

What do we mean by Seniors Housing?

By Clay Tippett – February 25, 2019

This is the third in a series of articles on how our housing needs can change as we age. They were written as background for a survey on senior's housing sponsored jointly by the Tri-Village Buzz and the Wasa District Lions. The purpose of the survey is to try to determine if there is a need for creation of some type of senior's housing in the Tri-Village area.

Independent Living

Not being a health professional, I was surprised to learn I have first-hand experience on the topic I've been writing about. When I was on the road travelling for business, I often stayed in a full service hotel, generally one with: a nice warm room, a comfortable bed, an attached restaurant where you could join with others to have food served to you, and sometimes a sports bar with a pool and foosball tables and big-screen TV for recreation. If in the morning I left my laundry in a labeled plastic bag provided by the hotel, it would be clean and hanging in my closet that evening. If I needed anything 24/7, all I had to do was call the front desk. This wonderful collection of, in the jargon of senior's housing legislation, "hospitality services", can also be known as supportive housing, independent living or in shiny corporate brochures, retirement homes.

Beyond that simple hotel model requiring neither registration nor licensing with the health authorities, it gets more complicated. The granddaddy BC legislation governing seniors and other care residences is *The Community Care and Assisted Living Act* and its regulations. Depending on the types of services offered, the act creates a framework that allows flexibility in how a facility can be designed.

The act defines "prescribed services" that a facility can provide:

- Regular assistance with activities of daily living: including eating, mobility, dressing, grooming, bathing or personal hygiene
- Central storage of medication, distribution of medication, administering medication or monitoring the taking of medicine
- Maintenance or management of the cash resources or other property of a person in care
- Monitoring of food intake or adherence to therapeutic diets
- Structured behaviour management and intervention
- Psychosocial rehabilitative therapy or intense rehabilitative therapy

The number of services offered is the dividing line between Independent Living, Assisted Living and a Care Home

Assisted Living

If a facility provides "hospitality services" plus at least one but not more than two of the "prescribed services" it's designated as an "assisted living" facility and is required to be registered under the act. If a facility offers hospitality plus three or more services, it's a "care home" and required to be licensed.

An operator can avoid even the more limited requirements of registration by offering only a “Support” version of the prescribed services. For example, if an aide, instead of physically helping you bathe, merely gently reminds you it’s time for the evening bath, draws it for you and lays out your night garments, that’s “support”. It’s simply an annoying version of independent living - the “nanny” hotel model.

To quote from a BC government publication: *“Assisted living residences are intended for persons who are independent and require day-to-day assistance in one or two areas (e.g., medications, bathing or life skills). Persons in licensed residential care typically require a greater level of assistance on a daily basis and have more complex health care needs.”* They emphasize elsewhere that “independent” means having the ability to think and make decisions for oneself.

The less onerous registration process allows the developer of an assisted living facility to match its physical features to the needs of the clientele it plans to attract. For example, other than widths required under the building code, there’s no requirement that doors be wide enough to accommodate a wheelchair, unless the intent is to house folks in wheelchairs.

Care Home Living

Care homes for seniors can also be known as “nursing”, “long-term care”, “residential care” and “memory care” homes. Persons in licensed residential care typically require a greater level of assistance on a daily basis and have more complex health care needs. The word “supervision” is prominent in the definition in the act of “care”. To slightly abridge the definition: *“ ‘Care’ ” means supervision of an adult who is vulnerable because of family circumstances, age, disability, illness or frailty and dependent on care givers for continuing assistance or direction in three or more prescribed services.”*

Gone is the necessity of being able to think for yourself and, perhaps institutionally accompanying it, the freedom to do so. Illustrating how the act recognizes the vulnerability of those it is legislating for and protecting, the word “must” appears 72 times. The specifications and rules governing how the care homes shall be constructed and operated and the process for licensing and maintaining a licence make them much more costly than the simpler forms of seniors housing.

What this means for the Tri-Village area

The 2018 Report of the Seniors Advocate states that the average age in a long term care facility is 85, with 59% of the residents being 85 or older. The average stay is 871 days or just under 2 years and five months. Which means, for example, a home with 100 beds loses 7 customers every 60 days and would need to find steady replacements to stay fully occupied. A prospective investor might require a much larger market area to draw from than the 800 or so residents of the Tri-Village area.

In a recent quarterly report, projections from Sienna Senior Living, a large operator of both retirement communities and care homes indicate that of their target market of people over 75, the percentage people in the 85+ bracket is declining, from 30% today, to 27% in 2025 and only back up to 28% in 2030. Although the absolute numbers of the 85+ folks are relatively steady in the short run, they eventually

get larger as the baby boomer bulge ages. While current industry numbers indicate a waiting list for long term care, construction currently underway may lower somewhat the wait.

The immediate growth in demand is for independent living facilities. Sienna seems quite optimistic about the recent uptake in occupancy for their retirement (independent living) homes. In spite of their active construction program for this type of housing, their vacancy rate in BC has dropped from 7.2% in 2013 to 2.5% in 2018. This makes sense in that retirement homes attract the younger and healthier customer that represents the bulk of the expected new entrants of over a million people into the 75 and older category between now and 2025.

For years, there's been talk in the Tri-Village community about converting the vacant Wasa School to residential senior's use. Others have suggested the community could support a simpler type of seniors' housing. Counter to those ideas, others have suggested the community is too small and we are too far away from needed medical support services.

If you were born in the 20th century, would like to contribute information to the discussion and are reading this in electronic form, click the link below to take the survey. If you are reading this in the paper version in the Buzz and your postal code is V0B 2K0 or V0B 2H0, a paper version of the survey will arrive in your mailbox in early March. Your input should help encourage more discussion on what if anything might be done or should be done for senior's housing in our community.

This link will be activated March 1, 2019
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