungs, urinary system, stomach and intestinal system, nervous system, vision, hearing, taste and smell, and touch can restrict mobility; (b) social changes due to retirement, role changes, relationships, and living environment may mean isolation from friends or family members; and (c) psychological problems can be caused from physical and social changes. Also, a decline in mental abilities can accompany aging. Such changes can induce the loss of older adults' independence, so seniors housing can be the preferred housing alternatives for older adults in later life. This section discusses the aging process in terms of physical, social, and psychological aspects.

Physical Aspects

Physical changes are expected with aging (Moseley, 1988). In general, the function of some parts of the body, such as skin, skeletal and muscular systems, the heart and lungs, the urinary system, the stomach and intestinal system, the nervous system, vision, hearing, taste and smell, changes. Moseley(1988) categorized physical changes of older adults based on Kart's study, Tomb's study, and Etten's study:

Skin and Skeletal

First of all, the loss of fat underneath the skin can cause older adults to feel chilly even if the temperature is normal to other people. Also, shrinkage of the sweat glands can cause older adults to undergo heat exhaustion in a hot room or from being in the sun too long. Older adults may experience thickened fingernails and toenails, a loss of body hair, a decrease of hair on the head, and coolness of the skin because of a reduction of blood flow.

Older adults experience changes in the joints, bone, and muscle mass, and the changes can cause: (a) accidents resulting in fractures; (b) stooped posture; (c) shorter height; (d) decreased coordination and strength in muscles; (e) gradual widening of hips and narrowing of shoulders; (f) joint and muscular aches along with stiffness; and (g) decreased mobility.

Heart and Lungs

Aging and disease of the heart and lungs are very closely related. With age, the heart muscles are weaker. In the lungs, the maximum breathing capacity is reduced and infection can occur easily (e.g. pneumonia). Of course, aging is not the only cause of disease in these body

parts. Environmental factors such as smoking and eating habits can be reasons for disease of the heart and lungs.

Kidney and Bladder

With the aging process, the kidneys become smaller and eliminate waste less efficiently, but this change rarely is a problem. However, kidneys can not retain enough water in the body, and dehydration can be a problem, especially in the case of diarrhea or fever. Also, another part of the urinary system, the bladder, becomes less sensitive to being full and less expandable, and often keeps a small amount of urine. Because the bladder empties less than completely, it can expel the urine with less notification.

Stomach, Intestinal, and Nervous System

The function of the stomach and internal systems may decrease. Because of the inefficiency of the muscles of the esophagus, older adults have difficulties in getting food to the stomach, and less insulin from the pancreas causes older adults to experience an increased sugar level similar to diabetes.

Slowness and inefficiency in the central processes of the brain can cause slower movement, problems in balance, unsteady hands, and diminished coordination. In addition, changes in the nervous system cause decreased skin sensitivity to pain and decreased ability to control internal body temperature.

Vision

Age can increase physical changes in the eye and cause vision impairment such as:

1. A slow decline in sharpness of vision at close or far distances starting at around 40 years of age, with little further decline until 70 years of age;
2. Trouble to see dim light;
3. Taking longer for eyes to adjust in light or dark areas;
4. Reduced size of the field of peripheral vision;
5. Raised sensitivity to glare;
6. Trouble focusing on moving objects, especially rapidly moving objects;
7. Difficulty in discerning some colors (e.g. pastels or cool colors may look alike; dark colors are more difficult to separate; and warm colors are generally seen more easily);
and
8. Some deterioration of the cells of the retina in adults in their 80s and 90s, and some loss of vision (Tomb, 1984).

Hearing, Touch, and Sleep

Older adults experience hearing loss, but the degree of difficulty varies. However, older adults with severe hearing loss often have difficulty in communicating. Moreover, older adults who have lost their hearing can become depressed, isolated, lonely, and paranoid, and may have low motivation for living. For their function of touch, older people feel temperature, pain, and pressure less acutely than do younger people, and they have difficulty in distinguishing objects through tactile sensations. From the age of 50, people need a more solid touch to feel the contact as there is an increased threshold to touch. In terms of their sleeping pattern, older adults sleep less and wake more often during the night, and these symptoms are normal. However, they may regard this sleep pattern as a sleep disorder (Tomb, 1984).

Taste and Smell

The functions of taste and smell work together. A decline in the sense of taste begins at around 50 years of age, and the decline may be more distinguished until the late 70s. The first decline in the taste buds relates to sweet and salty, so older adults use more sugar and salt in their food. Due to the decline of smell, they may not notice a smoke or gas leakage, as well as spoiled food or cleanliness. This inability can be dangerous to older adults' health, welfare and nutrition.

These physical changes of older adults (i.e., changes in skin, skeletal and muscular system, heart and lungs, urinary system, stomach and intestinal system, nervous system, vision, hearing, taste and smell, and touch) can affect their daily living. They may have difficulties in ADLs, such as eating, transferring, toileting, dressing, bathing, and IADLs, such as telephoning, traveling, shopping, money management, housekeeping, food preparation, and medication management.

Social Aspects

One researcher remarked that “the elderly find themselves losing hold on the social structure which has been their support and has defined their actions for many years” (Tomb, 1984, p.33). Therefore, older adults may feel socially challenged which might be caused by retirement, role changes, and changing relationships and environment (Moseley, 1988). Retirement can signal the end of working life and is considered the beginning of old age. In addition, retirement can mean financial problems. Some people feel that retirement is a pleasant

change, and they try to develop new hobbies, learn new skills and further their education. However, others have difficulties in adjusting to their free time (Tomb, 1984; Moseley, 1988). Also, older adults experience role changes. For example, the parents' role changes after their children leave home; physical loss in their later life may cause them to give up homemaking or homeowning; and they may not be a breadwinner any longer (Silverstone & Hyman, 1982; Moseley, 1988). Also, their life can be affected by marital status: marriage, divorce, remarriage, and widowhood, and by grandparenthood (Tomb, 1984; Moseley, 1988). Moreover, the relationships with a spouse, families, and friends can change because of illness, financial loss, and loss of independence (Silverstone & Hyman, 1982). Also, with changes in the familiar environment, such as their neighborhood, shopping center, and relocation, older adults may be frustrated (Silverstone & Hyman, 1982; Moseley, 1988).

Psychological Aspects

With aging, some psychological changes are normal and are very closely related to physical and social changes. Older adults can be exposed to a greater number of psychological problems than are members of younger generations. In terms of mental ability, some older adults (though not all) may lose their memories (Moseley, 1988). Based on studies by Brody and Silverstone and Hyman, Moseley (1988) categorizes older adults' mental abilities into intelligence, learning ability, creativity, memory, judgment, personality, normal behavioral and emotional problems, and abnormal behavioral and emotional problems.

Intelligence

Older adults do not lose their intelligence with aging. However, if they have health problems such as high blood pressure or heart disease, their intelligence may decline. The only thing to do for maintaining their intelligence is to cultivate an interest in everything around them.

Learning Ability

Older adults continue to have an ability to learn. The only difference between younger and older adults is that older adults need more time to learn something.

Creativity, Memory, Judgment, and Personality

Older adults have creative ability equal to that of other ages; they experience loss and poor memory (forgetfulness) commonly. In terms of their judgment ability, older adults have great judgment ability based on their past experience. However, reaction time may be slow. There is no big change in older adults' personality with aging.

Normal Behavioral and Emotional Problems

Due to social and physical changes, older people are more likely to express their emotions, such as fear, anxiety, anger, and grief. These expressions are normal within limits.

Abnormal Behavioral and Emotional Problems

Brain disorders (e.g., Alzheimer's disease) as well as depression constitute abnormal behavioral and emotional problems. In addition, hypochondriasis, paranoia and psychosis, abuse of drugs and alcohol often result in abnormal and emotional problems.

Older adults' psychological changes cause a number of psychological problems. The examples of psychological problems can be dementia, anxiety, high suicide, the incident of sexual dysfunction, sleep problem, medical disorder, drug abuse, depression, and Alzheimer's disease (American Psychological Association, n.d.). Those problems can cause older adults' loss of independence.

Importance of Resident Policies in Assisted Living Facilities

This section discusses the importance of policies in assisted living facilities by giving a general definition of policies, information about resident policies in assisted living facilities, and information on resident policies for both conventional apartment communities and nursing homes.

Definition of Policies

In general, a policy is defined as "a course of action, guiding principle, or procedure considered expedient, prudent, or advantageous; and prudence, shrewdness, or sagacity in practical matters" (Houghton Mifflin Company, 2006). Colebatch (1998) defines policy as a process as well as an artifact. According to him, policies are not only concerned with creating coherence in the face of continuing ambiguity and contest, but are problematic and graduated rather than definitive and absolute.

Policies serve as general statements of understanding which guide subordinates' thinking as they make decisions; policies limit the area within which a decision is to be made and assures that it will be consistent with the overall objectives; and policies seem to decide issues ahead of time by establishing the framework for and scope of the actions (Allen,1987).

The development of policies is the responsibility of the administrator (Rogers, 1984).

When administrators develop policies, they use policy analysis, which is:

a practical philosophy on how to assist a decision maker with complex problems of choice under conditions of uncertainty. Policy analysis can be characterized as a systematic approach to helping a decision maker choose a course of action by investigating his entire problem, searching out alternatives, and comparing these alternatives in the light of their consequences, using an analytic framework to bring expert judgment and intuition to bear on the problem. (Burt, 1974, p.1)

Burt (1974) stated that policy analysis may need to depend on informed judgment to a considerable degree and that it is important to eliminate uncertainty by revising and adding policies to fit the needs of specific institutions.

Policies are generally very important as a guideline for management, and policies for assisted living facilities are no exception. However, there is little research on particular policies for assisted living facilities since they are a relatively new concept. Accordingly, apartment community policies will be examined since assisted living facilities are essentially apartment communities for older adults, and similarities in policies regarding residents of both facilities can be found.

General Resident Policies on Properties

Kelly (1999) indicated that the general resident policies in apartment communities permit the scheduling of management activities and help the manager to concentrate on the really demanding parts of the business. The author states that policies should be developed by the property management professional in accordance with the goals and objectives of the properties.

General resident policies should have the following characteristics:

- Policies should prevent the trouble of making time-consuming decisions on an individual basis;
- Policies should be reviewed and changed based on necessity;
- Policies should be in writing and should be made available to all concerned parties;
- Policies are critical to the manager, staff, prospective residents, residents, and the property owner; and
- Policies should be reasonable and enforceable (Kelly, 1999)

Resident policies are generally stated in resident handbooks. According to Kelly (1999), the resident handbooks should contain easily readable rules/ regulations and policies, along with practical and useful information; and the handbooks should avoid negative content published by freelance writers, advertising copywriters and other publicists. In addition, resident handbooks should be delivered personally to residents.

Kelly lists the aspects of resident life that policies should address in the resident handbooks for conventional apartments:

- Automobile repairs
- Bicycles
- Children
- Complaints
- Decorating
- Deliveries
- Disturbances
- Emergencies
- Keys and lockouts
- Laundry room
- Motorcycles/ campers
- Musical instruments
- Occupancy limits
- Parking
- Pets
- Recreational facilities
- Renewals
- Rent payments
- Resident improvements
- Security deposit
- Stereos
- Storage
- Strollers and
- Waterbeds

Kelly also suggests that resident handbooks/guidebooks should include practical information such as a neighborhood map; addresses and phone numbers of utility and cable service providers; places of worship; schools; public libraries; public transportation stops; shopping districts; the nearest post office; fire departments; voting precinct numbers; local polling places; and the names of federal, state, and local government representatives.

The purpose of resident policies in apartment communities is to give residents clear rules/regulations to follow during the period of their residency. This purpose is similar for assisted living facilities. However, there is a difference between general apartment communities and assisted living facilities since the target demographics of the latter are older adults. Therefore, many policies found in conventional apartment communities (e.g. bicycles, strollers, and disturbances) would not be relevant in assisted living handbooks. However, other policies such

as admission, security, activities of daily living, and transportation would need to be added. In the next section, policies for assisted living facilities are examined.

Resident Policies in Assisted Living Facilities

Zimmerman et al. (2001) pointed out that marketing materials, admission contracts, and facility information related to resident policies for assisted living facilities are often incomplete and unclear. On the whole, there is very little literature regarding resident policies in assisted living facilities since this type of facility is relatively new.

Kissam et al. (2003) examined admission criteria for assisted living facilities and categorized the criteria into three areas: functional, behavioral, and medical. According to them, these criteria could serve as a guideline for state regulations regarding this new area of care -- which is also in the early stages of development -- to address the balance between safety and autonomy in assisted living facilities. A recommended admission and continued stay criteria for individuals in assisted living facilities was suggested in the study.

- Functional aspect: residents must be relatively independent, being capable of mobility, transferring on and off the toilet, feeding themselves, and following directions in an emergency situation. They may require some assistance in bathing, dressing/grooming, and medication. In case of catheters/ostomies, the residents must be able to manage themselves;
- Behavioral aspect: residents must not be a threat to themselves or others, and must not require the use of restraints; and

- Medical aspect: residents with tracheotomies must be independent in all aspects of tracheotomy care, must have a negative tuberculin skin test and must be free from symptomatic *Clostridium difficile* infection, must not require treatment for substance abuse, must be able to self-inject insulin, and must not require skilled nursing services as defined by Medicare.

The research on resident policies of assisted living facilities is scant because of the newness of the sub-sector. In the next section, the policies of nursing home facilities are examined specifically since nursing homes are one type of long term care facilities for older adults. Even though nursing homes are more medically oriented, some policies will be relevant to assisted living facilities and should be considered.

General Resident Policies/ Services at Nursing Home Facilities

A discussion of nursing home policies might aid in analyzing policies and services of assisted living facilities that are similar to nursing homes, since nursing homes are one kind of housing for older adults. The Virginia State Bar (1999) states that

nursing homes are regulated by both state and federal laws. While state laws vary, all nursing facilities must be licensed under state law. States usually inspect nursing homes once a year. More than eighty percent of nursing homes participate in Medicare or Medicaid, and thus are required to meet federal certification standards on quality of care, quality of life and residents' rights. (p.42)

Nursing home facilities are key providers of long-term care for older adults who have serious functional or cognitive disabilities or medical problems and who require 24-hour care

(Pandya, 2001). The Assisted Living Federation of America (ALFA) (n.d.) defines a nursing home as a facility which provides 24-hour skilled care for patients who generally rely on assistance for most or all ADLs. The definition of nursing home facilities shows a similarity with assisted living facilities in that the latter offers health services as well as assistance with ADLs. Moseley (1988) clarified the nursing home characteristic more definitely. He explained that “nursing homes are inpatient facilities providing rehabilitative or custodial care on a long-term basis. Depending upon the type of facility --skilled, intermediate, or custodial -- a greater or lesser degree of nursing and rehabilitation services is provided” (p.202). Residents in nursing home facilities need more skilled care than do residents eligible for assisted living facilities and nursing home facilities have more of an institutional setting than do assisted living facilities which have more of a residential setting.

Nursing home services to residents are more oriented toward medical and health considerations. Examples of these services include medical and nursing care, meals, laundry, and housekeeping; and facilities providing dietary, pharmacy, recreational and social services, occupational therapy, and physical therapy, and speech therapy (Virginia State Bar, 1999).

The Federal Nursing Home Reform Amendments of 1987 established rights of residents. All nursing home facilities should obey rules such as the following:

nursing homes must provide written information; resident have the right to choose a personal physician; residents have the right to participate in social, religious, and community activities; nursing homes must permit immediate access to a resident by personal physician and representatives from state and federal agencies, immediate family or other relatives; residents may only be transferred or discharged under the following conditions—the resident’s welfare cannot be met in the facility, the resident’s health has

improved so that nursing care is no longer needed, and the health and safety of [other] individuals in the facility are otherwise endangered (Virginia State Bar, 1999, p.43).

Generally, nursing home facilities have a resident selection policy including two main sections: 1) resident applications and 2) admissions policies and selection criteria based on older adults' physical and mental status. They focus more on conditions requiring a resident to move. Nursing home facilities make an effort to develop individual policies based on the philosophy and orientation for their efficient management (Moseley, 1988).

Several important management concepts are involved in a nursing home facility: policymaking, decision making, leadership, power and authority, communication skills, organizational norms and values, and additional related concepts. In terms of policymaking, the purpose of policy is to help keep decisions within areas intended by the planners and to reveal the facility administrator's intentions with respect to the behavior of employees, patients/residents, and the public for future time periods. Also, simplicity is important in making a policy. Some nursing home policies are flexible and require the interpretation of the policy user (Allen, 1987).

Rogers (1984) observes that policies are categorized into the following areas:

- Personnel policy;
- Policy for notification of changes in patient status;
- Patient-care policy, including admission, transfer, discharge; and
- Nursing and medical-care policy covering physician services, nursing services, dietary services, pharmaceutical services, diagnostic services, emergency care, dental services, social services, patient activities, clinical records, transfer agreement, and utilization review.

The nursing home administrator will be responsible of the formulation of the policy. The fundamental idea of the development of policies for patient care is to include all knowledge and experience of the medical and paramedical health care team. The second method is to develop an organized medical staff practicing in the nursing home. Some categories of policy for some of the cases are admission policy, change in a patient's status, transfer policy, discharge policy, and policies concerning the death of a patient (Rogers, 1984).

Marketing and Management of Seniors Housing

With the spread of assisted living facilities in the United States, the management of this residential alternative has appealed to older adults through marketing. Trade association journals, such as *Units* and *Senior Market Advisor* report a great deal on marketing trends. Virtually nothing is reported on resident policies; however, marketing is very closely related to resident policies because resident policies should be included in resident handbooks, which can be an important marketing tool. While creating and structuring a resident handbook, the assisted living administration considers services and amenities, which can be included in the resident policies. For this reason, marketing should be examined to develop an understanding of resident policies. In this section, the importance of marketing and management of seniors housing and what constitutes an appropriate resident handbook are explained.

Importance of Marketing and Management

The seniors housing market has been growing, and due to competition among facilities, marketing is a very important component. From this aspect, resident handbooks are a marketing tool, and marketing in seniors housing should be studied closely.

Several authors focus on the importance of marketing in seniors housing. Kinnear, Bernhardt, and Krentler (1995) indicate that marketing in senior housing is related to all the activities of individuals and organizations which are intended to encourage and facilitate exchanges satisfactory to all people involved in senior housing. Exchange means all the activities associated with receiving something from someone by giving something in return. The author suggests that marketing is a major component of all economic activities, and it can cause the success or failure of all organizations. Ehlers (2002) offers information on how to succeed in the seniors housing market. She emphasizes that marketing budgets, a marketing plan, sales presentations, new approaches to advertising, effective public relations, plan promotions, and marketing tools are very important components in the marketing arena.

Resident Handbooks

Resident handbooks are very important marketing tools since they provide the facilities' basic information to residents, prospects, and their families. Additionally, they could be the first impression of the assisted living facilities that people receive. Also, they are very related to facilities' management since they include regulations and rules.

Moseley (1988) published a guidebook about managing seniors housing to offer a practical approach to the operations of various types of seniors housing. This publication can be a source for establishing policies and procedures although few other policies relating to assisted living facilities have been found. He combines concepts, techniques, and approaches for readers to help clarify the information and procedures in a seniors housing facility. He also provides a source for establishing policies and procedures; and reports the definitions of seniors housing and unique services, and explains the aging process. Explanations of general administration, marketing, resident relations, resident services, food service, housekeeping and laundry, maintenance, risk management, and health-care services are also provided in this publication. Moseley suggests that an ideal resident handbook in seniors housing would list policies such as those below:

- Barber/beauty shop
- Convenience shop
- Dining
- Gameroom
- Guests
- Health care
- Health spa
- Housekeeping service
- Ice cream parlor
- Individual apartment homes
- Insurance
- Keys
- Laundry facilities
- Laundry service
- Library
- Mail
- Paper delivery
- Parking
- Pest control
- Pets
- Planned activities
- Resident council
- Scheduled transportation
- Storage areas
- Trash pickup and
- Tray service

Moseley (1988) points out that “the application packet given to the applicant during the application process should include a resident handbook. The resident handbook provides residents with an explanation of the services and policies of the seniors community” (p. 131).

Also, Moseley reported that activity programs in senior housing are very challenging to develop, and groups the activity programs into six categories:

- socially and recreationally oriented events;
- spiritually oriented programs;
- intellectually stimulating events;
- diversionary hobbies and crafts;
- vocations and volunteerism; and
- wellness and exercise programs.

Pearce (1998) indicates that well-written, brief, and thorough resident handbooks are very effective tools to the operational translation of the service package; they are an integral component of the resident agreement and can be considered a legal document. Generally, resident handbooks convey resident policies in their facilities. Resident handbooks include a welcome letter, important telephone numbers, descriptions of services provided, policies and procedures, explanations of public activities, emergency and safety information, and rules and regulations. Resident policies can be provided in resident handbooks under specific headings such as services, policies and procedures, public areas, emergency and safety information, and rules and regulations:

- Resident services are provided in resident handbooks with a short description of each service and offer an outline of what residents may expect and what is included in, or ancillary, to their monthly service fee.

- Policies and procedures directly affect the residents. They include apartment changes, billing, deliveries, privately employed personnel, parking, pets, smoking, and tipping.
- Public areas give an important role in terms of socialization among residents. Residents think of those areas as extensions of their apartments and an integral part of their home.
- Emergency and safety information are a detailed description of procedures to be followed in an emergency, fire alarm, and emergency call system, and should include an evacuation route map to the emergency exit nearest a given apartment and a description of how the fire alarm, fire extinguishers, and sprinkler systems work.
- Rules and regulations are shown in terms of residents' apartments, parking, use of the grounds, storage, apartment modifications, locks and keys, and conduct of guests, as well as other liabilities and responsibilities of tenants (Pearce, 1998).

Summary of Literature

Older adults are one of the fastest growing populations; with aging, older adults experience social, physical, and psychological changes. Due to these changes, they may need some assistance with their daily living, and they often require housing alternatives for their later life. For this reason, assisted living facilities have been one option since the 1990s. However, the history of assisted living is shorter than that of other housing alternatives, such as nursing homes, so there has also been less research on them. Also, due to this short history, marketing materials, admission contracts, and facility information are insufficient and uncertain. However, prospective residents, residents, and their families are eager to know the resident policies and services provided in writing in a format like a resident handbook. Resident policies in the

handbooks are very important resources for prospective residents, residents, their families, and management staff since they provide rules and regulations for the period of their residence. However, there is currently little research to assist administration in developing these policies.

CHAPTER 3

METHODOLOGY

The purpose of this study was to examine the current resident policies of selected assisted living facilities in Virginia in order to suggest resident policies that will assist the staff in efficiently managing the assisted living community. To accomplish this purpose, two investigations were conducted. In the first phase, a mail survey form was developed to determine current resident policies provided in existing assisted living facilities in Virginia (Appendix A and B). In the second phase, resident handbooks from the selected facilities were analyzed and compared to determine existing resident policies. Finally, a set of consistent policies for assisted living facilities was recommended.

Research Design

The following flowchart presents the research process (see Figure 3), which was divided into five sections:

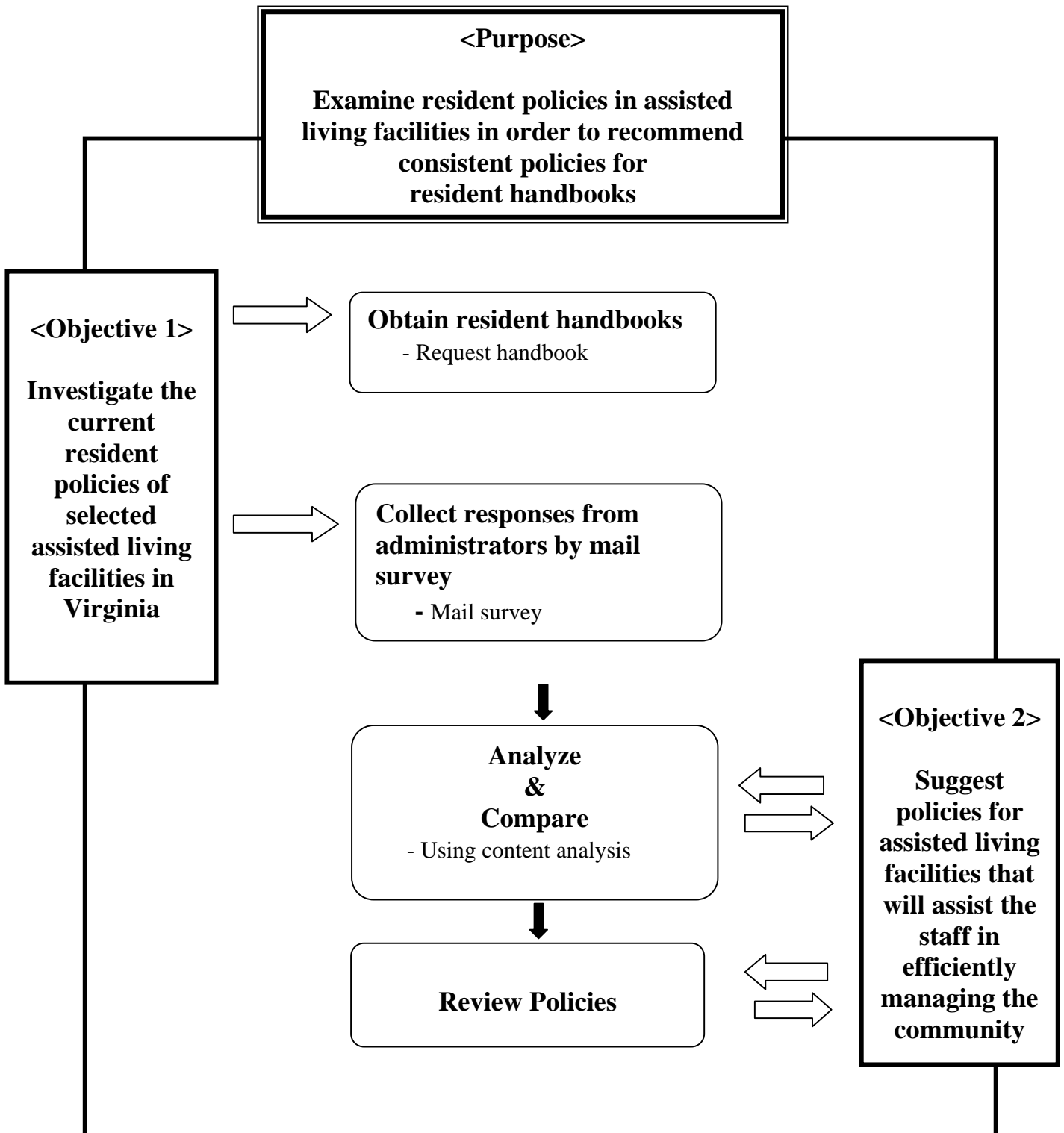
1. Obtain resident handbooks.

Contacted 12 assisted living facilities and obtained responses from seven assisted living facilities (one resident handbook had already been obtained from the Best Practices in Assisted Living Study);

2. Collect responses from administrators.

Contacted 12 assisted living facilities and obtained responses from seven assisted living facilities;

Figure 3. Flow chart of research framework.



3. Analyze and compare each policy from eight resident handbooks, as well as survey responses;
4. Review the current policies of the assisted living facilities; and
5. Recommend ideal resident policies that meet the needs of both the residents and the assisted living facilities

Data Collection

In this chapter, the survey procedure, characteristics of the facilities chosen in this research, and the source(s) of resident policies in assisted living facilities are described.

Survey Procedure

The survey procedure of this study had two steps: (a) site selection and (b) first and follow-up mail survey.

Facility Selection

The research was conducted at 12 assisted living facilities in Virginia. These facilities were chosen from among those included in the Best Practices in Assisted Living Study conducted by housing faculty in the Department of Apparel, Housing, and Resource Management at Virginia Tech. One of the facilities was located in Christiansburg, one in Arlington, one in Burkeville, four in Richmond, three in Roanoke, and two in Salem. For privacy purposes, pseudo names have been assigned for the facilities (see Table 2).

Table 2

Twelve Assisted Living Facilities

Assisted living facilities	Location
Agape Garden	Arlington
Angelica	Richmond
Crown-imperial Assisted Living	Burkesville
Eastside Assisted Living	Richmond
Grace of Jesus	Roanoke
Great Village	Richmond
Laurel Retirement Community	Salem
St. Mary's Retirement Community	Roanoke
Olive Community	Richmond
Rosemary Gardens	Salem
Saint John's Garden	Roanoke
Sunflower Assisted Living	Christiansburg

Best practices in assisted living study.

The Best Practices in Assisted Living Study was conducted from 1998 to 2003. The case studies were conducted from 2000 to 2002, and the follow-up visits were done in 2002. The purposes of the Best Practices in Assisted Living Study were to examine assisted living facilities in rural Virginia and determine the best practices in the design and management of these facilities, and to share these practices with developers and communities to encourage effective and affordable facilities. Four facilities in Virginia were used in the case study: (a) Agape

Garden, (b) Crown-imperial Assisted Living, (c) Laurel Retirement Community, and (d) St. Mary's Retirement Community. Sunflower Assisted Living was employed as a pilot study.

The Best Practices in Assisted Living Study employed four data collection methods: physical documentation, an environmental attribute scan, interviews, and photo documentation. To investigate the physical environments of the assisted living facilities, physical documentation was taken of the interior and exterior areas that could be accessed by residents. Environmental attribute scanning methods were used to gather data regarding the facilities' environmental attributes by recording observations on a standardized questionnaire. Information regarding policies, accommodations, and maintenance for activity areas, outdoor spaces, and resident rooms was obtained through interviews conducted with the general manager, housekeeping manager, activities director, maintenance director, and the manager of healthcare of those facilities. Photo documentation was developed to provide examples of physical measurements, environmental attributes, and interview data.

The Best Practices Study was oriented to the design and management of these Virginia facilities (Beamish & Goss, 2002) while the current study focuses specifically on resident policies with the same Virginia facilities.

First and Follow-up Mail Survey

In May 2005, the 12 assisted living facilities were contacted by mail. An administrator from each facility was asked to send the facility's resident handbook and to complete a survey. Seven responses were received by July 2005. A follow-up survey was conducted with the remaining five facilities in August 2005, but no additional responses were received.

In the first mail survey, the administrator of each facility was requested to send the facility's resident handbook. A return envelope was provided for their convenience. The attached survey form (Appendix A and B) was developed to gain general information about management with respect to policies such as

- whether the facility has a resident handbook or not;
- at what time the actual handbook is distributed to the resident;
- the procedure the facility follows to revise the resident handbook;
- the manner in which prospective residents are informed of the admission policy; and
- additional information regarding policies.

Seven resident handbooks were provided in response to the mailed request and one resident handbook had already been obtained from the Best Practices in Assisted Living Study. The total number of resident handbooks obtained was eight; and therefore, eight assisted living facilities were evaluated. Table 3 shows the timeline of the survey in this study.

Facilities' Characteristics

This section introduces a general description of the facility type, location, qualification, and capacity provided by the Virginia Department of Social Services (2005); and brief information on the eight assisted living facilities such as resident type, age of facility, profit/non-profit status, price (per month), and building type.

Table 3

Survey Timeline and Response Number

	Time	Response Number
First mail survey	May 2005 – July 2005	Seven resident handbooks Seven responses to the mailed request
Follow-up survey	August 2005 – September 2005	None
Best Practices Assisted Living Study	2002	One resident handbook obtained from file copies
Total Number		Eight resident handbooks

General Information on Facility Type, Location, Qualification, and Capacity provided by the Virginia Department of Social Services

Table 4 describes the facility type, location, qualification, and capacity of eight assisted living facilities. This profile of assisted living facilities is provided by the Virginia Department of Social Services (2005). All eight facilities are classified as an assisted living facility type. One facility is located in Arlington; one in Burkeville; two in Salem; two in Roanoke; and two in Richmond. Facility capacity varies from 46 to 216. All provide the residential and assisted living care service. Four others provide non-ambulatory service, and three facilities have a special care unit service. The Virginia Department of Social Services provides the definition of terms related to assisted living facility services (listed below Table 4).

Table 4

Facility Type, Location, Qualification, and Capacity of Eight Assisted Living Facilities

Facility name*	Location	Qualification	Capacity
Agape Garden	Arlington	– Non-ambulatory ¹ – Residential and assisted living care ²	146
Angelica	Richmond	– Non-ambulatory – Residential and assisted living care	70
Crown-imperial Assisted Living	Burkesville	– Non-ambulatory – Residential and assisted living care – Special care unit ³	75
Eastside Assisted Living	Richmond	– Non-ambulatory – Residential and assisted living care	216
Laurel Retirement Community	Salem	– Residential and assisted living care – Special care unit	90
St. Mary's Retirement Community	Roanoke	– Residential and assisted living care	46
Rosemary Gardens	Salem	– Residential and assisted living care	82
Saint John's Garden	Roanoke	– Residential and assisted living care – Special care unit	100

Note. * For privacy purposes, pseudo names have been assigned for each facility.

1. **Non-Ambulatory:** facilities with this qualification are permitted to care for residents who by reason of physical or mental impairment are not capable of self-preservation without the assistance of another person (Virginia Department of Social Services, 2005).
2. **Residential and Assisted Living Care:** this service is provided by some assisted living facilities for adults who require assistance with at least two activities of daily living. Included in this level of service are individuals who require assistance because of significant behavior problems. Facilities licensed for the assisted living level of care also may provide care to residents who require only the residential level of care (Virginia Department of Social Services, 2005).
3. **Special Care Unite:** this is a self-contained safe, secure environment for individuals with serious cognitive impairments due to a primary psychiatric diagnosis of dementia who cannot recognize danger or provide for their own safety and welfare. There may be one or more self-contained special care units in a facility or the whole facility may be a special care unit (Virginia Department of Social Services, 2005).

Brief Information on the Eight Assisted Living Facilities

Besides information provided by the Virginia Department of Social Services above, brief information on the eight assisted living facilities such as resident type, age of facility, sponsorship, rental fees, and structure type were found from their websites, handbooks, or online journals (see Table 5):

- **Agape Garden:** As a non profit facility, Agape Garden provides two types of resident services: independent and assisted living. Since the sponsor of this facility is a non profit organization, that organization decides the monthly cost based on residents' income. This assisted living facility, which is an eight-story high rise, began operation in 2002.
- **Angelica:** The Angelica is a profit pursuing facility. The monthly rent ranges from \$1,700 to \$3,700; and the facility is a six-story building in an urban setting.
- **Crown-imperial Assisted Living:** Crown-imperial, a for-profit facility, provides independent living and assisted living services in a rural setting. The monthly rent ranges from \$1,560 to \$3,100. Assisted living costs an additional \$160 per month and intensive assisted living an additional \$320.
- **Eastside Assisted Living:** Since 1978, this facility has provided assisted living services in an urban setting. This facility operates in a high-rise building that is an archetype of early modern architecture in a campus setting.

Laurel Retirement Community: Laurel Retirement Community provides four types of services: skilled nursing care, retirement, assisted living, and Alzheimer's care. Open since 1993, this facility has a non-profit sponsor, and its monthly rent is based on residents' income. The building is a single-level structure located in a suburban setting.

Table 5

Brief Information on Eight Assisted Living Facilities

Facility Name	Resident type	Assisted living open year	Sponsorship	Monthly rent	Building type
Agape Garden	Independent & assisted living	2002	Non-profit	Based on residents' income	An eight-story high-rise
Angelica	Assisted living facility	-*	For-profit	\$1,700 - \$3,700	A six-story building
Crown-imperial Assisted Living	Independent & assisted living	-*	For-profit	\$1,355 - \$3,100 Assisted living adds \$160 in cost Intensive assisted living is \$320 additional	One story
Eastside Assisted Living	Assisted living services	1978	For-profit	-*	High-rise
Laurel Retirement Community	Skilled Nursing care, Retirement, Assisted Living, and Alzheimer's care	1993	Non-profit	Based on residents' gross income	Single-level setting
St. Mary's Retirement Community	Independent & assisted living	1989	For-profit	\$2,002 - \$2,402 Assisted living services adds \$839	A three-story building
Rosemary Gardens	Assisted living services, Alzheimer's	-*	For-profit	\$2,295 - \$3,250	Low-rise: a two- story building
Saint John's Garden	Assisted living services, Memory care	-*	For-profit	\$2,550 - \$3,200	Low-rise: a two or three – story building

Note. Sources: Internet sites from individual communities and the eight resident handbooks collected in this study. * Not found.

- St. Mary's Retirement Community: Since 1989, this facility has provided independent and assisted living services. The rent ranges from \$2,002 for a studio to \$2,402 for a one-bedroom. The addition of assisted living services increases the cost by \$839 per month. This for-profit facility is located in a suburban setting.
- Rosemary Gardens: This facility provides services for assisted living and Alzheimer's care. This suburban facility is a for-profit facility and costs for a studio range from \$2,295 to \$2,595; with one bedroom from \$2,795 to \$3,250.
- Saint John's Garden: As a for-profit facility, assisted living services and memory care are provided. The rent fee is based on the size of rooms: studio, one-bedroom or two-bedrooms are available. The costs for a studio range from \$2,550 to \$2,650, for one bedroom from \$2,775 to \$2,875, and for two bedroom \$3,200.

Source (s) of Policies in Assisted Living Facilities

Resident handbooks differed in format and in what they were called. Three assisted living facilities included a title page in their resident handbooks, but titles of the resident handbooks were inconsistent. Four facilities called the document the resident handbook; two used titles more in line with marketing terms (Welcome: new resident and families and Welcome to the St. Mary's retirement community); one facility called its handbook "regulations and information;" and one facility called its handbook "Resident/ family guide." All facilities provided some collection of written policies to residents.

Analysis

The researcher analyzed resident policies from the eight participating assisted living facilities and compared the policies to determine which policies should be included in the resident handbooks. To accomplish this, the researcher mailed survey forms and requests for copies of resident handbooks to the administrators of 12 assisted living facilities. Seven survey forms were returned, and seven copies of resident handbooks were sent to the researcher by mail. One resident handbook had already been obtained from the Best Practices in Assisted Living Study; therefore, eight assisted living facilities were evaluated. To analyze the resident policies gathered in this study, the researcher employed the content analysis method. The content in each handbook described the rules and regulations for the facilities' residents. Using the content analysis method, the researcher determined current policies based on the content of the handbooks and evaluated the policies' levels of importance based on frequency of occurrence.

Kerlinger (1986) defines content analysis as a method of studying and analyzing communications in a systematic, objective, and quantitative manner to measure variables. Berelson (1971) describes content analysis as a set of procedures designed to convert textual information to more relevant, manageable data. Leary (1995) presents the goal of content analysis:

The central goal of the content analysis is to classify words, phrases, or other units of text into a limited number of meaningful categories, that is, categories that are relevant to the researcher's hypothesis. (p.88)

Content analysis has two steps. The first step is to decide the units of text that will be analyzed (e.g. words, phrases, and sentences), and the second step is to define how the units of

text will be coded (Leary, 1995). Classification and rating can be considered in the second step.

For the first phase, the researcher compiled a list of elements included in each resident handbook. During this procedure, the researcher indicated that each resident handbook consisted of an introduction section and a resident policy section, and therefore separated the resident contents into two parts, an introduction part and a resident policies part.

For the second phase, classification and rating methods were employed. The researcher made a resident policy list based on the eight resident handbooks and categorized various topics within policies into one specific group if they contained similar contents or words (e.g., “*your keys*” was classified into “key” policy). Also, if resident policies appeared in a similar context in different resident handbooks, the researcher regarded them as the same policy (e.g., “*caregiver staff*” is synonymous with “private duty employees,” and was eliminated in this categorization procedure). The study was limited to policies for residents, and excluded the personnel policies for staff or management. To indicate the weight of importance for each policy, the researcher counted the frequency of each resident policy. The maximum occurring frequency for a resident policy was eight while the minimum occurring frequency was one. Based on the frequency counts of each resident policy, the researcher developed the framework for analyzing resident policies. The framework was divided into three sections: (a) resident activities listed in the resident handbooks, (b) resident policies related to administration, and (c) resident policies related to resident services. All resident policies were divided according to these three sections. In addition, the relationship among the three main sections (i.e., activities, administration, and services) and the physical, social, and psychological changes in older adults were analyzed.

In this study, the content analysis was oriented to qualitative research since all aspects of the contents in the resident policies currently provided in the assisted living facilities’ documents

were evaluated and analyzed to determine which policies should be included in the resident handbooks.

CHAPTER 4

GENERAL FINDINGS

In this chapter, a general description of resident handbooks, selection of resident policies, categorization according to the characteristics of resident policies, and relationship between resident policies and the aging process are described.

General Description of Resident Handbooks

In this section, the results of a resident handbook survey conducted from May to September 2005 and the introduction part dealing with title, table of contents, and greeting section in the resident handbooks are described.

Findings from Resident Handbook Survey

The attached survey form (Appendix A and B) was designed to gain general information about management with respect to resident policies. Seven of 12 assisted living facilities responded to the mailed request. The survey questionnaire contained five questions.

When asked if their facility had a resident handbook or not, most assisted living facilities responded that they did. One said that they did not have a handbook, but had a book of rights for residents and a packet explaining rules and regulations.

When asked when the actual handbook was distributed to the resident, four facilities answered that they distributed their handbooks when residents moved in or during orientation,

two said that they provided their residents with the handbooks when they signed the lease, and one facility offers the resident the handbook whenever requested.

When asked what procedure the facility followed to revise the resident handbook, it was found that four assisted living facilities updated as needed, two facilities revised their resident policies annually, and one facility did not state a specific time for revision of their resident handbook.

When asked in what manner prospective residents were informed of the admission policy, four facilities stated that they had a procedure to inform prospective residents of their admission policy. Four facilities used a phone method, three facilities employed information packages, and two facilities provided their information on the Internet and by mailing. Additionally, one facility commented that they had no formal process, although all facts were covered during the interview and when the resident filled out the necessary forms; one of the facilities responded “during the assessment, tours, and admission,” while another provided prospective residents with information on admission during the reservation of a suite or room (see Table 6).

A review of the resident handbook survey revealed that most assisted living facilities had a resident handbook to provide information on resident policies and updated it annually or when needed. The distribution time of resident handbook differed with each facility, but most residents obtained the resident handbook during move-in or during orientation. In addition, prospective residents were informed of the admission policy by phone or mail, or through an information package, or the Internet.

Table 6

The Manner in Which Prospective Residents Are Informed of the Admission Policy (from Seven Assisted Living Facilities Responded to the Mailed Request)

	Information package	Internet	Phone	Mail
Crown-imperial Assisted Living		O	O	O
St. Mary's Retirement Community	O	O	O	O
Agape Garden	O		O	
Eastside Assisted Living	O		O	
Rosemary Gardens	No formal process			
Saint John's Garden	During the assessment, tours, and admission			
Angelica	Upon reserving a suite/ room			

Recommendations

- Resident handbooks should be revised at least annually.
- Assisted living facilities would inform prospective residents and their family members of the admission policy by phone or mail, or through an information package, or the Internet.

Introduction Section: Title, Table of Contents, and Greeting Section

Resident handbooks differed in format and in what they were called. Four assisted living facilities included a title page in their resident handbooks, and the other four did not. Titles of the resident handbooks were inconsistent. Seven handbooks had a greeting or welcome message section. Five facilities called it “greeting” and two used the word “welcome.” Besides the title

and greeting section, several headings were presented in the introductory sections of the resident handbooks. Three facilities provided a table of contents to show what information they provided in their resident handbooks, the other five did not (see Table 7).

Following the introductory part of each resident handbook, all facilities provided some collection of written policies to residents. Generally, all eight assisted living facilities provided administration and resident services such as medication, meals, laundry, risk management, and security.

A review of all resident handbooks revealed that resident handbooks differed in format. Generally, titles of the resident handbooks were inconsistent. The resident handbook serves as an important marketing tool to attract new residents. Therefore, the resident handbooks should have an introduction section that includes a title, a welcome message and a table of contents. This provides the prospective resident with a warm and friendly impression of the facility apart from having an organized and easy-to-read resident handbook.

Recommendations

- Resident handbooks should include a title page, table of contents, and greeting or welcome page.
- The greeting section should include words like "welcome" that give the resident a sense of warmth and friendliness rather than a phrase like "rules and regulations."

Table 7

Introduction Part of Resident Handbooks

Agape Garden	Angelica	Crown-imperial Assisted Living	Eastside Assisted Living	Laurel Retirement Community	St. Mary's Retirement Community	Rosemary Gardens	Saint John's Garden
<i>Agape Garden Assisted Living Center Handbook (title cover page)</i>	<i>Welcome New Residents and Families (no cover page)</i>	<i>Crown-imperial Home Assisted Living Retirement Regulations and Information (no cover page)</i>	<i>Eastside Assisted Living Resident Handbook (title cover page)</i>	<i>Resident/Family Guide (no cover page)</i>	<i>Welcome to the St. Mary's Retirement Community (no cover page)</i>	<i>Rosemary Gardens Assisted Living Resident handbook (title cover page)</i>	<i>Saint John's Garden Resident Handbook (title cover page)</i>
Welcome from the executive director	Greeting from department directors	Greeting and introduction of rules and regulations (in a paragraph)	Greeting from the director		Greeting	Welcome to Ridgewood Gardens from the director	Greeting from executive director
			Contents of handbooks		Table of contents	Table of contents	
Purpose and philosophy			American Retirement Corporation (acknowledgement of receipt) American Retirement Corporation (Additional Services Addendum) All about the American Retirement Corporation (ARC)			Introduction to the resident manual	List of contact information for staff members Important phone number

Selection of Resident Policies

The resident policies from eight assisted living resident handbooks were analyzed and compared based on the frequencies of each different resident policy, using the content analysis method. The total number of resident policies originally gathered from the eight resident handbooks was 61. Through elimination, the number of resident policies for the study was reduced to 56.

- Resident policies with a frequency of eight: guests, laundry services, meals (dining), nursing services, safety, and activities;
- Resident policies with a frequency of seven: beauty/barber shop, communications, emergencies, and housekeeping;
- Resident policies with a frequency of six: maintenance, personal appearance, pets, security, tipping, and transportation;
- Resident policies with a frequency of five: public and common areas, personal insurance, mail, medications/health, and cable television;
- Resident policies with a frequency of four: heating and cooling, telephone, and valuables;
- Resident policies with a frequency of three: electric carts and wheelchairs, electricity, newspaper delivery, noise (radios/ TV), private duty employees, receptionist (administrative), religious services, monthly billing (rent payment), and termination (discharge);

- Resident policies with a frequency of two: admission, apartment changes, alcoholic beverages, elevators, gardens, parking (automobiles), trash (disposal), and volunteer opportunities; and
- Resident policies with a frequency of one: utilities, banking, conduct, furnishings, generator, grocery deliveries, incident and accident reports, interior decoration, kitchen range, lost and found, personal records, profanity, recycling, shared risk and responsibility, and water and sewer.

To select resident policies for this study, a policy was included if it was oriented to residents rather than employees or personnel, and if a resident policy appeared in similar contexts among different resident handbooks, the author regarded them as the same policy. Therefore, five resident policies which involved “employee relationship,” “laboratory services,” “caregiver staff,” “garbage disposal,” and “automobiles” were eliminated because: (a) “employee relationship” was more oriented to employee concerns, (b) “caregiver staff” was judged to be the same as “private duty employees,” (c) “garbage disposal” was regarded as the same policy as “trash (disposal),” (d) “laboratory services” was unrelated to resident services, and (e) “automobiles” was similar to a “parking” policy. Table 8 illustrates the 56 resident policies analyzed in this study.

Table 8

Fifty Six Resident Policies from Eight Resident Handbooks

	Agape Garden	Angelica	Crown-imperial Assisted Living	Eastside Assisted Living	Laurel Retirement Community	St. Mary's Retirement Community	Rosemary Gardens	Saint John's Garden	
Guests	X	X	X	X	X	X	X	X	8
Laundry services	X	X	X	X	X	X	X	X	8
Meals (dining)	X	X	X	X	X	X	X	X	8
Nursing services	X	X	X	X	X	X	X	X	8
Safety	X	X	X	X	X	X	X	X	8
Activities	X	X	X	X	X	X	X	X	8
Beauty/barber shop	X	X	X	X	X		X	X	7
Communications	X	X	X	X	X		X	X	7
Emergencies	X	X		X	X	X	X	X	7
Housekeeping	X	X	X	X		X	X	X	7
Maintenance	X	X		X		X	X	X	6
Personal appearance	X		X		X	X	X	X	6
Pets	X		X	X		X	X	X	6
Security	X	X	X			X	X	X	6
Tipping	X	X		X		X	X	X	6
Transportation		X		X	X	X	X	X	6
Public and common areas	X	X	X	X		X			5
Personal insurance	X			X		X	X	X	5
Mail	X	X			X	X	X		5
Medications/health			X	X	X	X		X	5
Cable television	X	X		X		X	X		5
Heating and cooling	X		X	X		X			4
Telephone		X			X	X	X		4
Valuables			X	X		X	X		4
Electric carts and wheelchairs				X		X		X	3
Electricity	X					X		X	3
Newspaper delivery		X				X	X		3
Noise (radios/TV)	X		X					X	3
Private duty employees					X	X		X	3
Receptionist (administrative)	X						X	X	3

Table 8 (continued).

	Agape Garden	Angelica	Crown-imperial Assisted Living	Eastside Assisted Living	Laurel Retirement Community	St. Mary's Retirement Community	Rosemary Gardens	Saint John's Garden	
Religious services			X		X	X			3
Monthly billing (rent payment)			X	X			X		3
Termination (discharge)				X	X		X		3
Admission				X	X				2
Apartment changes	X				X				2
Alcoholic beverages			X		X				2
Elevators	X			X					2
Gardens	X			X					2
Parking (automobiles)						X		X	2
Trash (disposal)	X						X		2
Volunteer opportunities			X	X					2
Utilities				X					1
Banking	X								1
Conduct					X				1
Furnishings				X					1
Generator						X			1
Grocery deliveries	X								1
Incident and accident reports							X		1
Interior decoration				X					1
Kitchen range						X			1
Lost and Found								X	1
Personal records	X								1
Profanity			X						1
Recycling	X								1
Shared risk and responsibility				X					1
Water and sewer						X			1

Categorization of Resident Policies into Activities, Administration, and Services

The 56 resident policies included in this study were categorized according to activities, administration, and services which should be included in the resident handbook for assisted living facilities (see Table 9). Generally, resident handbooks are written documents that state the policies of assisted living facilities. If resident policies are thoughtfully written and are based on needs as they relate to the aging process, they can improve the efficiency of management as well as the quality of the residents' life in assisted living facilities (Mosley, 1988).

The total number of resident policies analyzed in this study was 56. The author placed each of the 56 resident policies into one of three categories (activities, administration, and services) based on Mosley's themes. Activities were related to resident activities inside and outside the assisted living facilities. The administrative issues were linked to resident policies in terms of managing the assisted living facilities, not resident services or resident activities. Services were related to resident policies that support residents' daily living.

The first category, "activities," was divided into three parts: (a) activities in public and common areas, (b) communications, and (c) volunteer opportunities. Seven of the eight handbooks included "communications" policies, and five handbooks included policies regarding "activities in public and common areas." Only two handbooks included "volunteer opportunities."

The second category, "administration," was divided into four parts: (a) office administration, (b) personal behavior, (c) personal items and space, and (d) risk management. "Office administration" included five policies: admission, apartment changes, monthly billing (rent payment), receptionist (administrative), and termination (discharge), with only two or three

handbooks including only one of the policies. “Personal behavior” had six policies: alcoholic beverages, conduct, noise (radios/TV), personal appearance, profanity, and tipping. “Personal appearance” and “tipping” occurred in seven of the eight resident handbooks. “Personal items and space” consisted of 11 policies such as electric carts and wheelchairs, furnishings, gardens, guests, interior decoration, kitchen range, parking (automobiles), pets, private duty employees, telephone, and cable television. Policies related to “guests” and “pets” were found in eight and six handbooks, respectively. “Risk management” was comprised of ten resident policies: elevators, emergencies, incident and accident reports, personal insurance, lost and found, personal record, safety, security, shared risk and responsibility, and valuables. The frequencies of policies regarding safety (8), emergency (7), and security (6) were higher than other policies.

The third category, “services,” had three sub-categories: (a) internal services, (b) external services, and (c) utility services. “Internal services” included seven resident policies: housekeeping, laundry services, maintenance, meals (dining), medications/ health, nursing services, and transportation. Most of these policies occurred in at least five of the eight resident handbooks. “External services” was comprised of six resident policies: banking, beauty/barber shop, grocery deliveries, mail, newspaper delivery, and religious services. “Beauty/barber shop policies” and “mail policies” were found most frequently (in seven and five handbooks, respectively). Six resident policies; electricity, generator, heating and cooling, recycling, trash (disposal), and water and sewer, were categorized under “utility services.” Policies regarding heating and cooling had the highest frequency (four) in a group of policies regarding utility services.

Table 9

Categorization according to Activities, Administration, and Services

Activities	Administration	Services
Activities	Office administration	Internal services
– Activities	– Admission	– Housekeeping
– Public and common areas	– Apartment changes	– Laundry services
– Communications	– Monthly billing (rent payment)	– Maintenance
– Volunteer opportunities	– Receptionist (administrative)	– Meals (dining)
	– Termination (discharge)	– Medications/ health
		– Nursing services
		– Transportation
	Personal behavior	External services
	– Alcoholic beverages	– Banking
	– Conduct	– Beauty/barber shop
	– Noise (radios/TV)	– Grocery deliveries
	– Personal appearance	– Mail
	– Profanity	– Newspaper delivery
	– Tipping	– Religious services
	Personal items and space	Utility services
	– Electric carts and wheelchairs	– Utilities
	– Furnishings	– Electricity
	– Gardens	– Generator
	– Guests	– Heating and cooling
	– Interior decoration	– Recycling
	– Kitchen range	– Trash (disposal)
	– Parking (automobiles)	– Water and sewer
	– Pets	
	– Private duty employees	
	– Telephone	
	– Cable television	
	Risk management	
	– Elevators	
	– Emergencies	
	– Incident and accident reports	
	– Personal insurance	
	– Lost and found	
	– Personal record	
	– Safety	
	– Security	
	– Shared risk and responsibility	
	– Valuables	

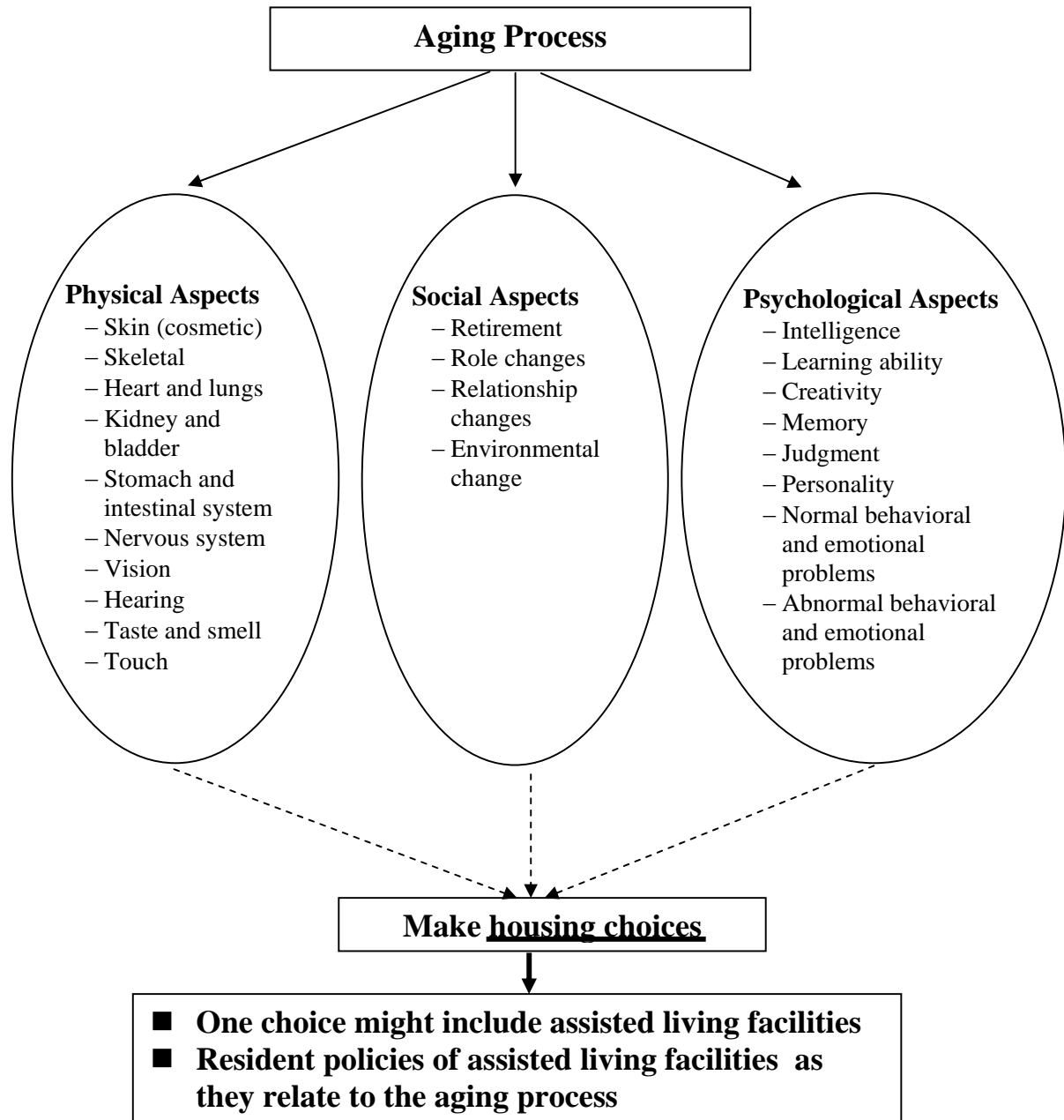
The Relationship between Resident Policies and the Aging Process

Resident policies from the eight assisted living resident handbooks were related to the aging process of older adults. Any policy's eligibility for inclusion in this study was its relevance to changes due to the aging process of older adults. The needs of older adults as they age were connected to each resident policy offered by assisted living facilities. With aging, older adults experience changes in three aspects: physical, social, and psychological. Moseley (1988) indicated that those changes mean a process of loss:

- physical change: changes or loss in skin, skeletal and muscular systems, the heart and lungs, the urinary system, the stomach and intestinal system, the nervous system, vision, hearing, taste, and smell and touch can restrict mobility;
- social changes: retirement, role changes, new or ended relationships, and changed living environments may mean isolation from friends or family members;
- psychological problems: physical and social changes as well as a decline in mental abilities can be caused by aging

Figure 4 shows changes experienced by older adults as they relate to physical, social, and psychological aspects. Older adults experiencing physical, social and psychological changes often think of obtaining a housing alternative such as assisted living facilities; consequently, the management staff in those facilities must consider the aging process when they establish resident policies or services. In the next section, the three main categories of resident policies -- activities, administration, and services -- were analyzed, and recommendations in relation to them were suggested.

Figure 4. Older adults' changes in terms of physical, social, and psychological aspects.



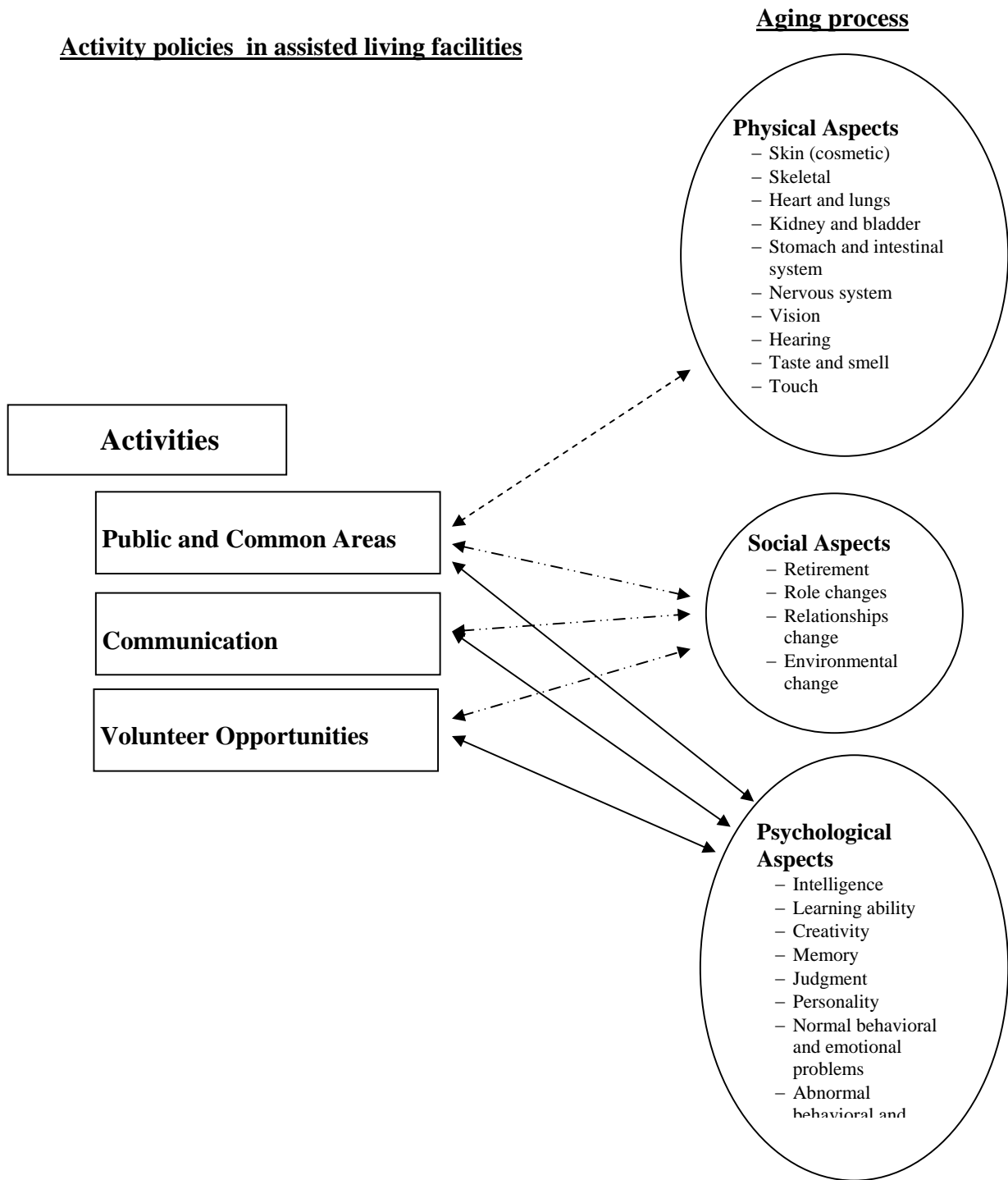
“Aging process section” used with permission from S. K. Moseley, whose study was appeared in “Managing Seniors Housing,” 1988, p. 23-28. Copyright 1988 by the National Association of Home Builders. Adapted with permission of the author.

Activities

Most older adults experience social, psychological, and physical changes due to aging. Physical changes (e.g., loss in skeletal, muscular and nervous systems) can restrict mobility, social changes (e.g., retirement or role changes) may imply isolation from families and friends, and psychological problems can be caused by physical and social changes (Moseley, 1988). Figure 5 shows the relationship between activity policies and older adults' aging process categorized by physical, social, and psychological aspects. Activities were divided into three policies, "public and common areas," "communication" and "volunteer opportunity." All subcategories were related to social and psychological aspects, while "public and common areas" was related to physical aspects.

Generally, policies relating to "activities" were associated with resident activities both inside and outside of the assisted living facilities. The policy "public and common areas" reflects physical, social, and psychological aspects. The goal of the policy is to improve resident's health through activity programs because many aging adults experience physical changes such as decreasing skeletal and muscular systems and weakening of the heart and lungs (Moseley, 1988). Sloan, Zimmerman, and Walsh (2001) stated that developing friendships, working and socializing with others, and spending meaningful time with loved ones can be important elements for older adults' life satisfaction. For this aspect, assisted living facilities provide residents with activity rooms, libraries, television rooms, or coffee shops where residents can make friends. Psychological problems of older adults can be reduced as well since the "public and common areas" policy reflects residents' physical and social changes, which cause psychological problems. Psychological aspects such as intelligence, learning ability, creativity,

Figure 5. The relationship between activity policies and older adults' aging process.



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- ←-----→ Direct relationship between resident policies and physical aspects;
- ←.....→ Direct relationship between resident policies and social aspects; and
- ←====→ Direct relationship between resident policies and psychological aspects.

memory, and judgment are considered by various elements of public and common areas such as libraries, crafts, exercising, or hobbies.

“Communication” policies are related to social and psychological changes of older adults. Poor communications among residents and staff may cause resident stress. If residents have high stress levels, they may decrease activity levels (Sloan et al., 2001), and may express more psychological problems such as fear, anxiety, and grief (Moseley, 1998). Therefore, communication policies regarding bulletin boards or resident councils provided in the resident handbooks can encourage residents to exchange their complaints/suggestions and reduce the residents’ stress.

Due to retirement and role changes, older adults may not have an opportunity to work in society; therefore, may feel useless. Accordingly, it is a good idea to provide residents an opportunity for volunteer work.

Based on the eight resident handbooks in this study, the definition of the activity policy in assisted living facilities reflected the older people’s aging process and the philosophy of assisted living. To maximize the consumer’s independence and improve residents’ quality of life, assisted living facilities can provide residents with appropriate activity policies in their resident handbooks. A few facilities stated the purpose of their activity policy in their resident handbooks. One community’s handbook stated the purpose of the activity policy as “activities are provided not only for enjoyment, but to keep our residents independent and involved in the community.” Another community defined “activities” with an orientation toward social interactions and included wellness, spirituality, and many social outings, while another handbook explained that the activity program provided the opportunity for socialization and intellectual stimulation, as well as contact with the community.

Table 10

Frequencies of Resident Policies regarding Activities

	AG*	AN*	CI*	ES*	LR*	SM*	RG*	SJ*	
Activities	X	X	X	X	X	X	X	X	8
Communications	X	X	X	X	X		X	X	7
Public and common areas	X	X	X	X		X			5
Volunteer opportunities			X	X					2

Note. *AG=Agape Garden; AN=Angelica; CI=Crown-imperial Assisted Living;

ES=Eastside Assisted Living; LR=Laurel Retirement Community; SM=St. Mary's Retirement Community;

RG=Rosemary Gardens; SJ=Saint John's Garden.

A review of the resident handbooks revealed that all facilities provided resident policies related to activities (see Table 10). Even though activities were presented in different formats in each handbook, most focused on residents' socialization and improvement of mind and body. Generally, all handbooks introduced activities under the headings of "activities," "social activities," or "activities/recreation."

Communications

Seven facilities had a communication policy in their resident handbooks. Residents may express psychological problems, such as fear, anxiety, and grief (Moseley, 1998), if they are unhappy about their living environment. Therefore, it is important to give them an opportunity to express their opinions/complaints. Most facilities stated that the management staff uses a bulletin board (or a calendar) to inform their residents of schedules or upcoming events and provides a comment (or suggestion) box for gathering residents' feedback. In addition, the location of bulletin boards and the event calendar was expressed in this policy. Residents'

councils and associations can have a role in gathering residents' suggestions and complaints about the services offered.

A communication policy should relate to the expression of residents' suggestions/ complaints and information for the residents about upcoming events. To communicate well, a resident council, suggestion box, newsletter or calendar, and bulletin board should be used to communicate among residents or between residents and management staff.

Public and Common Areas

Five facilities defined a "public and common area." The policy on activities in common areas regulates activities conducted in public spaces, such as the auditorium, craft room, card room, business center, coffee shop, gift shop, exercise room, library, living room, television room, and vending machine area. According to Kalymun (1990), public spaces and living rooms should be designed to encourage social interaction. By using the library service, residents can improve their intellect; by exercising in the recreation room or activity room, residents can improve their health.

A policy for the common areas could announce each facility's location, time schedules, and rules for usage, but only a few handbooks provided this information. Figure 6 presents a sample policy in terms of "common or public areas" based on five resident handbooks that included this policy. This policy can be one of the main concepts in assisted living facilities that consider residents' intellectual, social, and physical aspects.

Figure 6. A sample policy, public and common areas.

PUBLIC AND COMMON AREAS

Our facility was designed with common areas to provide you the opportunity to participate in activities, socialize with your friends and family, or to quietly read a book or enjoy watching what's going on around you.

Residents are welcome to use these areas at any time, but are asked to help keep them clean and orderly. Residents are not to store personal items in any public areas. Lobbies, grounds, and all public areas are regularly cleaned and maintained by the staff. Events are posted in common areas regularly. Our public areas include the business center, coffee shop, gift shop, library, recreation center, dining room, and TV room.

■ Coffee Shop

The coffee shop is located in the first floor and provided for our residents and their guests on a self-service basis. Coffee and goodies will be managed primarily by volunteers. Beverages and snacks will be available in the coffee shop at snack time, between 7:30 AM and 9:30 AM. Vending machines located in the Activities' room will be available to residents at all times.

■ Gift Shop

The gift shop is located in the main lobby and is operated by the residents' association. It sells gifts, snack foods, stamps, greeting cards, and handmade craft items.

■ Library Services

Our library is located on the third floor and has books, daily newspapers, current magazines, and computers. They are there for all residents to read and enjoy. The hours of operation are from 9:00 AM to 5:00 PM. For the book mobile service, see the front office for the county librarian's schedule.

■ Recreation Center

The recreation center is located in the first floor. The center is operated by the county recreation department. It offers a full range of activities and services to all senior citizens. This includes **exercise, tours, theater, arts, crafts, music, education, and card room**, etc. Most of the activities are free. Residents are encouraged to take full advantage of this fine program. (See the senior center office for scheduled of activities.) 9:00 AM to 10:00 PM.

Volunteer Opportunities

Two facilities included policies regarding volunteer opportunities. One facility stated that residents need to contact the activities director for assignment if they would like to have such an opportunity. Another facility encouraged residents to help with running the facility by helping to set the table, make the bed, empty the trash, or perform other chores that might be of interest. Social interaction by volunteering within assisted living facilities can improve the quality of life for residents since they may feel that they are needed.

Accordingly, it is recommended that a policy regarding volunteer opportunities be included in the resident handbooks since residents would like to know whether or not they can work or have an opportunity to volunteer.

Recommendations

- A communication policy should relate to the expression of residents' suggestions/ complaints and information for the residents about upcoming events. A resident council, suggestion box, newsletter or calendar, and bulletin board should be used to express this policy in the handbook.
- "Public and common area policy" is supposed to be designed 1) to inform residents of each facility's location, time schedules, and rules for usage and 2) to consider residents' social, physical, and psychological (intellectual) needs.
- A policy regarding volunteer opportunities should be included in the resident handbooks since this policy can give residents an opportunity for social interaction with other residents, and residents would like to know what opportunities exist.

Administration

A review of all resident handbooks revealed that the “administration” policy was designed to manage residents’ well-being in the assisted living facilities. Figure 7 showed the relationship between a group of policies regarding administration and older adults’ aging process. Older adults’ physical and psychological aspects were related to all subcategories of administration while social aspects were related to personal behavior and personal items and space.

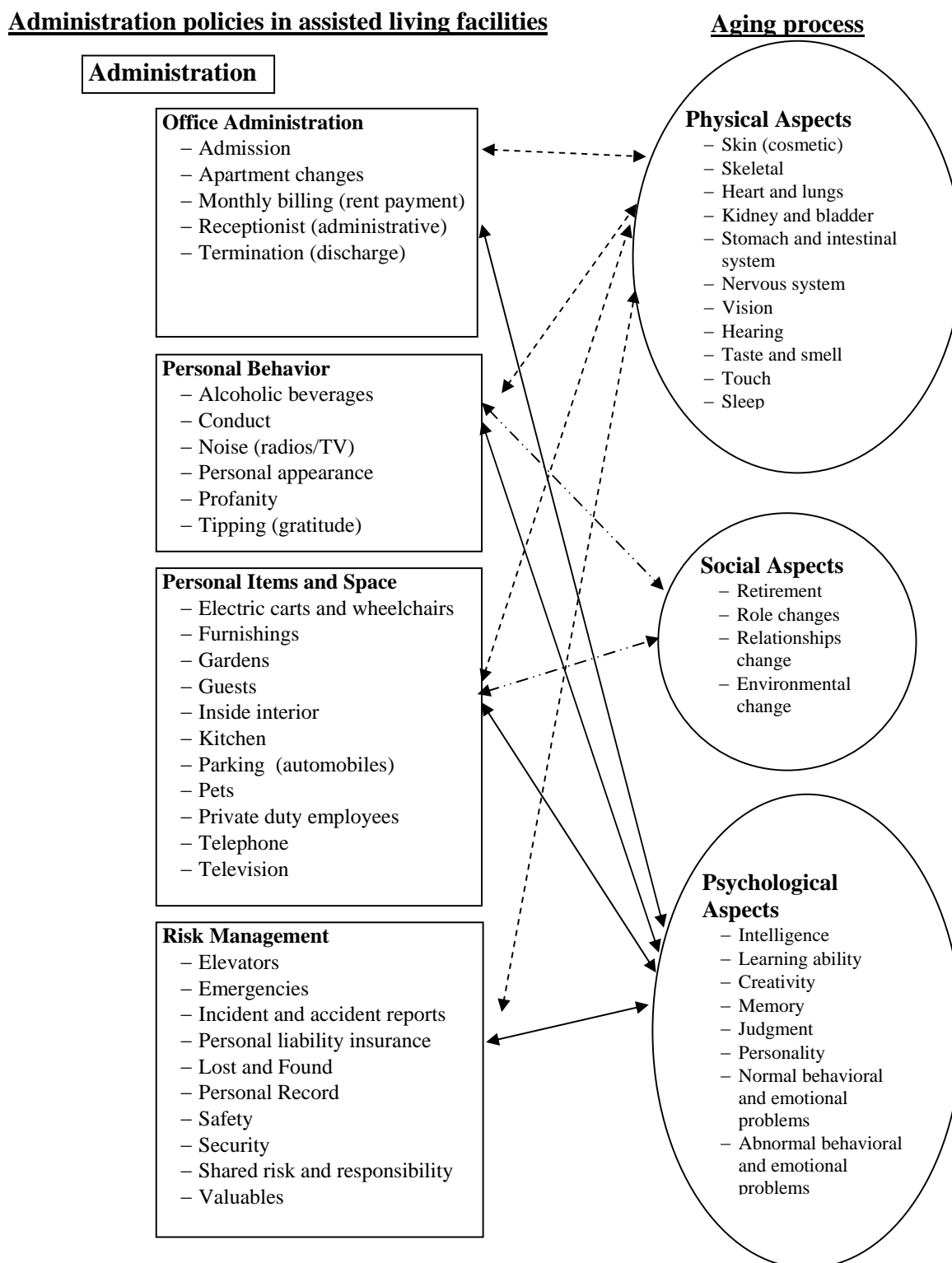
A group of policies regarding office administration was related to physical, social, and psychological changes of older adults. The role of office administration can be discharging residents as health conditions of the residents become worse; permitting residents to change apartments if they are not satisfied; informing residents of various activities and upcoming events; and monitoring the security and safety of the facilities.

Policies related to personal behavior were connected to physical, social, and psychological changes of older adults. For example, a policy that restricts alcoholic beverages might be included because of a concern that excessive drinking would have a negative impact on one’s heart, kidney, bladder, stomach, and intestinal system.

The aging process causes sensory changes such as hearing problems, which can be adverse to environmental perceptions and daily tasks (Sloan et al., 2001). Accordingly, a noise (radios/ TV) policy should be provided in the resident handbooks.

Policies regarding personal appearance, profanity, and tipping were related to the residents’ socialization with other people in the facilities. Personal items and space were related to all aging the processes. Due to decreasing skeletal and muscular function, residents need aids such as electric carts and wheelchairs or to hire private duty employees. Physical changes of

Figure 7. The relationship between administration policies and older adults' aging process.



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- ← - - - - - → Direct relationship between resident policies and physical aspects;
- ← ····· ····· → Direct relationship between resident policies and social aspects; and
- ← ——— ——— → Direct relationship between resident policies and psychological aspects.

older adults do not decrease their desire for privacy. Residents' own furnishings, interior styles, pets, telephones, or televisions in their rooms may satisfy their desire for privacy, which is considered an important aspect of living in the United States (Wilson, 1996).

Risk management policies are very important issues in assisted living facilities since they relate to safety and security, which are a primary concerns for the frail elderly. Examples include protection from fire, injury prevention, and assistance provisions (Sloan, et al., 2001). Therefore, policies regarding elevators, emergencies, incident and reports, lost and found, safety and security are related to the physical aspect.

Based on the eight resident handbooks, the administration policy in each handbook was presented in different formats, but focused on efficient management of assisted living facilities and improving the residents' quality of life. After analyzing all of the resident handbooks, administration policies were categorized specifically into four subcategories: (a) office administration, (b) personal behavior, (c) personal items and space, and (d) risk management (see Table 11).

The first category of "administration," office administration, was linked to helping the residents to improve their quality of life. Office administration included five policies. The second category of "administration," personal behavior policy, was related to residents' daily interaction with other residents and staff members inside and outside the assisted living facilities. The category personal behavior consisted of six policies. The third category of "administration," personal items and space, was related to residents' possessions. Personal items and space consisted of 11 policies. The fourth category of "administration," risk management, was oriented to residents' well-being in assisted living facilities and management staff's supervision of safety and security in the facilities. Safety and security are important aspects of assisted living facilities

Table 11

Frequencies of Resident Policies regarding Administration

	AG*	AN*	CI*	ES*	LR*	SM*	RG*	SJ*	
Office Administration									
Admission				X	X				2
Apartment changes	X				X				2
Monthly billing (rent payment)			X	X			X		3
Receptionist (administrative)	X						X	X	3
Termination (discharge)				X	X		X		3
Personal Behavior									
Alcoholic beverages			X		X				2
Conduct					X				1
Noise (radios/TV)	X		X					X	3
Personal appearance	X		X		X	X	X	X	6
Profanity			X						1
Tipping	X	X		X		X	X	X	6
Personal Items and Space									
Electric carts and wheelchairs				X		X		X	3
Furnishings				X					1
Gardens	X			X					2
Guests	X	X	X	X	X	X	X	X	8
Inside interior				X					1
Kitchen range						X			1
Parking (automobiles)						X		X	2
Pets	X		X	X		X	X	X	6
Private duty employees					X	X		X	3
Telephone		X			X	X	X		4
Cable television	X	X		X		X	X		5
Risk Management									
Elevators	X			X					2
Emergencies	X	X		X	X	X	X	X	7
Incident and accident reports							X		1
Lost and Found								X	1
Personal liability insurance	X			X		X	X	X	5
Personal records	X								1
Safety	X	X	X	X	X	X	X	X	8
Security	X	X	X			X	X	X	6
Shared risk and responsibility				X					1
Valuables			X	X		X	X		4

Note. *AG=Agape Garden; AN=Angelica; CI=Crown-imperial Assisted Living;

ES=Eastside Assisted Living; LR=Laurel Retirement Community; SM=St. Mary's Retirement Community;

RG=Rosemary Gardens; SJ=Saint John's Garden.

since one of their purposes is to provide a safe and secure environment for older residents. Risk management included 10 policies.

In this section, those four subcategories were analyzed, and recommendations in relation to them were suggested.

Office Administration

To help the residents in assisted living facilities improve their quality of life, resident handbooks included an office administration category. The office administration category consisted of five policies: (a) admission, (b) residents' apartment changes, (c) monthly billing (rent payment), (d) receptionist (administrative matters), and (e) termination (discharge).

Monthly billing (rent payment).

Three facilities had a monthly billing (rent payment) policy statement in their resident handbooks. The term used for the monthly billing policy in each resident handbook reflected the character of the relationship between residents and their facilities. One facility used the word "monthly billing," and another facility expressed this policy under "administration." The policy in each handbook clarified the date of payment, late fee, method of payment, and location of the rent payment office. Even though assisted living facilities are operated with monthly payments from the residents, and the residents need to know how and when to pay, only three facilities presented this policy in their resident handbooks. Hence, based on the three resident handbooks (see Table 11) that included this policy, a sample monthly billing (rent payment) policy is suggested in Figure 8. A policy regarding payment of rent should be included to inform residents of the date and method of payment, and where the payment is to be made.

Figure 8. A sample monthly billing (rent payment) policy.

Monthly billing

■ Payment Time

Bills will be placed in resident mailboxes or mailed to your guardian during the first week of each month. You can bring your payment to the administrator or place your envelope in the blue box beside the mail box. If you mail your payment after the due date, the payment may not show up on your next month's account. Payment is due by the 10th of every month, and can be paid from Monday to Friday between 8:00 A.M. and 5:00 P.M.

■ Late Charge

If you fail to pay your monthly fee or other financial obligations by the tenth (10th) day of each month, you will need to pay a late fee of \$25.00. If you are repeatedly late in paying the monthly service fee, we may stop your Residency Agreement upon written notice to you.

■ Questions

If you do not receive your statement by the third (3rd) day of the month, please contact the financial service director. Also, if you have any questions, please feel free to contact the Financial Service Director.

Receptionist (administrative).

A receptionist policy (administrative) was expressed in three handbooks. This policy was presented under different titles such as "receptionist," "administrative," and "front desk." Each of the three facilities wrote clearly their operation time and cases in which the residents need to contact the receptionist. The cases were emergency, intercom and maintenance repairs, pick-up of packages, residents' absence overnight or during the daytime, and any request. Receptionists can play an important role in terms of residents' security and safety, so residents can reach them any time by dialing from their rooms.

Termination (discharge).

Three resident handbooks included a termination (discharge) policy. These resident handbooks listed reasons that residents would be asked to move to other facilities, how the decision would be made, how they would notify residents of termination, and how charges for that month would be assigned. A physician's statement would be required when residents want to be discharged. One facility specified six reasons that may require their residents to move to a different type of residence such as: "1) incontinence that cannot be managed; 2) behavior that poses a threat to the safety or well-being of you, other residents, volunteers, or associates; 3) inability to meet financial obligations; 4) determination that our residence is inappropriate for your condition; 5) medical condition that cannot be adequately treated in our residence; and 6) medical condition requiring services which we are not licensed to provide." It is recommended that in order to reduce confusion and avoid conflict, specific reasons for discharge such as those just listed be included in all handbooks.

Admission.

After reviewing all of the handbooks, only two facilities provided an admission policy. The admission procedure may be a major criteria for selection when residents choose an assisted living facility. However, assisted living administrators who responded to the mail survey stated that their resident handbooks were often distributed at the time the lease was signed, so the admission policy may have been addressed in personal discussion rather than expressed in their resident handbooks. From the resident handbooks analyzed, one facility inserted the admission policy under the title of "service plan." Another facility made its admission policy specifically based on residents' age, such as "55 or older," and explained that they do not discriminate

regarding race, religion, or national origin. This same facility also presented one philosophy of assisted living facilities, saying that assisted living is a housing alternative for older adults who need assistance with some activities of daily livings. According to the policy defined in this resident handbook, “residents must be ambulatory (walkers and canes are acceptable), continent, or have manageable incontinence and be able to participate in dressing, feeding, toileting and bathing themselves.”

Apartment changes.

Policies regarding changing apartments were expressed in only two resident handbooks. In the resident handbooks in which it did appear, it was stated that “a resident desiring to move to another apartment within the building should make the request in writing to the Director of Admissions. There is a charge for this move.” Another facility expressed this policy under “room assignment.” This facility also explained that if residents want to change their rooms, they need to talk to a staff member to explain the reason and their preferred location.

Recommendations

- All resident handbooks should include information regarding payment of rent including date rent is due, where rent can be paid, and method of payment.
- A termination (discharge) policy should be included in resident handbooks because as residents grow older and frailer they want to know how to manage their circumstances when it is no longer appropriate to remain in their current assisted living facility.

Personal Behavior

The second category of “administration,” a personal behavior policy, was related to residents’ daily interaction with other residents and staff members inside and outside the assisted living facilities. The personal behavior consisted of six policies: (a) alcoholic beverages, (b) conduct, (c) noise (radios/ TV), (d) personal appearance, (e) profanity, and (f) tipping (gratuities). Most (6) facilities had a personal appearance policy and a tipping policy in the resident handbook, two facilities had alcoholic beverages and noise (radios/TV) policies, and only one facility had a conduct and profanity policy. Since assisted living facilities constitute a whole community living together with other residents, the management should emphasize some etiquette such as personal appearance and tipping inside and outside assisted living facilities. In this section, those six policies regarding the personal behavior aspect are analyzed and some recommendations for ideal resident policies are suggested.

Personal appearance.

Most (6) facilities expressed a personal appearance policy. Since assisted living is a group living environment, good etiquette by residents in public places is required. The personal appearance policy was called personal grooming, dress code, and resident appearance in various handbooks. Two facilities categorized this policy under “General,” and “Rules and Regulations.” Most facilities restricted night clothing, bath or lounging robes, slippers or bare feet in all public areas such as the dining room, a library, or a living room. Three facilities were much stricter in terms of residents’ clothing in a dining place, and one facility stated that male residents are expected to be clean-shaven every day.

Tipping.

Most (6) facilities expressed a “no-tipping” policy in the resident handbooks. One facility clarified the reason of the no-tipping policy saying that “the entire team does every reasonable thing within its power to provide personal, courteous service, for which you have contracted, to residents without taking additional compensation for individual service; therefore, any tips offered to our employees, whether in cash or kind, are prohibited.” Two facilities made an exception that at Christmas residents can express their appreciation by collecting funds to be distributed among the staff. Another facility permits tipping only in the barbershop. Based on the six resident handbooks (see Table 11) that included this policy, a sample tipping policy is suggested in Figure 9.

Figure 9. A sample policy, tipping.

Tipping

■ No tipping

Tipping to our staff is not permitted. Please do not offer gratuities or gifts of any kind. Our services are included in your monthly fees, and our facility prohibits employees from accepting cash or gifts of any kind from residents or their family members at any time.

If you are pleased with the service you receive, appreciation cards or thank you notes are always welcome. Also, we encourage you to share with the Director when you are satisfied with someone’s work so the employee may be recognized.

■ Exception

At Christmas, all residents can have an opportunity to express appreciation by collecting money to be divided among all staff. You may contribute to this fund if you wish, but it is totally **voluntary**.

Noise (radios/ TV).

Generally, hearing loss in older adults causes high sensitivity to distractions from adventitious noises and increases stress caused by conversations of others, the noise from vacuum cleaners, and background music. Therefore, ambient noise should be minimized in assisted living facilities (Kline & Scialfa, 1996). Three facilities stated a noise policy under various titles, such as “General,” “Radios and TVs,” and “Rules and Regulations.” The noise policy designated the operation time of audio devices, and the cases when residents keep volume down or use headphones (e.g. before 9:00 A.M. and after 10:00 P.M.). It is important for residents to be careful when they watch TV or listen to radios because their noise can disturb other residents.

Alcoholic beverages.

Older adults can be easily addicted to alcoholic beverage because their kidneys become smaller and eliminate waste inefficiently (Moseley, 1988). However, appropriate alcohol can help older adults sleep. Two facilities included an alcoholic beverage policy in their resident handbook. One facility stated that residents may enjoy alcoholic beverages with approval from the attending physicians or under staff supervision; and if residents want to drink alcoholic beverages, they can talk about this with the licensed nurse on duty.

Conduct.

Only one facility had a policy relating to appropriate conduct in its resident handbook. In this handbook, the conduct policy explained that when residents can not finish their scheduled

events in public areas on time, the staff can ask them to move to another appropriate room within the facility or direct that the residents be moved from the facility.

Profanity.

In terms of a profanity policy, only one facility presented this policy under a section called “sorry,” and simply described it as “profanity is forbidden.” Social interaction with other residents can be one advantage (Sloan et al., 2001) when older adults choose assisted living as a housing alternative. Therefore, residents’ attitudes should be addressed in a resident handbooks.

Recommendations

- The “tipping policy” should be included in resident handbooks since residents may have a conflict or confusion from the concept of assisted living. It is important for the management staff to present a “no-tipping policy” in the resident handbooks by informing the residents the reason why they do not accept tips.
- It is recommended that policies regarding alcoholic beverages and noise be included in resident handbooks since residents should be informed whether assisted living facilities have these policies or not.

Personal Items and Space

The fourth category of “administration,” a group of policies regarding personal items and space, was related to residents’ possessions. The personal items and space policies consisted of 11 policies: (a) electric carts and wheelchairs, (b) personal furnishings, (c) gardens, (d) guests, (e) interior of resident rooms, (f) kitchen ranges, (g) parking (automobiles), (h) pets, (i) private

duty employees, (j) telephones, and (k) cable televisions. All facilities had a guest policy in their resident handbooks; and most expressed a pet policy (6), cable television policy (5), and telephone policy (4). Some facilities had policies for electric carts and wheelchairs (3), private duty employee (3), gardens (2), and parking (automobiles) (2). Policies about furnishings, the interior of resident rooms, and kitchens were only found once in the eight resident handbooks. In this section, the 11 policies regarding personal items and space are reviewed, and recommendations for ideal resident policies are suggested.

Guests.

A guest policy is closely related to the facility's security. Since a guest policy related to security can be important, all facilities had a guest policy in their resident handbooks. One facility simply placed the guest policy in the "general" section, and most facilities stated that management staff (e.g. receptionist) can ask visitors to sign in and out for security reasons. Generally, the guest policy included some conditions such as what to do: (a) if visitors want to purchase food inside the facility, (b) if residents have a late arriving or overnight guest, and (c) if residents have children guests. In terms of overnight guests, one facility limited the time for visitors to stay in its facility and asked visitors to follow rules and regulations just as the residents; if not, the host resident could be evicted. Also, how to reserve a guest apartment was provided in one resident handbook.

Pets.

Most (6) facilities stated a pet policy in the resident handbook and informed residents whether or not pets were permitted within the facilities. This policy can be one of the main issues

if assisted living facilities consider the residents' intellectual and social needs since pets can provide companionship for residents. According to the National White House Conference on Aging in 1981 (Anderson, 1994), the companionship of pets is a source of security, helps to keep older adults physically active and provides therapeutic effects on their physical and emotional health. Hence, it is recommended that a pet policy be included in the resident handbook, and because of the documented positive impact pets can have on an older adult, facilities should seriously consider allowing cats and dogs.

Based on the six resident handbooks showing the pet policy, four facilities permitted pets in facilities while two facilities did not. According to the resident handbooks that included a pet policy, the pets' size, an additional monthly fee, and resident's responsibilities for keeping pets inside and outside facilities were the important considerations. Figure 10 is a sample policy for facilities allowing pets, based on six resident handbooks showing the policy.

Cable television.

Most (5) facilities included a policy regarding cable and television. Various headings such as "TV central antenna," "cable television," and "cable" were named to identify the television policy in the resident handbooks. Two facilities expressed this policy under more general headings, such as "utilities," and "apartment information." Two facilities provided residents with the cable company's name and its telephone number for hook-up. Two other facilities stated that a subscription to cable television for the room is available through the facility, so residents need to contact the director if they are interested in subscribing. In addition to information about basic reception, two handbooks listed TV stations which were available in the residents' room.

Figure 10. A sample pet policy.

Pets

Our facility is a pet friendly facility and pets will be permitted under the following conditions:

- What type of pets do we allow?
 - Cats and dogs are allowed, one pet per apartment.
 - Dogs must not exceed 30 lbs. when fully grown.
 - Aggressive dogs such as Pit Bulls, Chows, Rottweilers, and Doberman Pinschers are prohibited.

 - What is your responsibility?
 - All pets must be registered by a pet addendum to the lease.
 - Residents will pay an additional monthly fee.
 - Residents have the sole responsibility for any damage caused by the pet, as well as for any repair or extra cleaning made necessary by the pet.
 - Residents with pets are to purchase personal insurance.
 - Residents are responsible for the pet's license, shots, and daily care.
 - Pets must be kept on a leash in common areas.
-

Telephone.

Four facilities stated a telephone policy in their handbooks. Having a telephone in their room can provide privacy to the residents. Even if they experience physical loss, that does not mean their desire for privacy decreases (Sloan, et al 2001).

Three facilities had the heading "telephone," but one facility included this policy in the "apartment information" section. Most explained how to open and use their telephone account and how to get a directory of numbers for offices within the facility. One facility asked residents

not to use cellular phone in the dining room, lobby, bistro and/or other areas where residents are gathered. A telephone policy regarding the use of residents' cellular phones should be addressed in resident handbook since personal cellular phones are becoming more popular, and residents may be annoyed by other residents' conversation in public places. Another facility stated that an installation fee and monthly fee are charged by the telephone company and billed directly to the resident or guardian, and that residents should pay their telephone bill before they move out.

Electric carts and wheelchairs.

Three facilities included an electric cart and wheelchair policy in the resident handbook. Due to physical changes, older adults need aids such as electric carts or wheelchairs. Hence, a policy regarding this aspect should be provided in the resident handbooks.

Two facilities entitled it "ambulatory aids" and "motorized wheelchairs and carts." The facilities considered residents' safety during the use of those machines within the assisted living facility, and they asked residents to bring a doctor's statement of need before using ambulatory aids. One facility made guidelines for the safe use of such aids (e.g., due to space limitation in many common areas, residents are encouraged, but not required, to transfer to chairs instead of remaining in the devices; children should never be permitted to use such devices for play activities). During older adults' physical changes, ambulatory aids are often needed and a safety aspect should be considered in terms of using the aids. Therefore, policies regarding ambulatory aids, such as electric carts and wheelchairs, should be included in resident handbooks.

Private duty employees.

Three facilities provided a policy relating to private duty employees in their resident handbook since residents may need aids due to decreased health. These were placed under various titles, including “personal care attendants and companions,” “private duty employees,” and “private pay agencies and caregivers.” Those facilities generally asked residents to inform the administration of their intention to hire private employees before they hired them, and required private duty employees to enter into certain written agreements specifying their duties and obligations. Most facilities provided conditions in terms of private duty employees as all employees should sign in and out at the nursing station for each tour of duty. Furthermore, they must be free from infections or communicable disease, and they should present evidence of such within days after the first day of service in the facility. In addition, those facilities stated that the administration has the right to restrict the services of any private duty employee.

Gardens.

Two facilities listed a garden policy in the resident handbooks. For a garden policy, one facility stated that residents should not cut any trees and boughs in the facility garden. Another facility stated that residents should keep the facility’s garden beautiful, and that individual garden plots in the facility are available on a first come basis for use by residents.

Parking (automobile).

Residents in assisted living facilities are frail, and they need to be safe in and out of the facility. A parking policy is also related to residents’ safety. Two handbooks included a parking (automobile) policy. One facility explained the parking policy under the heading “automobiles/

parking/ transportation.” This facility stated that all automobiles owned by residents must be registered in the administration office, that a parking decal should be put in their residents’ automobiles, and that visitors cannot park in certain places, such as resident spaces and at the end of the front portico. For an automobile policy, one facility briefly explained that the parking area provides ample parking for the residents and their visitors at no additional charge, and that the facility asks guests to sign in and out at the receptionist desk for security reasons. A parking and automobile policy in a resident handbook can be divided into two sections, residents’ parking and visitors’ parking. In terms of residents’ parking, the information regarding where residents can park and how the facility management regulates residents’ cars can be addressed. For visitors’ parking, information on where visitors can park and how they sign in and out of the facility should be included.

Furnishings.

A personal furnishing policy was found in only one of the eight handbooks. One facility stated that the facility permitted residents to furnish the inside of their rooms. Having their own furnishings can be important to residents. Therefore, policies regarding furnishings should be included in the resident handbook since residents should be informed about whether the assisted living facilities have these policies or not.

Interior decoration.

An interior decoration policy was found in only one of the eight handbooks. Interior decoration can give residents an opportunity to meet their desire for privacy in their own room. One facility simply explained this policy under the heading of “apartment,” and stated some

conditions for decorating, such as the requirement that costs will be at residents' own expense and when residents vacate their apartments, they must return the apartments to their original condition. Policies regarding interior decoration should be included in the resident handbook since residents should be informed about whether the assisted living facilities have these policies or not. In particular, an interior policy should be provided in a resident handbook stating that residents should obtain approval from the management before making changes that alter the structure (e.g., painting the walls and hanging pictures). An additional statement might be included that the apartment must be returned to its original condition.

Kitchen ranges.

A kitchen range policy was found in only one of the eight handbooks. One facility notified residents that in cases where its use may present a danger, the management reserves the right to disconnect the stove. If a facility includes a range in the residents' apartment, the resident handbook should state a kitchen range policy, based on safety management of assisted living facilities.

Recommendations

- A pet policy that allows pets can help to make the assisted living facilities more “home like” since residents often consider pets as friends and family members. For this reason, assisted living facilities should seriously consider permitting pets in the facilities, and if not, they need to provide an explanation for why they have a “no pets” policy.

- A telephone policy regarding the use of residents' cellular phones should be addressed in the resident handbook since personal cellular phones are becoming more popular, and residents may feel annoyed by other residents' cellular phone conversations in public places.
- Policies regarding electric carts and wheelchairs should be included in resident handbooks because as older adults' change physically, ambulatory aids are often needed. The safety aspect should be considered in terms of using the aids.
- The parking (automobile) policy in the resident handbook should be divided into two sections, residents' parking and visitors' parking. In terms of residents' parking, the information regarding where residents can park and how the facility management regulates residents' cars may be addressed while for visitors' parking, information on where visitors can park and how they sign in and out of the facility can be stated.
- It is recommended that policies regarding furnishings and interior decoration be included in resident handbooks since residents should be informed whether assisted living facilities have these policies or not.
- It is recommended that an interior decoration policy related to interior improvements be stated such that residents should obtain approval from the management staff before changing the interior finishes or fixtures of the room and that under what circumstance the resident must restore the apartment to its original state when leaving.
- If a facility includes a range in the residents' apartment, the resident handbook should state a kitchen range policy, based on safety management of assisted living facilities.

Risk Management

Policies concerning risk management, the fourth category of “administration,” are oriented to residents’ well-being in assisted living facilities and management staff’s supervision of safety and security in the facilities. Safety and security are important aspect of assisted living facilities since one of their purposes is to provide a safe and secure environment for older residents.

The risk management category included 10 subdivision policies: (a) elevators, (b) emergencies, (c) incident and accident reports, (d) personal insurance , (e) lost and found, (f) personal records, (g) safety, (h) security, (i) shared risk and responsibility, and (j) valuables. All handbooks contained a safety policy. Most facilities provided policies in terms of emergencies (7), security (6), and personal insurance (5). Some facilities provided a policy regarding personal valuables (3) and an elevator policy (2). Only one handbook included policies related to incident and accident reports, lost and found, personal records, and shared risk and responsibility. In this section, each of the 10 policies related to risk management are reviewed and recommendations are suggested.

Safety.

All facilities contained a safety policy in their resident handbook because one of the concerns of older adults in terms of housing for their later years is safety (Sloan et al., 2001). In this section, the author separated emergency policies (e.g., fire drills) from the safety policies; a smoking policy was regarded as a subsection of the safety policy. For smoking, one facility stated that residents can smoke in a designated section of the facility, and residents who smoke in their apartment and cause damage will be charged an extra fee for any work required to refurbish

the apartment. One facility explained the reason for the safety policy saying that the facility has a right to manage any items potentially hazardous to residents. Potential hazardous items enumerated in this handbook were scatter rugs or rugs over a carpet, portable heaters and microwave ovens, appliances which turn on, oxygen equipment, chain locks, wastebaskets and trash containers which are not made of metal and fireproof materials, and walkers and other mobility devices outside the resident's apartment. Another facility described the location of the sprinkler system, smoke detector, and emergency cord.

Emergencies.

Assisted living facilities should provide protection from fire, injury prevention, and provisions for assistance such as call buttons in rooms (Sloan et al., 2001). Most (7) facilities included an emergency policy with instructions for fire drills and the emergency call system. One facility stated that residents should follow instructions in cases when the fire alarm rings, when a fire occurs in one's own apartment, and when an apartment smoke detector sounds. This facility also provided some suggestions for fire safety, such as "keep apartments clean," "do not use or store gasoline, kerosene, and other flammable liquids in apartments or storage areas," "use cleaning materials and insecticides with extreme caution," "smoke with great care," "keep kitchen stove tops clear," "use electric extension cords with caution," and "know the location of all exits and fire alarm units." Also, an emergency call system in the bathroom and by the bed was addressed in resident handbooks. Besides this one, two facilities addressed what to do in cases of disasters such as tornadoes and hurricanes, and suggested what personal hygiene items and clothing items should be prepared in residents' emergency suitcases. It is desirable that a policy

regarding emergencies should provide residents with instruction in how they react in cases of emergency.

Security.

The issue of security is very important in assisted living facilities, and most (6) facilities stated a security policy including weapons, keys, security guards, and residents' absences and vacations. In this research, the author examines the key and weapon policies as subsections of the security policy. In terms of a weapon policy, generally under no circumstances are guns, explosives, or any other weapons permitted in the facilities. However, one facility stated that if residents want to keep weapons, they should follow the requirements: that a description of the weapon is to be provided to the director, that hand guns and rifles are to be kept unloaded at all times, and that weapons are not allowed in the common areas of the building.

For a key policy, most handbooks stated that additional keys can not be obtained by other residents, and that if a friend or family member needs access to the resident's room, the resident should notify the director in advance. In addition, this key policy addressed what kinds of keys are provided to residents (e.g., a front door, all outside door keys, or a mail box key) and when duplicated keys can be permitted for residents. One facility stated that it is essential for residents to lock their room whenever they plan to be away from it. Security guards, security intercom systems, and the time when doors are locked were also addressed in one facility's resident handbook. Also, one facility stated that residents should not allow persons they do not know to enter their apartments. If residents are going to be away from the facility, they should report the expected return date to the receptionist and provide a telephone number in case of an emergency.

In addition, if a resident can not join a meal in the common dining room, he or she should report it in advance.

Valuables and personal insurance.

Four facilities provided residents with a policy regarding valuables. Most facilities stated that their communities do not have any responsibility for valuables such as jewelry and money. One facility recommended that residents keep a safe deposit box at the bank for valuables, and another facility stated that residents may ask the administrative office to keep their money and valuables. Policies regarding valuables should be included in resident handbooks since those are related to the security of residents' lives.

Most (5) facilities addressed a personal insurance policy. There were two different insurances, property insurance and liability insurance. Three facilities placed the personal insurance policy under the heading of "insurance" in the resident handbooks, while two other facilities categorized this policy under "apartment information" and "rules and regulation" sections. Based on handbooks addressing this policy, none of the facilities took any responsibility for residents' possessions or personal property; they encouraged residents to have personal liability insurance or personal property insurance. Figure 11 is a sample policy for personal insurance, based on five handbooks showing such a policy. It would be beneficial for an assisted living facility to inform residents about how the facility manages the residents' possessions and their property by explaining personal insurance in its resident handbook.

Figure 11. A sample personal insurance policy.

Personal Insurance

Our facility is not responsible for residents' personal possessions (valuables) or for damage to those possessions caused by circumstances such as fire, water damage, or theft.

- Residents are not to keep any valuable jewelry with them. Residents need to have "renter's insurance" for all personal possession.
 - Arrangements for personal insurance should be made with a local agent at the resident's own expense.
-

Elevators.

Two facilities provided residents with a policy regarding elevators. An elevator policy is related to residents' safety and can be a physical aid for residents. However, only two facilities addressed this policy in their resident handbooks. One facility simply placed the elevator policy under the policy for "fire alarm," as residents must not use the elevators when a fire alarm sounds, and another facility clarified that residents need to ring the alarm bell in case elevators have problems. The elevator policy should be included in resident handbooks because the policy is very relevant to residents' safety.

Incident and accident reports.

A policy regarding incident and accident reports was found in only one of the eight resident handbooks, and was related to residents' safety. The policy of incident and accident

reports was stated briefly, saying that residents need to immediately report all incidents/accidents to the director or the receptionist to be recorded and followed-up by a staff member. Even though a policy regarding incident and accident reports was only found once in the eight resident handbooks, it should be included in all resident handbooks since the policy is closely related to residents' daily living; residents need to be informed of that information.

Lost and found.

A lost and found policy was found in one of the eight resident handbooks. One facility explained that residents are supposed to report all found items as well as items they may have lost. This policy is closely linked to residents' day to day life, and it should be included in all resident handbooks.

Personal records.

A policy of personal records was found once. For personal records, one facility stated that personal information, including names and phone numbers of residents, sponsors and persons to call, health information, medical insurance information, and name of physician in cases of illness and emergency, is confidential, and that residents have a responsibility to update their information at the time their income is recertified each year. Even though a policy regarding personal records was only found once, it should be included in all resident handbooks since the policy is connected to residents' daily living in assisted living facilities.

Shared risk and responsibilities.

Regarding shared risk and responsibility, one facility explained that if residents choose to engage in activities that are not in their best interest, the management staff would counsel residents on the consequences and ask that residents enter into a signed shared risk and responsibility agreement.

Recommendations

- Specific emergency, safety, and security policies should be provided in the resident handbook because they can address a major concern of many older adults in terms of their housing.
- It is recommended that the manner in which facilities manage residents' possessions and their property be conveyed in the resident handbook.
- Policies regarding incident and accident reports, lost and found, personal records, and shared risk and responsibilities should be included in all resident handbooks since those policies are closely related to resident's daily concerns (i.e., safety and security) in assisted living facilities.

Services

Older adults expect assisted living facilities to provide a residence where they can age and receive services such as assistance with ADLs or IADLs (Kissam, Gifford, Mor, & Patry, 2003). In addition, assisted living facilities offer professionally managed personal and health care

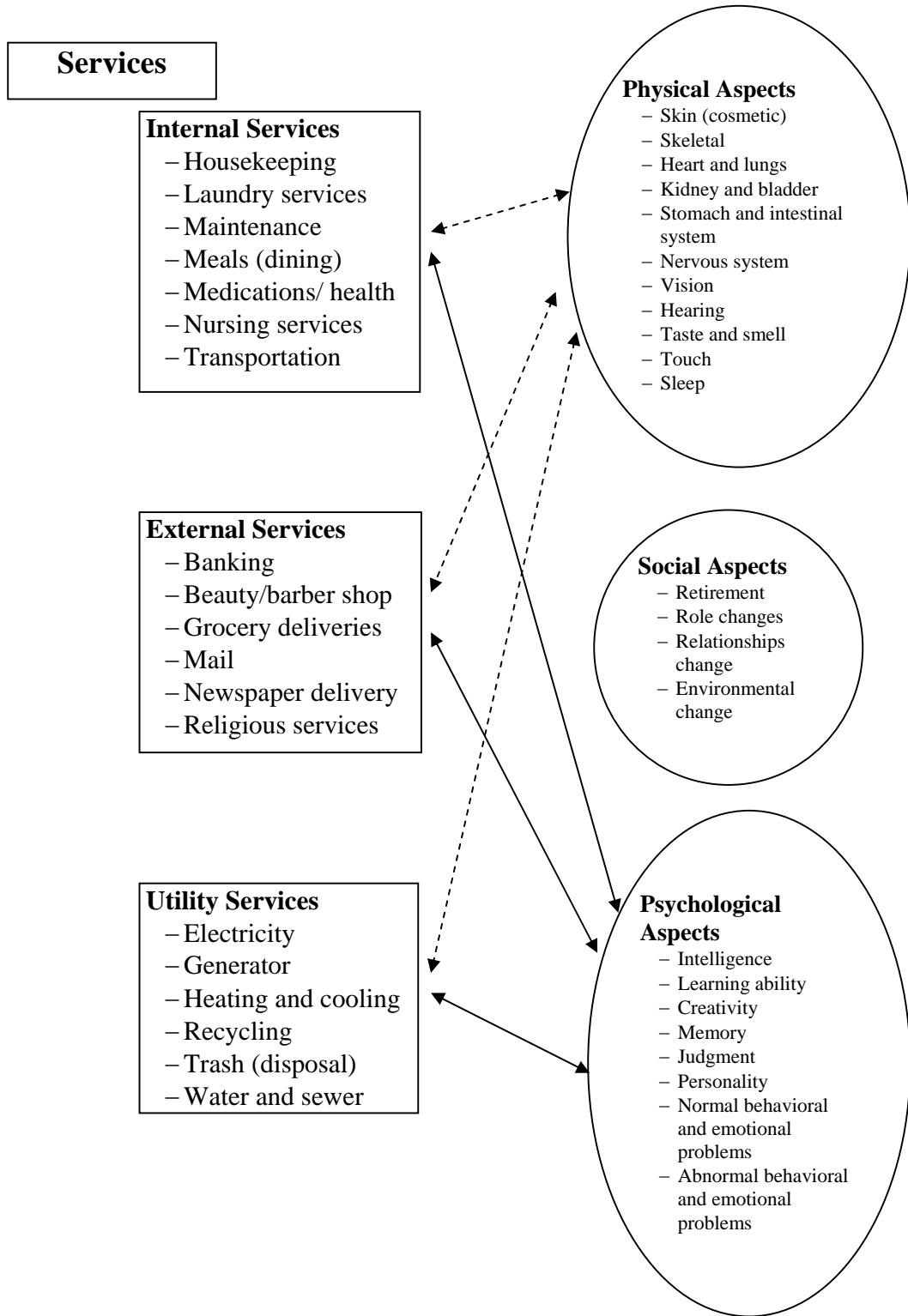
services to residents, and they have the capacity to effectively meet unplanned needs through various services for the residents' physical and psychological independence (Regnier, 1999).

Figure 12 shows the relationship between service policies and older adults' needs. Resident policies regarding internal services and utility services were related to physical changes; policies for external services were related to social and psychological changes, and utility policies were connected to older adults' physical and psychological aspects. General physical changes cause older adults to have difficulties in their daily tasks. For this reason, assisted living facilities provide assistance with ADLs, such as eating, transferring, toileting, dressing, and bathing, and IADLs, such as telephoning, traveling, shopping, money management, housekeeping, food preparation, and medication management (NCAL, 2001). Therefore, policies regarding internal services such as housekeeping, laundry services, maintenance, meals (dining), medications/health, nursing services, and transportation and external services such as banking and beauty/barber shop services were related to the aging process. Since assisted living facilities consider the social and psychological changes of older adults, information about religious services, mail, and newspaper delivery were given to residents in their handbooks. Maintenance can promote residents' health and improve aesthetic aspects of the facilities, and residents can feel good and function in a clean environment. In addition, poor maintenance of handrails, doorknobs, chairs, exposed wires, extension cords, or wheelchairs can be hazardous to residents (Sloan et al., 2001). Good utility services which can protect hazards and provide residents with clean environments, are also related to a satisfactory environment and improving residents' satisfaction.

Figure 12. The relationship between service policies and older adults' aging process.

Service policies in assisted living facilities

Aging process



"Aging process section" used with permission from S. K. Moseley, whose study was appeared in "Managing Seniors Housing," 1988, p. 23-28. Copyright 1988 by the National Association of Home Builders. Adapted with permission of the author.

- ← - - - - - → Direct relationship between resident policies and physical aspects;
- ← · · · · · → Direct relationship between resident policies and social aspects; and
- ← = = = = = → Direct relationship between resident policies and psychological aspects.

Based on the eight resident handbooks in the study, policies relating to “services” reflected Regnier’s statement in that they were linked with efficient management and improving the quality of residents’ lives (Regnier, 1999). Since the services provided by assisted living facilities are often of major interest to prospective and current residents, the service policies in the handbooks can be related to the marketing and management aspects of assisted living facilities. For these reasons, frequencies of service policies were much higher than that of other policies. Based on analysis of the eight resident handbooks collected for this study, the service policies were divided into three subcategories: (a) internal services, (b) external services, and (c) utility services (see Table 12). The first subcategory, “internal services” were named if the services were provided by the assisted living facilities. The policies of internal services were housekeeping, laundry services, maintenance, meals (dining), medications/ health, nursing services, and transportation. The second one, “external services” were defined as a group of resident services which were offered by outside companies such as banks, the post office, newspapers, and churches. The policies of “external services” were banking, beauty/barber shop, grocery deliveries, mail, newspaper delivery, and religious services. The third one, “utility services,” were resident services provided by the facility management staff and were unrelated to internal services and external services. The policies relating to utility services were utilities, electricity, generator, heating and cooling, recycling, trash (disposal), and water and sewer services. In this section, the three subcategories of services were analyzed, and recommendations were suggested.

Internal Services

To support independent living for residents in assisted living facilities and improve their quality of life, the facilities make an effort to provide the best and highest quality environment

Table 12.

Frequencies of Resident Policies regarding Services

	AG*	AN*	CI*	ES*	LR*	SM*	RG*	SJ*	
Internal Services									
Housekeeping	X	X	X	X		X	X	X	7
Laundry services	X	X	X	X	X	X	X	X	8
Maintenance	X	X		X		X	X	X	6
Meals (dining)	X	X	X	X	X	X	X	X	8
Medications/health			X	X	X	X		X	5
Nursing services	X	X	X	X	X	X	X	X	8
Transportation		X		X	X	X	X	X	6
External Services									
Banking	X								1
Beauty/barber shop	X	X	X	X	X		X	X	7
Grocery deliveries	X								1
Mail	X	X			X	X	X		5
Newspaper delivery		X				X	X		3
Religious services			X		X	X			3
Utility Services									
Utilities				X					1
Electricity	X					X		X	3
Generator						X			1
Heating and cooling	X		X	X		X			4
Recycling	X								1
Trash (disposal)	X						X		2
Water and sewer						X			1

Note. *AG=Agape Garden; AN=Angelica; CI=Crown-imperial Assisted Living;

ES=Eastside Assisted Living; LR=Laurel Retirement Community; SM=St. Mary's Retirement Community;

RG=Rosemary Gardens; SJ=Saint John's Garden.

possible through various internal services. Based on the eight handbooks, there were seven policies related to internal services: (a) housekeeping, (b) laundry services, (c) maintenance, (d) meals (dining), (e) medications/ health, (f) nursing services, and (g) transportation. Generally, all eight facilities participating in the study conveyed information on internal services related to ADLs and IADLs. All facilities provided policies regarding laundry services, meals (dining), and nursing services. Most facilities included information on housekeeping (7), maintenance (7), medications/ health (5), and transportation services (6). It is important for assisted living facilities to present what kind of internal services are provided since current and prospective residents would like to be informed. In this section, those seven policies of internal services were analyzed and recommendations were suggested.

Meals (dining).

All facilities included a meal policy in the resident handbooks because the policy is very centrally related to residents' socialization, nutritional balance, and physical needs. The main purpose of assisted living facilities is to provide residents with an independent living environment with some assistance. Meal service is an important aspect of the services needed by older adults. The dining room also can be a place where residents gather to enjoy meals in the company of friends, companions, and family; good nutrition is directly related to residents' health.

Generally, the meal policy included information regarding meal times or schedules (breakfast, lunch, dinner, and special holidays), dining room location, menu selections and available snacks, resident comments (or suggestions), resident seating, guests, room tray service, and security checks. In terms of security checks, residents are expected to tell the staff when they

are planning to be absent. Additionally, one facility described a private dining room and the available time of its usage while another facility stated that it can provide special diets for no-added table salt and no concentrated sweets if residents need a special diet, or if it was ordered by the physician. In addition, one facility addressed volunteer duties of residents in the dining facility, and the facility also stated that all food must be kept in tightly sealed tins or plastic containers or in a refrigerator purchased by the resident.

Nursing services.

All facilities stated a nursing policy in the resident handbooks. The nursing policy is very important in that assisted living facilities consider residents' physical aspects and provide residents with managed personal and health care services. Four facilities used the term "nursing services" while two facilities explained nursing services under "wellness program," and the other two facilities put them under "health issues." The nursing policy stated the operation time of the nursing office (e.g., 24 hours a day basis) and other available services, such as blood pressure and glucose monitoring; reporting overnight visitation to the nursing office for security reasons. Two facilities explained the nurse/aide call switches. Moreover, information regarding a physician's visiting time and fees, as well as a podiatrist's visitation and fees, was addressed in the resident handbooks. One facility also stated that physical, speech, and occupational therapy were available. Based on the eight resident handbooks, when making the nursing policy, descriptors of qualifications, such as "professionally trained nursing staff" or "licensed nurses," were employed in relation to these policies.

Laundry services.

Physical changes of older adults cause them to require assistance with such things as laundry services. Laundry services are also related to cleanliness which can promote residents' health and the facility' aesthetics. All facilities presented a laundry policy in their resident handbook. Three facilities associated their laundry services with the housekeeping policy. Based on the descriptions in the eight resident handbooks, generally a laundry policy in assisted living facilities could be explained in two ways: 1) basic laundry services (e.g., bed and bath linens) provided by the facility and 2) personal laundry involving residents' use of washer and dryers. For the basic laundry services, the staff limited residents' laundry bags and explained additional charges if residents asked for more services. For the personal laundry, one facility stated the location of washers and dryers and the management staff's exemption from responsibility for any loss, damage, or accidents during laundering. One facility asked residents to wash their clothing at least once a week, while another facility recommended that clothing be marked with the residents' name.

Housekeeping.

Most (7) facilities expressed a housekeeping policy in the resident handbooks. Such a policy is essential for assisted living facilities in that housekeeping is one of the activities of daily living that many assisted living residents want help with and it is related to a comfortable living environment for residents (Sloan et al., 2001). Commonly, the housekeeping policy included the scheduled time for housekeeping (e.g., weekly basis), types of cleanings, and extra services and their charges (e.g., deep cleaning such as moving furniture or washing walls). Generally, the housekeeping schedule operated on a weekly basis; weekly housekeeping service

included cleaning bathrooms and counter tops, emptying trash, mopping bathroom floors, vacuuming all carpets, cleaning mirrors, cleaning light bulbs and changing bed linens and bathroom linens. One facility addressed a more detailed annual cleaning, such as carpet cleaning and cleaning of window treatments. A refuse room, laundry pick-up procedure, and irregular services during the holidays and vacations also were addressed in the resident handbooks.

One facility asked residents to be present at the scheduled cleaning time because housekeepers do not have keys, and that can be related as well to security issues (i.e., lost or theft). Another facility asked residents to be out of their rooms during laundry pick up day.

Figure 13 is a sample housekeeping policy based on the eight resident handbooks. For a housekeeping policy, information about the time for housekeeping, housekeeping service types, and extra services and their charges should be provided.

Maintenance.

Most (6) facilities defined a maintenance policy in the resident handbooks. Good maintenance can promote residents' health and improve the facility' aesthetics; and poor maintenance such as insufficient light may cause unsafe walking, difficult reading, and decreased activity levels (Sloan et al., 2001). One facility stated that the management staff is dedicated to keeping the facility properly maintained and equipment functioning properly. Generally, the maintenance policies provided in assisted living facility handbooks, are focused on resident requests for repairs to the residents' room and appliances. The emergency requests should be fixed prior to others. There are two kinds of maintenance services: 1) scheduled maintenance, such as cleaning heating/air conditioning filters and shampooing carpets, and 2) need-based

Figure 13. A sample housekeeping policy.

Housekeeping Policy

Our community is proud to help you keep your suite tidy every day. In addition, we are also proud to be able to offer the best housekeeping service for you.

- **Your room will be cleaned once per week on a schedule.**
 - **You should be present at the beginning of the scheduled cleaning time because housekeepers do not have keys. However, you are requested to leave your rooms during the cleaning.**
 - **It is not necessary for you to be present when housekeepers pick up your soiled sheets and towels.**
 - **Weekly service includes:**
 - **Cleaning bathrooms and counter tops**
 - **Emptying trash**
 - **Mopping bathroom floor**
 - **Vacuuming all carpets**
 - **Cleaning mirrors, and**
 - **Changing bed linens and bathroom linens**
 - **Annual cleaning service includes:**
 - **Carpet cleaning**
 - **Cleaning of window treatments**
 - **Window washing**
 - **Deep cleaning services, such as moving furniture or washing walls, is not included in weekly housekeeping services, but may be arranged for an additional fee. Please contact the Director of our community to arrange additional housekeeping services.**
 - **Our housekeepers work very hard and our community wants them to be able to enjoy their holidays and vacations. Your cleaning schedule may be adjusted to accommodate their schedule during those times.**
-

maintenance, such as defrosting the freezer portion of the refrigerator, hanging pictures, unstopping a clogged drain, or changing the light bulbs. It was also found that the residents are charged for any changes approved and completed. One facility simply stated the maintenance policy under “other special services” as a minimum of one hour charge (e.g., \$ 25) for all special requests, such as in-house transfers, putting furniture together, and painting. Another facility chose a heading, “repairs” instead of maintenance. The facility defined emergency services, such as flooding, and non-emergency situations, such as clogged sinks or toilets; it clarified that maintenance staff can work even if residents are not home. Another facility described which entrance will be cleaned first during inclement winter weather by maintenance staff. The maintenance policy should be provided in the resident handbook since residents hope to be informed what maintenance services are provided to them.

Transportation.

Most (6) facilities stated a transportation policy in their resident handbook. As one of the IADLs, the transportation service can be an important aid for residents since older adults experience physical changes, and they may not be able to drive. The service is also very related to residents’ safety. Based on the six resident handbooks that included a transportation policy, it was found that management provided transportation to residents when needed for a medical appointment or shopping, that a transportation schedule was related to their activities program, and that there are some additional charges depending on mileage, purpose of using the transportation, or if additional help required from a nursing staff member. One facility offered the transportation service for a fee, including transportation to and from physician appointments. Two facilities listed their transportation policy under “activities program” and

“automobiles/parking/transportation.” One of them stated that transportation reservations must be made in advance, and there is no charge for transportation for residents’ personal appointments and errands on Tuesdays and Wednesdays.

Medications/ health.

Most (5) facilities stated a medication policy. As one of the IADLs, medication management can be an important assistance for residents. Two handbooks stated the medication policy under nursing services and wellness programs. Those facilities provided a very strong policy in their resident handbooks regarding medications. The reason is that the Virginia Department of Social Services dictates that for safety reasons the facility must have control of access to all medications for those residents needing their medicines to be administered to them, and the state-imposed requirement applies to over the counter medications and treatments as well as those prescribed by physicians. For these reasons, four facilities commented on the state regulations in their resident handbooks. Furthermore, one facility addressed methods to take the medications (e.g., self-administration and the residence pharmacy system); another facility stated information about the pharmacy, prescriptions, administration of medications, and charges.

Recommendation

- It is especially important to include policies regarding housekeeping, laundry services, maintenance, meals (dining), medications/ health, nursing services, and transportation in resident handbooks since current and prospective residents need to be informed of the services provided by the assisted living facilities.

External Services

The second category of “services,” a group of policies regarding external services was related to services provided by outside companies or groups. “External services” consisted of six policies: (a) banking, (b) beauty and barber shop, (c) grocery deliveries, (d) mail, (e) newspaper deliveries, and (f) religious services. Most facilities included a beauty and barber shop policy (7) and a mail policy (5). Three out of the eight resident handbooks had policies regarding newspaper deliveries and religious services. Only one handbook included a banking and grocery policy. In this section, the six policies are reviewed and recommendations are suggested.

Beauty and barber shop.

Most (7) facilities handbooks stated that they had a beauty and barbershop on their premises. Six facilities had their own heading, but one facility provided the policy under “services and activities.” Generally, because of physical limitations, older people need help with their grooming and cosmetic needs. Therefore, information about beauty and barber services should be provided in the resident handbooks because this policy can be of central interest to the residents in assisted living facilities.

In general, the information regarding the shop location, the time of operation, the payment method, and the appointment procedure was provided in the resident handbooks. Figure 14 reports a sample policy for beauty and barber shop, based on seven handbooks showing such a policy.

Figure 14. A Sample beauty and barber shop policy.

Beauty and Barbershop

Our community is proud to be able to offer beauty and barber services right here. The shop is operated by a professional stylist experienced in providing services to both men and women.

- **Our beauty and barbershop is located on the first floor.**
 - **Services provided include manicures, pedicures, and hair styling at reasonable prices.**
 - **The shop is operated as a private business, but residents of our community receive special rates.**
 - **Payment for beauty and barber services is handled at the shop or paid with your monthly rent.**
 - **The schedule for the beauty and barbershop is posted on the shop door. Appointments can be made with the concierge or by calling 123-4567.**
 - **Tipping is permitted.**
-

Mail.

Most (5) facilities had a mail policy in their resident handbooks. Information about the delivery time, the mail box for incoming mail, the postbox for outgoing mail, and where residents can obtain stamps was provided. One provided information about the mail box key while another stated that there would be a charge for mail delivered to the rooms.

Newspaper deliveries.

Three facilities stated a newspaper policy in their resident handbook. One facility provided this policy under the “apartment information” section; the others had their own policy heading. Two facilities provided the contact information of the newspaper company. The other

facility provided the contact information and billing, and stated that the daily newspaper was in the library.

A newspaper policy should be provided in the resident handbooks since residents would like to know whether the facility can provide them with newspaper service in order to get news about current events.

Religious services.

Three facilities stated a religious services policy in their resident handbook. One facility had a heading “religious services,” but others put this policy under “activities program” and “services and activities.” One facility just stated that a calendar of events such as Sunday worship services and bible classes is posted on the bulletin board. Another facility provided information about the worship time and place (e.g., “a Sunday afternoon worship is held in the second floor Library”), and the possibility of private visits and counseling from the chaplain. The other facility stated the purpose of religious services was “to provide for the spiritual needs of all residents.” This facility also provided information regarding the worship time and place, transportation time for residents who want to attend the worship, hearing aids for residents with a hearing impairment, and chaplain’s personal meetings with family members. Also, the facility has its own chapel. Many residents consider religious services to be important for their spiritual needs. Although only three facilities stated this policy, it is recommended that a religious services policy be addressed in the resident handbook since it relates to the psychological aspect of aging. This policy should include the worship time and place, as well as transportation services to local places of worship.

Banking.

Money management such as banking services is one of the IADLs (NCAL, 2001). A policy about banking was found in only one out of the eight resident handbooks. For a banking policy, one facility provided information about the banking service time, the bank name, and the types of services (e.g. cash checks). This policy should be included, if there is a bank on site, because residents would like to be informed whether assisted living facilities have this service or not.

Grocery delivery.

Only one facility stated that if residents want to use a grocery delivery services, they need to check for current information from local delivery stores.

Recommendation

- It is recommended that external service policies regarding banking, beauty and barber shop, mail, newspaper deliveries, and religious services be included in resident handbooks since residents should be informed whether or not assisted living facilities have these services and what their policies regarding these services are.

Utility Services

The third category of “services,” is a group of policies regarding general utility services related to facilities’ efforts to make a stable and comfortable environment for the residents. Generally, the utility policies’ category consisted of seven policies: (a) utilities, (b) electricity, (c) generator, (d) heating and cooling, (e) recycling, (f) trash (disposal), and (g) water and sewer.

Policies regarding utility service, generator, recycling, and water and sewer were found in only one of the eight resident handbooks, while two facilities listed a trash (disposal) policy. An electricity policy was found in three of the eight resident handbooks, and a heating and cooling policy was found in four of the eight resident handbooks. In this section, the seven policies are reviewed and recommendations are suggested.

Heating and cooling.

A heating and cooling policy was found in four of the eight resident handbooks. The loss of fat underneath the skin can cause older adults to feel chilly even if the temperature is normal to other people (Tomb, 1984). For this reason, maintaining an ambient temperature is a very important to older adults. One facility explained how to use and read the thermostat equipped in resident rooms as “management recommends the switch for the heater/air conditioner be set on “low” and the thermostat be set at a comfortable temperature and then left alone.” Another facility prohibited electric and space heaters for safety reasons. If assisted living facilities do not permit the use of portable heaters for safety reasons, it should be clearly mentioned in the resident handbook. The other facility briefly stated this policy under the “general” section. If residents wish to know how to operate the room heater/air-conditioner, they can ask an administrator for help. Figure 15 is a sample policy for heating and cooling, based on four handbooks showing such a policy.

Electricity.

Three facilities stated an electricity policy in their resident handbooks. Two of them discussed what happens in case of an electric power outage, and that they prohibit the use of candles for safety reasons. During an electric power failure, the facilities asked residents to use

Figure 15. A sample heating and cooling policy.

Heating and Cooling

Our community provides a comfortable and cozy environment with heating and cooling services.

- **Heating and cooling are included in the monthly rent.** An electric heat pump with an individual thermostat provides the heating and air conditioning.
 - **Each apartment has a thermostat for your comfort.** Please keep the switch for the heater/air conditioner on “low,” and set the thermostat at a comfortable temperature.
 - **Portable heaters, including electric and kerosene, are not permitted** in your apartment for safety reasons.
-

the stairs instead of the elevators, to remain where residents are until a staff member comes, and to maintain a working flashlight for emergencies. Another facility just stated that the monthly rent includes electricity.

Trash (disposal).

Two facilities stated a trash policy in the resident handbooks. One facility divided this policy into two subsections: garbage disposal and trash disposal. In terms of the garbage disposal, this facility explained the disposal location in the kitchen, the type and amount of food waste for the disposal, and the usage of cold and hot water when washing dishes and using the disposal. Another facility stated that the housekeeper will empty the trash, and the facility recommended that if residents need more frequent collection of trash, they should discuss this with the director or the housekeeping supervisor. Since trash disposal is linked with cleanliness and comfort of

residents' room, assisted living facilities should provide this policy in their resident handbooks to show that the management is deeply concerned about the environment in which the residents stay.

Generator.

A generator policy was addressed in one of the eight resident handbooks. One facility listed this policy under "safety procedures." This facility stated how the generator is operated in the event of power loss, and encouraged residents to keep a flashlight handy because the generator will not operate lights, heating or cooling inside the apartment, and that they should avoid using candles for safety reasons.

Recycling.

One facility stated a recycling policy. The facility requested all residents cooperate with the policy by putting recyclable items in marked containers. This facility also explained the reason why they have this policy as "Agape Garden supports public and government efforts to recycle as much material as possible." Also, the facility stated the container location for trash disposal, newspaper bins, and types of trash disposal such as hard refuse, cans, paper and wrapping material. Since the residents of assisted living facilities wish to be informed about how the management of assisted living facilities deals with the service to provide a clean and pleasant environment for the residents, the recycling policy should be provided to residents before their moving in and during their stay in the facilities

Utilities.

Only one of the eight resident handbooks listed policies concerning utilities. One assisted living facility explained the monthly service fee of heat and electricity, the thermostat control, and equipment such as telephone and cable TV.

Water and sewer.

For a water and sewer policy, one facility briefly stated that the water and sewer fee is included in the monthly rent. The water and sewer policy should be provided to residents before their moving in and during their stay in the facilities.

Recommendations

- In terms of a heating and cooling policy, the facilities should inform the residents whether or not they can use space heaters; if not, provide the reason why the facility does not permit portable heaters.
- Information on how to operate the thermostat is especially important to new residents and should be included in the handbooks.
- Policies regarding heating and cooling, recycling, trash, and water and sewer should be provided to residents since those policies are closely related to the comfort of the residents.
- Information regarding utility service, electricity, generators, heating and cooling, recycling, trash (disposal), and water and sewer should be explained to the residents.

CHAPTER 5

CONCLUSIONS

This chapter includes an overview of the study, summary of findings for this study, a discussion of conclusions and implications based on the findings, and recommendations for further research.

Overview of the Study

The purpose of this study was to examine resident policies in assisted living facilities in Virginia and to recommend consistent policies for resident handbooks. To accomplish this, a two phase study was conducted using 12 assisted living facilities that had been studied in the “Best Practices in Assisted Living Study.” The first phase was to develop a mail survey to obtain information on current resident policies in existing assisted living facilities in Virginia; the second phase was to analyze and compare existing resident policies found in resident handbooks from these facilities. The resident handbook survey was conducted from May to September 2005. An administrator from each facility was asked to provide the researcher with the facility’s resident handbook and to complete a survey. Seven of the 12 assisted living facilities surveyed responded to the mail request and one resident handbook had already been obtained from the “Best Practices in Assisted Living Study.” Therefore, the total number of resident handbooks analyzed and compared was eight.

Based on the eight resident handbooks collected, the researcher categorized all policies found in the handbooks into one specific group and employed the content-analysis method of

analysis. The total number of different resident policies originally gathered from the eight resident handbooks was 61. With some elimination, the number of resident policies dealt with in this study totaled 56, and all policies were categorized as one of the following: activities, administration, or services. Eight sample resident policies were suggested.

Summary of Findings

Resident handbooks were updated annually or when needed. The time of distribution of resident handbooks differed with each facility, but most residents obtained the resident handbook during their move-in or during orientation. Additionally, prospective residents were informed of the admission policies by phone, information package, mail or the Internet.

For the introduction section of the resident handbooks, four assisted living facilities included a title page, and the other four did not. In addition, seven handbooks had a greeting or welcome message section. In addition to the title and greeting, a table of contents, a section on the purpose and philosophy of the assisted living facility, an introduction to the resident manual, and information about the staff and important phone numbers were provided in the introduction.

Based on the eight resident handbooks collected, the 56 resident policies were categorized as activities, administration, and services. Activities were related to resident activities inside and outside the assisted living facilities; the administrative issues were associated with resident policies in terms of management of the facilities; services were connected to resident policies that support residents' daily life. The "activities," included three policies: (a) public and common areas, (b) communications, and (c) volunteer opportunities. Policies related to "administration," were separated into four parts: (a) office administration, (b)

personal behavior, (c) personal items and space, and (d) risk management. “Office administration” included five sub-categories: admission, apartment changes, monthly billing (rent payment), receptionist (administrative), and termination (discharge). “Personal behavior” included six policies: alcoholic beverages, conduct, noise (radios/TV), personal appearance, profanity, and tipping. “Personal items and space” had 11 policies including electric carts and wheelchairs, furnishings, gardens, guests, interior decoration, kitchen range, parking (automobiles), pets, private duty employees, telephone, and cable television. “Risk management” was composed of ten resident policies: elevators, emergencies, incident and accident reports, personal insurance, lost and found, personal record, safety, security, shared risk and responsibility, and valuables. The policies regarding “services,” included three sub-categories: (a) internal services, (b) external services, and (c) utility services. “Internal services” had seven resident policies: housekeeping, laundry services, maintenance, meals (dining), medications/health, nursing services, and transportation. “External services” consisted of six resident policies: banking, beauty/barber shop, grocery deliveries, mail, newspaper delivery, and religious services. “Utility services” were related to the policies regarding electricity, generator, heating and cooling, recycling, trash disposal, and water and sewer.

As a result of content analysis and evaluation of policies as they relate to the aging process, a total of 27 recommendations were suggested. Two recommendations were suggested based on the findings of the resident handbook survey, and 25 recommendations were suggested from analysis of the handbooks.

Based on the resident handbook survey, the following policies are recommended.

- Resident handbooks should be revised at least annually.

- Assisted living facilities would inform prospective residents and their family members of the admission policy by phone or mail, or through an information package, or the Internet.

Based on the analysis of the eight handbooks, the following recommendations are made.

The introduction section:

- Resident handbooks should include a title page, table of contents, and greeting or welcome page.
- The greeting section should include words like "welcome" that give the resident a sense of warmth and friendliness rather than a phrase like "rules and regulations."

Activities:

- A communication policy should relate to the expression of residents' suggestions/ complaints and information for the residents about upcoming events. A resident council, suggestion box, newsletter or calendar, and bulletin board should be used to express this policy in the handbook.
- "Public and common area policy" is supposed to be designed 1) to inform residents of each facility's location, time schedules, and rules for usage and 2) to consider residents' social, physical, and psychological (intellectual) needs.
- A policy regarding volunteer opportunities should be included in the resident handbooks since this policy can give residents an opportunity for social interaction with other residents, and residents would like to know what opportunities exist.

Administration - office administration:

- All resident handbooks should include information regarding payment of rent including date rent is due, where rent can be paid, and method of payment.
- A termination (discharge) policy should be included in resident handbooks because as residents grow older and frailer they want to know how to manage their circumstances when it is no longer appropriate to remain in their current assisted living facility.

Administration - personal behavior:

- The “tipping policy” should be included in resident handbooks since residents may have a conflict or confusion from the concept of assisted living. It is important for the management staff to present a “no-tipping policy” in the resident handbooks by informing the residents the reason why they do not accept tips.
- It is recommended that policies regarding alcoholic beverages and noise be included in resident handbooks since residents should be informed whether assisted living facilities have these policies or not.

Administration - personal items and space:

- A pet policy that allows pets can help to make the assisted living facilities more “home like” since residents often consider pets as friends and family members. For this reason, assisted living facilities should seriously consider permitting pets in the facilities, and if not, they need to provide an explanation for why they have a “no pets” policy.

- A telephone policy regarding the use of residents' cellular phones should be addressed in the resident handbook since personal cellular phones are becoming more popular, and residents may feel annoyed by other residents' cellular phone conversations in public places.
- Policies regarding electric carts and wheelchairs should be included in resident handbooks because as older adults' change physically, ambulatory aids are often needed. The safety aspect should be considered in terms of using the aids.
- The parking (automobile) policy in the resident handbook should be divided into two sections, residents' parking and visitors' parking. In terms of residents' parking, the information regarding where residents can park and how the facility management regulates residents' cars may be addressed while for visitors' parking, information on where visitors can park and how they sign in and out of the facility can be stated.
- It is recommended that policies regarding furnishings and interior decoration be included in resident handbooks since residents should be informed whether assisted living facilities have these policies or not.
- It is recommended that an interior decoration policy related to interior improvements be stated such that residents should obtain approval from the management staff before changing the interior finishes or fixtures of the room and that under what circumstance the resident must restore the apartment to its original state when leaving.
- If a facility includes a range in the residents' apartment, the resident handbook should state a kitchen range policy, based on safety management of assisted living facilities.

Administration - risk management:

- Specific emergency, safety, and security policies should be provided in the resident handbook because they can address a major concern of many older adults in terms of their housing.
- It is recommended that the manner in which facilities manage residents' possessions and their property be conveyed in the resident handbook.
- Policies regarding incident and accident reports, lost and found, personal records, and shared risk and responsibilities should be included in all resident handbooks since those policies are closely related to resident's daily concerns (i.e., safety and security) in assisted living facilities.

Services – internal services:

- It is especially important to include policies regarding housekeeping, laundry services, maintenance, meals (dining), medications/ health, nursing services, and transportation in resident handbooks since current and prospective residents need to be informed of the services provided by the assisted living facilities.

Services - external services:

- It is recommended that external service policies regarding banking, beauty and barber shop, mail, newspaper deliveries, and religious services be included in resident handbooks since residents should be informed whether or not assisted living facilities have these services and what their policies regarding these services are.

Services – utility services:

- In terms of a heating and cooling policy, the facilities should inform the residents whether or not they can use space heaters; if not, provide the reason why the facility does not permit portable heaters.
- Information on how to operate the thermostat is especially important to new residents and should be included in the handbooks.
- Policies regarding heating and cooling, recycling, trash, and water and sewer should be provided to residents since those policies are closely related to the comfort of the residents.
- Information regarding utility service, electricity, generators, heating and cooling, recycling, trash (disposal), and water and sewer should be explained to the residents.

Conclusions and Implications

The researcher analyzed the 56 resident policies of the eight assisted living facilities. This research revealed that currently insufficient and inefficient handbooks are provided to residents and prospective residents. Therefore, the researcher suggested 27 recommendations for an ideal resident handbook. This study can help the staff of assisted living facilities manage their community more efficiently by aiding them in developing a clear and well organized resident handbook.

Pearce (1998) pointed out that well-written, brief, and thorough resident handbooks can be very effective tools for the operational translation of the service package. In addition, resident handbooks can take on a role of a marketing tool that can appeal to residents and prospective residents of assisted living facilities. However, as a whole, the current status of the resident

handbooks evaluated was inadequate. Currently, most written materials (i.e., resident handbooks) lack certain information such as services, costs, and respective obligations of both the resident and the provider; assisted living facilities usually provide misleading and inconsistent written materials, even if the key information should be included in writing (US GAO, 1997). Therefore, this study focused on which resident policies should be included in resident handbooks by comparing eight assisted living facilities in Virginia and analyzing how they related to what we know about the aging process. The results revealed that the format of the handbooks was inconsistent, and the policies in the handbooks were insufficient. Thus, the management of assisted living facilities should evaluate their current handbooks and revise them employing the results of this study. Moreover, this study focused on smaller assisted living facilities, which now often compete with large corporations. The results of this study can help those small sized facilities since they can develop a well organized handbook and use it as a marketing tool.

In terms of the relationship between the aging process of older adults and a housing alternative, Moseley (1988) stated that the older adults have experienced physical, social, and psychological changes that cause them to think of a housing alternative (e.g., assisted living), which can maximize their independence with some aids. In addition, for older adults who live alone in their own house without other family members, those who do not want to live with family or friends, or those who live in unsafe neighborhood, assisted living can provide a satisfying environment by giving opportunities to help them develop friendships, work and socialize with others, and spend meaningful time with them (Mattiasson & Andersson, 1997; Reed, Payton, & Bond, 1998). Based on these studies as well as other research, the researcher categorized resident policies into three sections: (a) activities, (b) administration, and (c) services. These policies are related to aging process of the residents and their independence. Appropriate

activity programs, well-organized administration, and convenient services offered by assisted living facilities can help residents live independently and improve the quality of their later years. Therefore, in creating and updating a resident handbook, management should consider what activities, administration, and services are most beneficial to the quality of the residents.

Overall, the resident policies provided in the resident handbooks can help staff manage assisted living facilities more efficiently, and the handbooks will be able to offer prospective residents clear information as they make a choice among various assisted living facilities. Moreover, current residents will benefit from consistent resident handbooks that provide clear information about policies and services. Therefore, the management staff should consider how they can respond to residents' demands with resident policies and how they can use the handbooks as a marketing tool to attract prospective residents.

Recommendations for Further Research

The following recommendations are made for further research regarding resident handbooks for assisted living facilities:

1. This study focused on the resident policies provided in the handbooks. In the future, more studies on the design of the resident handbooks should be conducted. Since the target populations of assisted living facilities are older adults (over 80 years of age), special design requirements such as the color, size, or shape of the print should be considered. Therefore, researchers need to think about how the policies should be presented in the resident handbooks.

2. The results of this study might not apply to all assisted living facilities since the study was limited to only eight facilities. In the future, more studies need to be conducted on a larger sample of assisted living facilities located in different states to examine whether or not the findings of this study are valid.
3. One of the survey responses stated that the family members of residents in assisted living can handle reviewing and remembering the information in the handbook while the resident many times cannot. Therefore, further studies should address how the management of assisted living facilities can inform or remind residents of the policies.
4. Assisted living services are not a “one size fits all” service. In the future, studies should examine the level of flexibility in policies that is necessary to properly meet residents’ needs.
5. The researcher surveyed the administrators to gain general information about management with respect to resident policies. In the future, interviews or surveys with residents of assisted living facilities need to be conducted to obtain the residents’ opinions on resident policies.

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APPENDIX A

Resident Handbook Survey

May 23, 2005

Dear Administrator,

About two years ago, a research team from Virginia Tech visited Culpepper Gardens as a part of the Best Practices in Assisted Living Facilities Study. Work continues on this project. Currently I am focusing on resident policies in assisted living facilities which will be the topic of my master's thesis.

Although the importance of resident policies has been recognized, very little research has been conducted in the area of resident policies for assisted living facilities. The purpose of my research is to examine the resident policies from different facilities and to recommend consistent policies for resident handbooks. The results of my study will be available to assisted living facilities and hopefully will provide information for use by administrators to make their policies clear and effective.

I am writing to request a copy of your resident handbook/guidebook. The resident handbook/guidebook will be very helpful for my research. In addition, I would appreciate if you would complete the attached questionnaire and mail it, along with the resident handbook, to me at 240 Wallace Hall, Virginia Tech, Blacksburg, VA 24061. A self-addressed envelope is included for your convenience.

I assure you that your answers are completely confidential and neither your name nor your community's name will be identified with your response.

Thank you very much for contributing to this research. I do appreciate you spending your valuable time in answering the questionnaire. If you have any questions or comments about the study, please contact me at sjlee@vt.edu.

Sincerely,

Sung-jin Lee
Master's Candidate in Housing

Dr. Rosemary Goss
Professor of Housing and Master's Advisor

Resident Handbook Survey

1. Does your assisted living facility have a resident handbook/ guidebook to provide information on resident policies?
 - Yes
 - No
 - *If no, do you have a plan to provide a resident handbook?*
 - Yes
 - No
2. When do you distribute your resident handbook/ guidebook? (For example, when someone inquires about your facility? when they sign the lease? when they move in? etc.)
3. How often do you revise your resident handbook/ guidebook? (For example, review and revise on a specific schedule, when government policies change, when adding policies, etc.)
4. How are prospective residents informed of the admission policy? (For example, information packages, Internet, phone, mail, etc.)
5. Please share any comments about resident policies on handbooks/ guidebooks that you think would be useful for me to know as I study handbooks/ guidebooks of various assisted living facilities. (Please use the back of the page for additional comments.)

Thank you for your feedback!

Return to: Sung-jin Lee.
240 Wallace Hall, Virginia Tech, Blacksburg, VA 24061

APPENDIX B

Following-up Resident Handbook Survey

August 16, 2005

Dear Administrator,

Attached is a copy of the letter we sent to you in May. To date we have not received the requested information. In order for our study to reflect all of the assisted living facilities we visited, we want to include Our Lady of the Valley in our study.

Thank you for contributing to our research. If you have any questions, please contact Sung-jin Lee at sjlee@vt.edu or Dr. Rosemary Goss at 540-230-4784.

May 23, 2005

Dear Administrator,

About two years ago, a research team from Virginia Tech visited Our Lady of the Valley as a part of the Best Practices in Assisted Living Facilities Study. Work continues on this project. Currently I am focusing on resident policies in assisted living facilities which will be the topic of my master's thesis.

Although the importance of resident policies has been recognized, very little research has been conducted in the area of resident policies for assisted living facilities. The purpose of my research is to examine the resident policies from different facilities and to recommend consistent policies for resident handbooks. The results of my study will be available to assisted living facilities and hopefully will provide information for use by administrators to make their policies clear and effective.

I am writing to request a copy of your resident handbook/guidebook. The resident handbook/guidebook will be very helpful for my research. In addition, I would appreciate if you would complete the attached questionnaire and mail it, along with the resident handbook, to me at 240 Wallace Hall, Virginia Tech, Blacksburg, VA 24061. A self-addressed envelope is included for your convenience.

I assure you that your answers are completely confidential and neither your name nor your community's name will be identified with your response.

Thank you very much for contributing to this research. I do appreciate you spending your valuable time in answering the questionnaire. If you have any questions or comments about the study, please contact me at sjlee@vt.edu.

Sincerely,

Sung-jin Lee
Master's Candidate in Housing

Dr. Rosemary Goss
Professor of Housing and Master's Advisor

Resident Handbook Survey

6. Does your assisted living facility have a resident handbook/ guidebook to provide information on resident policies?
- Yes
 No
- *If no, do you have a plan to provide a resident handbook?*
- Yes
 No
7. When do you distribute your resident handbook/ guidebook? (For example, when someone inquires about your facility? when they sign the lease? when they move in? etc.)
8. How often do you revise your resident handbook/ guidebook? (For example, review and revise on a specific schedule, when government policies change, when adding policies, etc.)
9. How are prospective residents informed of the admission policy? (For example, information packages, Internet, phone, mail, etc.)
10. Please share any comments about resident policies on handbooks/ guidebooks that you think would be useful for me to know as I study handbooks/ guidebooks of various assisted living facilities. (Please use the back of the page for additional comments.)

Thank you for your feedback!

Return to: Sung-jin Lee.
240 Wallace Hall, Virginia Tech, Blacksburg, VA 24061

APPENDIX C

Vita

SUNG-JIN LEE

EDUCATION

Masters of Science, Apparel, Housing and Resource Management, 2006
Virginia Polytechnic Institute and State University (Virginia Tech), Blacksburg, VA
Thesis: "Evaluation of Resident Policy Handbooks of Eight Assisted Living Facilities in Virginia"

Advisor: Rosemary Carucci Goss

Master of Science, Library and Information Science, 2002
Chungnam National University, Daejeon, Republic of Korea
Thesis: "A Study on the XML DTD Design of Query for Integrated Retrieval of Heterogeneous Distributed Databases"

Advisor: Eung-Bong Lee

Bachelor of Science, Library and Information Science, 1999
Chungnam National University, Daejeon, Republic of Korea

HONORS/AFFILIATIONS

- Awarded James D. Moran Memorial Endowed Scholarship, Fall 2006 – Spring 2007
- Participated in the 22nd Graduate Student Assembly (GSA) Research Symposium, March 29, 2006
- KON (Kappa Omicron Nu, Honor Society), Student Member, Spring 2005 – present
- Awarded HERA (Housing Education and Research Association) Scholarship, October 2004
- HERA (Housing Education and Research Association), Student Member, September 2003 – present
- AHRM (Apparel, Housing, Resource Management) Graduate Council, Student Member, September 2003 – present
- Awarded a full scholarship three times as a Graduate student, 2000 – 2002, Chungnam National University, Daejeon, Republic of Korea
- Awarded the Most Excellence Prize at Graduation Ceremony of Chungnam National University (GPA 4.278/4.5), February 1999, Daejeon, Republic of Korea
- Awarded a full scholarship seven times as an Undergraduate student, 1995 – 1999, Chungnam National University, Daejeon, Republic of Korea

RESEARCH INTERESTS

- Housing alternatives for older adults
- Housing environment for an aging society

TEACHING INTERESTS

- Housing for older adults
- Housing issues for society

RELATED EXPERIENCE

Graduate Assistant, Department of Apparel, Housing, and Resource Management, Virginia Tech, Blacksburg, VA, January 2004 – Spring 2006

- Assisted with professor's classes and projects.
- Retrieved information and searched for articles and journals relating to Housing lectures and research.