

long term care

HOUSING DIRECTORY

FOR BUNCOMBE, HENDERSON, MADISON AND TRANSYLVANIA COUNTIES



NURSING HOMES • ADULT CARE HOMES • FAMILY CARE HOMES
CONTINUING CARE RETIREMENT COMMUNITIES
MULTI-UNIT HOUSING • INDEPENDENT LIVING FOR SENIORS & DISABLED

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INTRODUCTION

Every day in our community disabled or older people and their families are facing the challenge of finding accessible and affordable long-term care services. This directory is designed to help them in their search. It provides information on residential settings for seniors and disabled persons available in our community. This information is subject to change and is listed with that understanding.

Many citizens are unaware of the great variety of social and health services that are available. Until sudden illness or chronic disability forces us to seek them out, we may not be familiar with the opportunities that exist in our communities. This directory offers a place to start the search for long-term care services, and gives individuals and their families a chance to plan for their present and future needs. The different types of long term care residential settings are discussed to assist you in identifying the kind of care you need.

This directory was developed by the Land of Sky Regional Council's Area Agency on Aging Ombudsman Program. Regulations require that Ombudsmen work as advocates for residents of licensed facilities. This is limited to residents of nursing homes, adult care homes, and family care homes. This directory was expanded to include other types of long term care housing that may or may not offer additional services. Please call us at (828) 251-6622 to obtain copies or go to our website: www.landofsky.org.

HOW TO USE THE GUIDE

Facts about local long term care facilities and senior/disabled rental housing are included to help the consumer learn about and compare available options. Care has been taken to ensure accuracy; however, changes are frequent. Consumers are encouraged to contact the community listed directly to verify and update information. Housing is organized by the County beginning with Buncombe, then Henderson, Madison and Transylvania. Pages are color coded to help you find all housing of a particular type efficiently. Nursing Homes are the purple section. Assisted Living / Adult Care Homes are the green section and Family Care Homes are the gray section. Multiunit Assisted Housing with Services, CCRC's, Independent Living Communities and Additional Resources are in the blue section.

NOTATIONS:

√	Indicates a specific service is available
\$	Indicates an additional fee charged
ACH	Adult Care Home
AL	Assisted Living
CCRC	Continuing Care Retirement Community
FCH	Family Care Home; 6 or fewer residents
MAHS	Multiunit Assisted Housing with Services
N/A	Information was not applicable
NF	Nursing facility; licensed facilities offering regular nursing services and other health services.
SCU	Special Care Unit for persons with Alzheimer's or related disorder in a licensed adult care home.
SN	Skilled Nursing

NURSING HOMES

Nursing homes provide care to persons who are chronically ill or recuperating from an illness or injury and need 24 hour nursing care and other health services but not hospitalization. They usually provide rehabilitation programs, assistance with personal care, social activities, supervision, and basic room and food services. Nursing homes are licensed by the North Carolina Division of Health Service Regulation and most are certified for Medicare or Medicaid reimbursement.

Nursing homes have an administrator who has the responsibility of managing the facility. A licensed nurse serves as Director of Nursing (DON) and supervises the residents' personal care. Certified Nursing Assistants (CNAs) provide routine care. The number of CNA's on duty depends on the number of residents. Social workers, activity coordinators, physical therapists and dietary staff provide specific services in the facility.

The Division of Health Service Regulation (DHSR) is a part of the North Carolina Department of Health & Human Services (DHHS). DHSR inspections are conducted annually and complaints are investigated when reported. Facilities that accept residents receiving Medicaid and Medicare are certified by the Division of Medical Assistance (DMA) and must post their inspection reports. The Western Regional Office of the Division of Health Service Regulation is located in Black Mountain, (828) 669-3373.

Under North Carolina's Nursing Home Bill of Rights, all residents are to be treated with respect, consideration, and full recognition of personal dignity and individuality. The Regional Long-Term Care Ombudsman (an advocate for the residents) and your local Nursing Home Community Advisory Committee work to see that these rights are respected.

THE COST OF NURSING HOMES

The cost of nursing home care often seems overwhelming to the resident and his/her family. Facilities typically charge \$3700 - \$6000 per month. This cost covers 24 hour nursing care, meals and most services. Most facilities will charge additional monthly fees for a private room. Residents receiving Medicaid do not pay an additional fee for laundry services or haircuts. Ask the appropriate facility personnel about these costs and charges.

Over 70 percent of the residents in nursing homes receive Medicaid – an entitlement program for those with limited incomes and resources. Often residents enter a facility with their own resources and then convert to Medicaid when their personal funds are spent. A private pay resident may not be discharged from a facility certified to serve Medicaid residents only because he or she needs Medicaid to reimburse the facility. Medicaid reimburses facilities for the “cost of care” (which includes wheelchairs, medical transportation, bandages, etc.). Residents should inquire about the costs associated with their care before they pay for additional services from their own funds. Call the Medicaid eligibility worker at the Department of Social Services if you have questions about what Medicaid covers and to see if you are eligible.

People who have Medicare and are in a nursing home may receive limited coverage of their stay. Medicare only pays for specific needs and procedures such as rehabilitation therapies. A physician must certify the resident's medical care needs. The resident is evaluated on admission and a determination is made then about Medicare coverage. Currently, Medicare may cover up to 100 days of nursing home care; however, the resident is responsible for a co-payment after the 20th day of Medicare coverage. This co-payment amount changes annually and is approximately 20%. If the resident has a Medicare supplemental policy the co-payment may be covered, as long as the physician determines that the individual continues to need “skilled care.”

Some older adults have insurance policies that will cover some, if not all, of the costs of nursing home care. These policies should be read carefully to determine what level of care is covered. Veterans may also be eligible for assistance from the Veteran's Administration. Ask if the facility handles insurance billing. Residents eligible for Medicaid will receive a small Personal Needs Allowance to purchase personal items. Most facilities charge the private pay daily rate to “hold the bed” should the resident have to be hospitalized.

HOW TO APPLY FOR A NURSING HOME

The Admission Coordinator of the nursing home will assess the applicant's medical and social needs and will provide the necessary forms. A contract will include the cost of care and other services. All residents entering a nursing home are required to have an FL-2 form completed by their physician. This FL-2 form may be obtained from the County Department of Social Services, the physician, or from the nursing home itself.

An individual care plan will be developed to meet the resident's medical and social needs. The resident and family members should be involved in the care planning at the time of admission and thereafter on an ongoing basis.

LIFE IN THE NURSING HOME

Residents in facilities should be allowed and encouraged to participate in the activities of day-to-day life as much as they are able. A Resident's Council provides the opportunity for residents to have input into the life of the facility. Family, friends, colleagues, and church members should be encouraged to visit the resident and continue the relationships that they have had in the past. If the resident or the family has a concern, he/she should feel free to discuss the issue with the Administrator.

Many facilities encourage family involvement with family nights and Family Council meetings. Residents who are private pay may leave the nursing home to visit their families as long as the daily rate is paid at the nursing home. Those receiving Medicaid are allowed to take 60 days of therapeutic leave per year to visit their families if they are medically approved.

ASSISTED LIVING

In North Carolina “Assisted Living Residence” means any group housing and services program for two or more unrelated adults, by whatever name it is called, that makes available, at a minimum, one meal a day and housekeeping services and provides personal care services directly or through a formal written agreement with one or more licensed home care or hospice agencies. The department may allow nursing service exceptions on a case-by-case basis. Settings in which services are delivered may include self-contained apartment units or single or shared room units with private or area baths. Assisted living residences are to be distinguished from nursing homes subject to provisions of G.S. 131E-102

There are three types of assisted living residences: adult care homes, group homes for developmentally disabled and multiunit assisted housing with services.

“Adult Care Home” is an assisted living residence in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents, either directly or, for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Some licensed adult care homes provide supervision to people with cognitive impairments whose decisions, if made independently, may jeopardize the safety or well-being of themselves or others and therefore require supervision. Medication in an adult care home may be administered by designated, trained staff. Adult care homes that provide care to two to six unrelated residents are commonly called family care homes. Adult care homes and family care homes are subject to licensure by the Division of Health Service Regulation.

“Group Homes for the Developmentally Disabled” are licensed by the Mental Health Licensure Branch and do not fall under the Ombudsman Program. For more information contact your behavioral health service provider. The Area Agency on Aging at Land of Sky Regional Council is in Region B and the provider is Smoky Mountain Behavioral Health at (828) 586-5501.

“Multi-unit Assisted Housing with Services” means an assisted living residence in which hands-on personal care services and nursing services which are arranged by housing management are provided by a licensed home care or hospice agency, through an individualized written care plan. The housing management has a financial interest or financial affiliation or formal written agreement which makes personal care services accessible and available through at least one licensed home care or hospice agency. The resident has a choice of any provider, and the housing management may not combine charges for housing and personal care services. All residents, or their compensatory agents, must be capable, through informed consent, of entering into a contract and must not be in need of 24-hour supervision. Assistance with self-administration of medications may be provided by appropriately trained staff when delegated by a licensed nurse according to the home care agency’s established plan of care. multi-unit assisted housing with services programs are required to register with the Division of Health Service Regulation.

ADULT CARE HOMES AND FAMILY CARE HOMES

Adult Care may be the answer for the older person who is not able to live independently, but who does not need nursing home care. Commonly referred to as “Rest Homes” or “Assisted Living”, Adult Care Homes are licensed by the NC DHSR to provide assistance with activities of daily living (ADL).

Two types of Adult Care Homes serve disabled and older adults:

Family Care Homes (FCH) are small homes that provide care for up to six people in a family-like setting. These homes are often found in residential communities and have around-the-clock or live-in staff that prepare meals, supervise medications and provide help with dressing and other needs.

Large Adult Care Homes (ACH) serve seven or more people. They, too, provide assistance with meeting the residents’ daily needs, and they have staff on duty 24 hours a day. Some nursing homes have ACH beds on site for those who do not need nursing care.

Adult Care Homes have an administrator who is responsible for managing the facility and a supervisor-in-charge (SIC) who oversees resident care. Aides provide assistance to the resident. The number of aides on duty is determined by the number of residents. Licensed nurses are not required in adult care homes, although some have nurses on duty.

Special Care Units (SCU) for persons with Alzheimer's disease or related disorders means an entire facility, wing or hallway within an adult care home separated by closed doors from the rest of the home, or a program provided by an adult care home, that is designated or advertised especially for special care of residents with Alzheimer's disease or related disorders. Refer to page 17 for a list of Special Care Units in the Land of Sky region.

The County Department of Social Services monitors Adult Care Homes at least bi-monthly and may be contacted if a resident or family member has a concern or complaint about the care being provided. Under North Carolina's Adult Care Home Bill of Rights, all residents are to be treated with respect, consideration and full recognition of their personal dignity and individuality. The Regional Long-Term Care Ombudsman and the local Adult Care Home Community Advisory Committee work to see that these rights are respected.

THE COST OF ADULT CARE HOMES

The cost of adult care varies from facility to facility, ranging from \$1200- \$6000 a month. This includes three meals daily, activities, transportation to medical appointments, laundry, personal care and the supervision of medication administration. A few facilities require an additional entry fee. For those on limited incomes, State/County Special Assistance (SA) may help cover the cost of adult care homes. An individual's own income is applied first to the monthly cost of care, then SA supplements this income up to the NC maximum adult care home payment rate. Residents receiving Special Assistance receive a small Personal Needs Allowance (\$66) monthly to cover the cost of personal items. Contact your local Department of Social Services to find out if you are eligible.

Some Adult Care Homes only accept "private pay" residents who are able to cover the cost of care themselves. Others accept those who are private pay as well as those who receive Special Assistance. Some facilities increase the private pay rates as additional personal care is needed. All services provided in the monthly rate should be included in the contract. A resident receiving SA should not be charged for additional services.

HOW TO APPLY FOR ADULT CARE HOMES

All people applying for admission into an Adult Care Home are required to have an FL-2 form; a physician authorized medical form describing the residents' care requirements. This form may be obtained from the facility administrator, a patient's doctor or the County Department of Social Services. If State/County Special Assistance is needed, the person seeking assistance applies at the Department of Social Services in the county where he/she lives. Otherwise, the resident and the facility simply enter into a contractual agreement. Some facilities require a deposit.

A guardian must sign the contract for residents who have been declared legally incompetent.

LIFE IN AN ADULT CARE HOME

The daily routine in adult care homes should resemble, as much as possible, routines followed when living independently. Activities are offered and residents are encouraged to participate. Some residents are able to leave the home on their own. Most are able to participate in organized activities outside of the home such as occasional shopping trips.

Upon admission, the home will provide the resident with a copy of its policies on smoking, visitation and other matters. Private pay residents may leave the facility to visit with their families as they wish. Those who receive Special Assistance may leave for up to 30 days at a time.

MULTIUNIT ASSISTED HOUSING WITH SERVICES

Multi-unit Assisted Housing with Services do not fall under the Ombudsman Program's jurisdiction; however, if you have concerns that such a facility is operating as an adult care home and not providing services as defined on page 5 please file a complaint with the Complaint Intake Unit at 1-800-624-3004 or call the Ombudsman Program. If you have other concerns about a multi-unit housing residence call Adult Care Licensure at (919) 855-3765.

Under the disclosure statement a Multi-unit Assisted Housing with Services Resident must provide the following to the Department of Health Services Regulation:

- a. Emergency response system;
- b. Charges for services offered;
- c. Limitations of tenancy;
- d. Limitations of services;
- e. Resident responsibilities;
- f. Financial/legal relationship between housing management and home care or hospice agencies;
- g. A listing of all home care or hospice agencies and other community services in the area;
- h. An appeals process; and
- i. Procedures for required initial and annual resident screening and referrals for services.

PURPOSE / MEALS FOR MULTIUNIT ASSISTED HOUSING

The purpose of Multiunit Assisted Housing with Services is to provide housing and assist with coordination of personal and health care services through licensed home care agencies. No resident monitoring or supervision is provided by facility staff. Like any independent apartment setting, a multiunit assisted housing with services tenant commonly signs a lease agreement and pays monthly rent. Multiunit assisted housing with services may be housing with or without subsidized rent. Supportive services are optional to the resident, and the resident must have a choice of care providers. Payments for personal or nursing care may not be combined with charges for housing. One to three meals per day are provided according to individual contract for services agreement.

THE COST OF MULTIUNIT ASSISTED HOUSING

Note that Medicare, Medicaid and State/County Special Assistance (SA) does not cover the cost of living in multiunit assisted housing with services. **These residences are strictly private pay.** However, the provision of personal and medical care may be covered by long term care insurance or NC Home and Community Care Block Grant, Medicare, or other medical insurance if the services meet coverage requirements of the specified insurance company.

TYPES OF RESIDENTS IN MULTIUNIT ASSISTED HOUSING

It is assumed that all residents will be independent enough to arrange for the provision of their personal care or have an agent acting in their behalf; will be competent to sign a lease agreement; and will not require 24 hour supervision.

CONTINUING CARE RETIREMENT COMMUNITIES (CCRC)

Continuing Care Retirement Communities (CCRC) offer an attractive living alternative for retirement age individuals and couples. Also known as continuing care facilities and life-care communities, these communities differ from other retirement options by providing housing and health-related services either for life or for a period in excess of one year. "Continuing Care" is defined by North Carolina General Statutes as, the furnishing to an individual other than an individual related by blood, marriage, or adoption to the person furnishing the care, of lodging together with nursing services, medical services, or other health related services, under a contract approved by the Department (DHSR) for the life of the individual or for a period longer than one year. Continuing care retirement communities, subject to regulation by the Department of Insurance under Chapter 58 of the General Statutes, are exempt from the regulatory requirements for multi-unit assisted housing with services programs. Generally, prospective residents must be capable of independent living when they enter the community.

The typical CCRC provides independent accommodations that may include full or efficiency apartments, villas, or cluster homes as well as community dining, social and recreational areas, and a wide range of services including meals, housekeeping, transportation, and health-related services. In North Carolina, CCRCs offer either nursing home or adult care home level of care, and may provide both. These care levels must meet DHSR regulations. Depending on the individual community, these accommodations, activities, and services may be paid for in a monthly fee or purchased as needed. Usually a substantial entrance fee is charged in addition to monthly fees. Entrance fees can be non-refundable, partially refundable, or fully refundable. The majority of CCRCs are private pay, although a few have some subsidized units.

Continuing care communities typically offer one (or more) of four types of agreements or contracts, as defined below:

Extensive, or life care, contracts provide independent living and health-related services in exchange for a price, usually consisting of an entrance and monthly fees. No additional fees are generally required as one moves from one level another.

Modified contracts provide independent living and a specified amount of health-related services in exchange for an entrance fee and monthly fees. Health-related services are provided at a subsidized rate or are free for a specified number of days.

Fee-for-service contracts provide independent living and guaranteed access to health-related services in exchange for an entrance fee and monthly fees. Health-related services are provided at the going, full per diem rate.

Equity contracts involve an actual real estate purchase, with a transfer of ownership of the unit. Health-related service arrangements vary.

Because CCRCs include contractual requirements where, for certain fees, the facility agrees to provide health care coverage over a given period of time, they are considered an insurance product and are regulated by the NC Department of Insurance.

For more information or additional questions regarding CCRC's, contact the North Carolina Department of Insurance at:
1-800-546-5664 (NC only)
1-919-807-6750

INDEPENDENT LIVING (RENTAL) COMMUNITIES FOR SENIORS AND DISABLED

Housing for older adults, or retirement housing, does not always fit neatly into categories. Definitions are often confusing. Terms such as “retirement community” are used to describe a wide range of very different housing arrangements. New combinations, services and financial arrangements are emerging rapidly, creating new models that may not easily fit a standard definition.

In this section of the directory, for Region B, we have attempted to include independent living communities that are rented on a monthly basis, limited to residents of a certain age or disability, and that may or may not offer additional services such as meals, transportation, housekeeping, etc. Under the name of each community, in the “rent” category, you should be able to determine if the community is subsidized, accepts Section 8, or is private pay only.

Below are some common terms and definitions used for elderly independent living housing. Because many of North Carolina’s developments and facilities have waiting lists, particularly for moderately priced and subsidized housing, it is wise to plan well in advance to the extent possible.

Elderly apartment includes many types of apartments that are specifically intended for older persons, or elderly and disabled. Such apartments may have special features or services for older residents, or may be exactly like any other apartment building except for the age restriction. These apartments may be in public housing or other subsidized housing, or they may be private pay.

Congregate housing is a term for a wide range of independent housing where services may vary considerably. Such housing may be subsidized or be a private pay type of housing for seniors where supportive services are available, including the opportunity for residents to have at least one meal per day in a central dining area. Ideally services are tailored to the individual’s needs including recreational and social activities, special diets, housekeeping, laundry and transportation.

Public housing are federally-supported housing units operated by local public housing authorities. Families or individuals pay 30 percent of their incomes in rent. Units may or may not be specifically designated elderly apartments.

Subsidized housing includes a group of housing programs for low-income people. In many, residents pay 30 percent of their adjusted income for rent. Others charge the same rent for all units of the same size, but rents are lower than that in comparable private housing. Units may or may not be designated as elderly apartments.

Section 8 Vouchers are a rental assistance program of the U.S. Department of Housing and Urban Development (HUD). These vouchers enable low-income people to rent a dwelling of their choice in the community if it meets certain standards set by HUD. They are provided to eligible individuals through the local public housing authority and HUD pays a portion of the rent based on the tenant’s income. Vouchers are available to adults of all ages and in many communities there are waiting lists.

Adult Communities are designed to attract active retirees by offering social activities, recreational facilities, and services of interest to those of retirement age. These developments might consist of single-family (detached) dwellings, manufactured (mobile) home parks, town homes, apartments and other types of dwellings.

“Naturally occurring retirement communities” are communities that are not designed specifically for an older population but still have a majority of older residents. They may attract older adults for various reasons, including their location; services and amenities of interest; nearness to health care, shopping and other services; affordability; and ease of upkeep. Some are simply communities of mostly older adults where long-term residents have “aged in place.” These often are not formal retirement living arrangements.

Shared housing can be described in two basic types: shared group residences and home-sharing. Shared group residences are those in which none of the people living there own the dwelling, but they pay rent for private space (e.g., room and bath) and shared common areas. Usually sponsored by non-profit organizations, these residences sometimes offer such supportive services as transportation and meals through agreements with human services providers. In home-sharing, two unrelated people live together in a share home or apartment, each having private space yet sharing common living areas. Home-sharing may be an informal arrangement among individuals or a program through an office on aging or other service agency. Just a few formalized home sharing programs exist in North Carolina where people are screened and matched through an office on aging or other service organization.

SELECTING A LONG-TERM CARE FACILITY

- Allow yourself plenty of time to find a suitable home. If you are assisting a loved one in looking for a facility, include him or her in the selection process as much as possible. Consider his or her interests, ideas and wishes.
 - Ask friends, relatives, clergy, home health staff and physician about their experiences in particular facilities. If in the hospital, work with the Discharge Planner to find a facility.
 - **Review the Inspections History of the facilities you are considering.**
 - **For nursing homes:** www.medicare.gov/nursinghomecompare
 - **For adult care homes:** www2.ncdhhs.gov/dhsr/acls/star/search.asp
 - Contact the County Department of Social Services to determine if you qualify for financial aid. An FL-2 form must be completed by a physician for all residents entering a nursing home or adult care home. FL-2 forms are available from DSS, hospitals or physicians offices.
 - Review the state inspection reports prepared by the Division of Health Services Regulation when evaluating nursing homes. If a nursing home is certified for Medicare and Medicaid, the inspection report should be posted in the facility.
 - Contact an Adult Home Specialist at your county Department of Social Services for information on adult care home inspection reports on specific adult care homes. You may also want to contact your county Nursing Home/Adult Care Home Community Advisory Committee or the Regional Ombudsman for information. Call Land of Sky Regional Council at 828-251-6622 or 1-800-727-0557 to get a Community Advisory Committee contact number or to speak with the Regional Ombudsman.
 - **It is important to visit the home!** In addition to arranging a meeting with the administrator or supervisor-in-charge, make unexpected visits on weekends (during visiting hours) and at meal times at the home. Identify yourself to the staff and ask if you might walk through the facility to determine if you or your relative could live there comfortably. Remember to respect the residents' right to privacy as you visit. Use your eyes, ears, and nose to determine if residents are receiving reasonable, proper care. Ask about the administrator's and the supervisor's involvement with the facility and its residents - the hours they are on site, the stability of the staff, and the manner in which problems are solved.
 - Choose a home that would be convenient for family members and friends to visit.
 - Carefully examine the facility's contract. Note what services are included and what services (such as beauty shop appointments) require additional fees. Before signing an admission contract with a nursing home, be wary of Pre-Dispute Arbitration Agreements in Long-Term Care Facility. "When consumers sign an arbitration agreement, they sign away forever their constitutional right to a trial by jury. Such a decision should be given careful consideration...." (Resource: The Consumer Voice.) It is recommended that you contact an attorney for more information.
 - Ask about any special needs the resident might have. For example, what provision is made for one who is allergic to smoke or one who must have a special diet?
-

WHAT TO LOOK FOR WHEN VISITING

- Are the residents clean, well groomed, shaved, odor-free, active, communicating with each other, involved in age-appropriate activities, satisfied with the care being provided?
- Does the food look tasty, is it nutritious and served at the proper temperature? Are food servings adequate and appropriate? Are menus posted and followed? Are residents given food choices?
- Do staff interact with residents in a pleasant, cheerful manner, promptly responding to call bells? Is there adequate staff to assure proper care for all residents?
- How are concerns addressed?
- Are the linens, walls, floors, windows and bathrooms clean and free of odors and insects? Are residents allowed/encouraged to have personal belongings? Is lighting comfortable and appropriate?
- Are activities varied, interesting and age appropriate? Do residents participate in activities outside of the home such as shopping trips and attending church?

CHECK LIST FOR CHOOSING A NURSING HOME

USING YOUR SENSES: SIGHT, HEARING, SMELL, TOUCH

	STRONG	WEAK
1. Is there cheerful, respectful, pleasant, warm interaction between staff and residents?	_____	_____
2. Does the administrator seem to know the residents and enjoy being with them?	_____	_____
3. Do staff and administration seem comfortable with each other?	_____	_____
4. Do the rooms appear to reflect the individuality of their occupants? Do all the rooms look alike?	_____	_____
5. Are residents using the common rooms – for example, the front lounge?	_____	_____
6. What is the noise level in the facility? Is it comfortable and homelike?	_____	_____
7. Do residents look clean and well groomed?	_____	_____
8. Is the home free from unpleasant odors?	_____	_____
9. Do you notice a swift response to call lights?	_____	_____
10. Are there residents crying out? If so, do they get an appropriate response from staff?	_____	_____
11. Is the dining room atmosphere relaxed and conducive to pleasant meals?	_____	_____
12. Do the meals look appetizing? Are residents eating most of their food? Do they have assistance if they need it?	_____	_____
13. Does the home seem clean, cheerful, uncrowded?	_____	_____
14. Are there pleasant areas for family visits?	_____	_____
15. Are there residents in physical restraints?	_____	_____
16. Do residents appear to be engaged in meaningful activity by themselves or with others? (as opposed to staring at the wall, blaring TV, slumped over, or in a line)	_____	_____

THINGS YOU CAN ASK OF STAFF

1. What kinds of activities are residents involved in? Is there access to books, gardening, community activities, pets, to retain linkages to former interests? Does the nursing home have a wheelchair accessible van?	_____	_____
2. What kind of activities are there for residents with dementia? (structured, walking paths, evening activities, music?)	_____	_____
3. Is there permanent assignment of staff to residents?	_____	_____
4. How are the nursing assistants involved in the residents care planning process? (They should attend and contribute ideas).	_____	_____
5. How does the staff accommodate the family's schedule to assure participation in care planning meetings?	_____	_____
6. What happens if a resident refuses to take a medication?	_____	_____
7. What does the facility do for residents who are depressed? Is counseling available?	_____	_____
8. What is the facility's policy toward missing clothing and other possessions?	_____	_____
9. What does the facility do to encourage employee retention and continuity? Does the staff receive health benefits?	_____	_____
10. Does the facility provide transportation to community activities?	_____	_____
11. What kinds of therapies are provided for residents on Medicaid? (Occupational therapy, speech therapy, physical therapy, mental health services, etc.)	_____	_____
12. Is there a family council? Are there family members I can speak to?	_____	_____
13. What happens when someone has a problem or complaint? Are family/staff conferences available to work out problems?	_____	_____
14. Who is your Ombudsman? Does that person visit regularly?	_____	_____
15. What are the extra charges not included in the daily rate?	_____	_____
16. If paying privately: How often have private pay rates increased? How much notice is given before an increase? Are there charges for extra care which are not included in the daily rate?	_____	_____
17. What does staff see as the facility's main strengths and weakness?	_____	_____
18. Who decides for each resident how she bathes and how often?	_____	_____
19. Who selects roommates? What do you consider in selecting roommates? How are residents involved in the selection?	_____	_____
20. How are smokers and non-smokers accommodated?	_____	_____

THINGS YOU CAN LEARN FROM RESIDENTS AND FAMILIES

STRONG

WEAK

- | | | |
|---|-------|-------|
| 1. What is your usual routine? Can you get up and go to bed when you wish? | _____ | _____ |
| 2. Do you have the same nursing assistant most days? (Does this match the answer to B3?) | _____ | _____ |
| 3. Are snacks available when you want one? Are they what you want? | _____ | _____ |
| 4. Do you participate in care planning meetings? Is your opinion valued? (Does this match the answer to B5?) | _____ | _____ |
| 5. Are care planning conferences held at a time when family members can attend? Do the conferences last until your questions are answered or all of the issues have been taken care of? | _____ | _____ |
| 6. What happens when you have missing clothing? (Does this match the answer to B8?) | _____ | _____ |
| 7. Are residents able to get help for going to the toilet within a short period of time? | _____ | _____ |
| 8. Whom do you go to with problems? What is the response? Are you satisfied? | _____ | _____ |
| 9. How does staff help you with your personal interests like reading and gardening? | _____ | _____ |
| 10. Do you get outside as often as you wish? | _____ | _____ |
| 11. Is there a resident council? How does it work? Who controls the council: residents or staff? | _____ | _____ |
| 12. Is there a family council? Is it an effective forum for raising concerns and learning what's happening at the home? | _____ | _____ |
| 13. What's the best thing about living here? | _____ | _____ |
| 14. What's the worst thing about living here? | _____ | _____ |
| 15. What makes a day good for you? | _____ | _____ |

INFORMATION YOU CAN OBTAIN

- | | | |
|--|-------|-------|
| 1. Copy of state inspection report – either from the agency which licenses and certifies nursing homes, from the facility itself, or from the Ombudsman. | _____ | _____ |
| 2. Star Quality Rating. Visit www.medicare.gov | _____ | _____ |
| 3. Information about the facility from the local Ombudsman or State Ombudsman. | _____ | _____ |
| 4. Information from family members or friends of residents. | _____ | _____ |

WHAT TO LOOK FOR WHEN CHOOSING AN ASSISTED LIVING FACILITY

ATMOSPHERE

	YES	NO
1. Good location.	_____	_____
2. Attractive appearance outside.	_____	_____
3. Attractive appearance inside.	_____	_____
4. Residents socialize with each other and appear happy and comfortable.	_____	_____
5. Staff is appropriately dressed.	_____	_____
6. Staff is personable and outgoing and helpful.	_____	_____
7. Staff act in a professional manner.	_____	_____
8. Visits with residents are welcome at any time.	_____	_____
9. Decor in the common areas is clean, attractive, and acceptable to you.	_____	_____
10. You feel comfortable within this environment.	_____	_____

PHYSICAL FEATURES

1. The building is designed to meet residents needs.	_____	_____
2. The floor plan is easy to follow.	_____	_____
3. Doorways and hallways are accommodating to wheelchairs and walkers.	_____	_____
4. If applicable, elevators are available for those who can't use the stairs.	_____	_____
5. Hand rails are available to aid in walking.	_____	_____
6. Cupboards and shelves are easy to reach.	_____	_____
7. Floors are of a non-skid material and carpets are firm and secure.	_____	_____
8. Lighting is good.	_____	_____
9. Clean.	_____	_____
10. Odor free.	_____	_____
11. Appropriately heated and cooled.	_____	_____
12. Exits are clearly marked.	_____	_____
13. Doors and windows are lockable.	_____	_____
14. There are no noticeable hazards to your safety.	_____	_____
15. Emergency response information posted.	_____	_____

INDIVIDUAL UNIT FEATURES

1. Are different sizes and types of units available?	_____	_____
2. Are units for single and double occupancy available?	_____	_____
3. Can couples live together in the same room?	_____	_____
4. Do you have any input about your roommate assignment, if applicable?	_____	_____
5. Do residents have their own lockable doors?	_____	_____
6. Is a 24-hour emergency response system accessible from the unit?	_____	_____
7. Are bathrooms private?	_____	_____
8. Do bathrooms accommodate wheelchairs and walkers?	_____	_____
9. Do bathrooms have grab bars?	_____	_____
10. Are residents allowed to bring their own furnishings?	_____	_____
11. Do all units have a telephone?	_____	_____
12. Do all units have cable TV? (inquire about billing if the answer is yes)	_____	_____
13. Do residents have kitchen units or access to a common kitchen?	_____	_____
14. May residents keep food in their units?	_____	_____
15. Is smoking allowed? (In rooms? In common area? Outside only?)	_____	_____

FOOD SERVICE

1. Three nutritionally balanced meals are provided daily, seven days/week.	_____	_____
2. Snacks available.	_____	_____
3. May a resident request special foods?	_____	_____
4. Are common dining areas available?	_____	_____
5. Are dining areas clean?	_____	_____
6. May residents eat their meals in their units?	_____	_____
7. Is there a set time for meals or may a resident decide when to eat?	_____	_____
8. Food looks good.	_____	_____
9. Food smells good.	_____	_____
10. Food portions look appropriate.	_____	_____

SOCIAL AND RECREATIONAL ACTIVITIES

YES

NO

- 1. Is there evidence of an organized activities program, such as a posted schedule, events in progress, reading materials, etc.?

- 2. Do residents participate in activities outside of the facility?

- 3. Do volunteers, including family members, help with or conduct activities?

- 4. Are residents required to participate in activities?

- 5. Are residents' pets allowed to live in the facility?

- 6. Are residents' pets allowed to visit in the facility?

- 7. Does the facility have a resident pet?

- 8. Is transportation provided to other facilities for activities?

- 9. Is transportation provided within the community as needed?

- 10. Are provided activities in line with what you enjoy?

- 11. Do you think you would be comfortable interacting with the residents?

MEDICATION, HEALTH CARE, AND NEEDS ASSESSMENT

- 1. Residence has specific policies regarding medication such as, storage of, assistance with, training of staff, supervision of staff, and record keeping.

- 2. Is self-administration of medication allowed?

- 3. A staff person is available to coordinate home care visits from a nurse, physical therapist, occupational therapist, etc. if needed.

- 4. Trained staff is available to assist residents who experience memory, orientation, or judgement losses.

- 5. A physician or nurse regularly visits the residents.

- 6. Residence has a clearly stated procedure for responding to a resident's medical emergency.

- 7. A list of all offered services is provided.

- 8. Staff is available to provide 24-hour assistance with activities of daily living (dressing, eating, mobility, hygiene, grooming, bathing, etc.).

- 9. Transportation to Doctor appointments is provided.

- 10. Housekeeping service for individual units is provided.

- 11. Pharmacy, barber/beautician and/or physical therapy services are offered on-site or transportation can be arranged with short notice.

- 12. Written plan of care for each resident.

- 13. Residence has a process for assessing a potential resident's need for service.

- 14. Residence has a process for ensuring needs and services are reevaluated periodically.

- 15. The process includes the resident, his or her family, facility staff, and the resident's physician.

- 16. There is sufficient staff to meet the resident's needs.

CONTRACTS, COSTS, AND FINANCES

- 1. May a contract be terminated?

- 2. Is there refund language in the contract?

- 3. Are other sources of money available and/or accepted to help pay for service such as government, private, or corporate programs?

- 4. If the resident's needs change, would additional services be available?

- 5. If nursing care or other care is needed on a temporary basis, is there a method in place to pay for these services?

- 6. Are there different costs for various levels or categories of service?

- 7. Are residents required to purchase renters' insurance for personal property in their units?

- 8. Are there any other fees or charges?

SELECTING A CONTINUING CARE RETIREMENT COMMUNITY

The questions presented below are offered as a starting point to your evaluation of the facilities that you are considering. Use common sense in evaluating this type of facility. Your family member should feel comfortable in the setting. Remember, this may become your family member's future home.

OBSERVATIONS

	YES	NO
1. Do you like how the facility looks?	_____	_____
2. Is staff helpful as you tour the facility?	_____	_____
3. Are residents engaged in activities?	_____	_____
4. Do residents seem alert and happy?	_____	_____
5. Is the facility clean and in good repair?	_____	_____
6. Are there any visible hazards?	_____	_____
7. Is the facility in a location that you like?	_____	_____
8. How far is the nearest grocery and drug store?	_____	_____

ACTIVITIES

1. What activities are offered?	_____	_____
2. Are there activities you like to do?	_____	_____
3. Is there an activities staff person?	_____	_____
4. Are shopping trips regularly scheduled?	_____	_____
5. To what degree is transportation provided?	_____	_____
6. How is visiting handled for family and friends?	_____	_____

SERVICES

1. What medical services are offered?	_____	_____
2. Do they seem adequate for your current and future needs?	_____	_____
3. What other services are offered?	_____	_____
Transportation (Set times, On demand, Reservation system)	_____	_____
Laundry	_____	_____
Housekeeping	_____	_____
Library	_____	_____
Other	_____	_____
4. Are there fees for any of these services? If so, can they be increased in the future?	_____	_____
5. Is there an additional charge for services?	_____	_____
6. What type of facility security is offered?	_____	_____

CONTRACTS

1. What type of contract is needed?	_____	_____
2. Will you own or rent?	_____	_____
3. Is any ownership transferable upon your death?	_____	_____
4. Is there a lump sum fee?	_____	_____
5. Is there a monthly charge?	_____	_____
6. If there is a monthly charge, what happens if you can't pay?	_____	_____
7. If you go into the hospital, will your living space be held?	_____	_____
8. Are any monthly charges fixed or can they be increased?	_____	_____
9. How is routine maintenance handled?	_____	_____
10. Are utilities included?	_____	_____
11. Are there any other fees or charges?	_____	_____
12. Are you able to change your mind about living at the facility?	_____	_____
13. How long has the company been in business?	_____	_____
14. Will they provide references?	_____	_____
15. How are transfers made to the Assisted Living section?	_____	_____
16. What if the Assisted Living section is full when you need it?	_____	_____
17. Does your attorney have any questions for you to ask?	_____	_____

RESIDENT RIGHTS

Residents of licensed long-term care facilities have basic and special rights under Federal and State law. There is a Nursing Home Bill of Rights and an Adult Care Home Bill of Rights. The Bill of Rights guarantees all residents:

RIGHT to be treated with consideration, respect and full recognition of personal dignity and individuality.

RIGHT to know about and exercise your rights

RIGHT to adequate and appropriate care

RIGHT to know about services and charges

RIGHT to privacy in treatment and care

RIGHT to control your finances

RIGHT to be consulted in planning your medical treatment

RIGHT to confidentiality of medical records

RIGHT to freedom from abuse, neglect, and exploitation

RIGHT to freedom from restraints

RIGHT to express grievances without fear of retaliation

RIGHT pertaining to admission, transfers, and discharges

A local Community Advisory Committee, appointed by county commissioners, and the Regional Long-Term Care Ombudsman work to see that these rights are respected in all of the licensed nursing homes and adult care homes. Ombudsmen and Community Advisory Committees do not visit Multiunit Assisted Housing with Services, Continuing Care Retirement Communities (except for the licensed sections), or Independent Living Communities.

Resident Rights Posters should be prominently displayed in every nursing home, adult care home or family care home. These posters should be in large print and easily read by a person in a wheelchair. They should include the name and contact information of the ombudsman serving the facility. For a copy of the rights contact the Ombudsman Program.

NURSING HOMES WITH SECURED DEMENTIA CARE UNITS

in Buncombe, Henderson and Transylvania Counties

ASTON PARK HEALTH CARE CENTER

380 Brevard Road
Asheville, NC
828-253-4437
See facility information on page 26

BLACK MOUNTAIN NEURO-MEDICAL TREATMENT CENTER

932 Old US 70
Black Mountain, NC
828-259-6700
See facility information on page 27

THE GREENS AT WEAVERVILLE

78 Weaver Blvd
Weaverville, NC 28787
828-645-4297
See facility information on page 27

EMERALD RIDGE RETIREMENT AND CARE CENTER

25 Reynolds Mountain Blvd
Asheville, NC 28804
828-645-6619
See facility information on page 29

WNC BAPTIST HOME

213 Richmond Hill Drive
Asheville, NC 28806
828-254-9675
See facility information on page 34

VALLEY HILL HEALTH & REHABILITATION CENTER

1510 Hebron Street
Hendersonville, NC 28739
828-693-8461
See facility information on page 81

THE GREENS AT HENDERSONVILLE

1870 Pisgah Drive
Hendersonville, NC 28791
828-693-9796
See facility information on page 81

SAPPHIRE RIDGE HEALTH AND REHAB

115 North Country Club Road
Brevard, NC 28712
828-884-2031
See facility information on page 137

THE OAKS - BREVARD

300 Morris Raod
Brevard, NC 28712
828-877-4020
See facility information on page 137

ADULT CARE HOMES WITH SPECIAL CARE UNITS

in Buncombe, Henderson and Transylvania Counties

Special Care Units (SCU) for persons with Alzheimer's disease or related disorders means an entire facility, wing or hallway within an adult care home separated by closed doors from the rest of the home, or a program provided by an adult care home, that is designated or advertised especially for special care of residents with Alzheimer's disease or related disorders.

ARBOR TERRACE OF ASHEVILLE

3199 Sweeten Creek Road
Asheville, NC 28803
828-681-5533
Licensee: SHPIII/Arbor Asheville
Beds: 70
Alzheimer's Licensed: 21
See facility information on page 37

BROOKDALE ASHEVILLE WALDEN RIDGE

4 Walden Ridge Drive
Asheville, NC 28803
828-687-0155
Licensee: Brookdale Senior Living
Beds: 38
Alzheimer's Licensed: 38
See facility information on page 38

TERRABELLA HENDERSONVILLE

3851 Howard Gap Road
Hendersonville, NC 28792
828-693-0700
Licensee: Carillon Assisted Living
Beds: 96
Alzheimer's Licensed: 24
See facility information on page 90

CAROLINA RESERVE OF HENDERSONVILLE

1820 Pisgah Drive
Hendersonville, NC 28739
828-692-6440
Licensee: Carolina Reserve of Hendersonville
Beds: 61
Alzheimer's Licensed: 24
See facility information on page 90

PACIFICA HERITAGE HILLS

2500 Heritage Circle
Hendersonville, NC 28739
828-693-8292
Licensee: Emeritus Corporation
Beds: 24
Alzheimer's Licensed: 24
See facility information on page 94

MOUNTAIN VIEW ASSISTED LIVING

260 Centerway Drive
Hendersonville, NC 28792
828-692-9960
Licensee: Mizpah Healthcare, Inc
Beds: 27
Alzheimer's Licensed: 27
See facility information on page 94

KINGSBRIDGE HOUSE

10 Sugar Loaf Road
Brevard, NC 28712
828-884-6137
Licensee: Kings Bridge House, LLC
Beds: 60
Alzheimer's Licensed: 60
See facility information on page 144

ADULT CARE HOMES WITH SECURED UNIT

in Buncombe, Henderson and Transylvania Counties

HARMONY AT REYNOLDS MOUNTAIN

41 Cobblers Way
Asheville, NC 28804
828-575-0627
Licensee: Buncombe Operations, LLC
Beds: 99
Alzheimer's Licensed: 24
See facility information on page 44

REGIONAL RESOURCES

INFORMATION AND REFERRALS FOR SERVICES

2-1-1 United Way/Community Resource Connections (CRC)
211 or (828) 253-4357 - Toll-Free 1-866-401-6342
www.211wnc.org

Alzheimer's Association Western Carolina Chapter
1-800-272-3900
www.alz.org/northcarolina

**Buncombe County Department of Health and Human Services
(also referred to as DSS)**
(828) 250-5500
www.buncombecounty.org/Governing/Depts/Dss/Adults/

Council on Aging of Buncombe County, Inc
(828) 277-8288
www.coabc.org

Council on Aging for Henderson County
(828) 692-4203
www.coahc.org

Council on Aging of Madison County
(828) 649-2722
www.madisoncountync.org/ComServcontact.php

Council on Aging for Transylvania County
www.transylvaniacounty.org/content/council-aging-transylvania-county

Disability Partners
(828) 298-1977
www.disabilitypartners.org

Henderson County Department of Social Services
(828) 697-5500
www.hendersoncountync.org/dss

Madison County Department of Community Services
(828) 649-2722

Madison County Department of Social Services (DSS)
(828) 649-2711
www2.ncdhhs.gov/dss/local/dir_madi.htm

MemoryCare of Asheville
(828) 771-2219
www.memorycare.org

NC DHHS Care-Line
1-800-662-7030
www.ncdhhs.gov/ocs/careline OR www.nccarelink.gov

NC Senior Legal Helpline
1-877-579-7562

Pisgah Legal Services
(828) 253-0406
www.pisgahlegal.org

Senior Health Insurance Information Program (SHIIP)
1-800-443-9354
www.ncshiiip.com

Transylvania County Department of Social Services (DSS)
(828) 884-3174
www.transylvaniacounty.org/dss-adult-services

LONG TERM CARE FACILITY INFORMATION

NC Adult Care Home Violation and Penalty Reports
www2.ncdhhs.gov/dhsr/acls/adultcarepenalties.html

NC Adult Care Home Star Ratings
www2.ncdhhs.gov/dhsr/acls/star/search.asp

NC Nursing Home Survey Reports and Star Ratings
www.medicare.gov/nursinghomecompare/search.html

For other questions regarding licensed Long Term Care Facilities
www.ncdhhs.gov/divisions/daas

ADVOCACY

Disability Rights North Carolina
1-877-235-4210
www.disabilityrightsn.org

Friends of Residents in Long Term Care
(919) 782-1530
www.forltc.org

The National Consumer Voice for Quality Long-Term Care
(202) 332-2275
theconsumervoice.org

TO REPORT COMPLAINTS ABOUT AGED OR DISABLED ADULTS

For residents living in Adult Care or Nursing Homes
(NC Division of Health Service Regulation in Raleigh)
1-800-624-3004

Regional Office of Long-Term Care Ombudsman
(828) 251-6622

State Office of Long-Term Care Ombudsman
(919) 855-3400

Adult Protective Services

Buncombe County (828) 250-5800
(828) 250-5800 **

Henderson County (828) 697-5500
(828) 697-4911 **

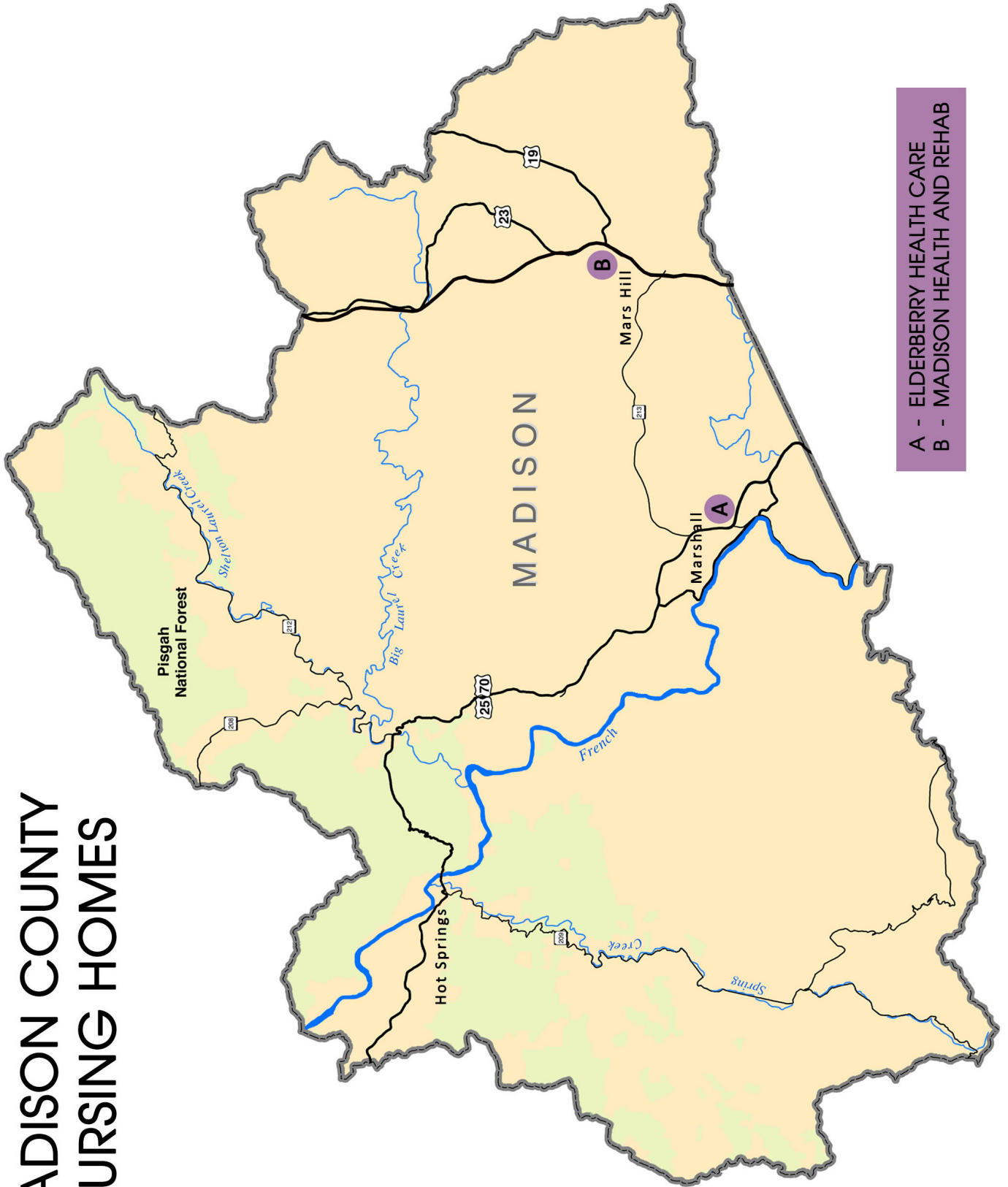
Madison County (828) 649-9498
(828) 649-2721 **

Transylvania County (828) 884-3174
(828) 884-3188 **

** Call after 5 pm and on Holidays and Weekends

Disability Rights
1-877-235-4210

MADISON COUNTY NURSING HOMES



A - ELDERBERRY HEALTH CARE
B - MADISON HEALTH AND REHAB

ELDERBERRY HEALTH CARE

415 Elderberry Lane, Marshall, NC 28753
(828) 252-1790 Fax: (828) 649-9348

www.
email:

Profit/Non-profit: **Profit**
Type of Facility: **Nursing Home**
Year Constructed: **1990**
Licensed Since: **1990**

Cost

Payment: **Medicare, Medicaid, Private Pay, Private Insurance, VA, Hospice**
Call for current pricing.

Types of Units

Beds: Nursing/80 HA/20
Type of Rooms: **Private, Semiprivate**
Type of Baths: **Private (some), Handicap Bath, Shared Bath**
All Furnishings Provided? **Yes**

Admission Restrictions

Cannot accept those who:
Age Range of Residents: **18+**
Call to inquire about smoking policy.

Services and Amenities Available on Site (\$=charge)

- √ Transportation Assistance
- √ Assistance w/ Arranging Community Services
- √ Assistance with Shopping
- √ Laundry Services
- √ Exercise Program
- √ Meal Choices
- √ Resident's Council
- √ Beautician / Barber
- Accept Pets
- √ Emergency Call System
- \$ Rehabilitation Therapies

Call to inquire about ability to accommodate people who wander.

Features

Is there a separate Alzheimer's/Dementia unit? **No**
Respite Care Available: **Yes**

Comments

MADISON HEALTH AND REHABILITATION

345 Manor Road, Mars Hill, NC 28754
(828) 689-5200 Fax: (828) 689-2958

Profit/Non-profit: **Profit**
Type of Facility: **Nursing Home**
Year Constructed: **1980**
Licensed Since: **1980**

Cost

Payment: **Medicare, Medicaid, Private Pay, Private Ins, VA**
Call for current pricing.

Types of Units

Beds: Nursing/100 HA/0
Type of Rooms: **Private, Semiprivate**
Type of Baths: **Handicap Bath, Shared Bath**
All Furnishings Provided? **Yes**

Admission Restrictions

Cannot accept those who: **Under 18**
Age Range of Residents: **55 - 102**
We can accept smokers, independent and assisted.

Services and Amenities Available on Site (\$=charge)

- √ Transportation (handicapped van)
- √ Assistance w/ Arranging Community Services
- √ Assistance with Shopping
- √ Laundry Services
- √ Exercise Program
- √ Meal Choices
- √ Resident's Council
- \$ Beautician / Barber
- Accept Pets
- √ Emergency Call System
- \$ Rehabilitation Therapies

Outpatient Therapy

Call to inquire about ability to accommodate people who wander.

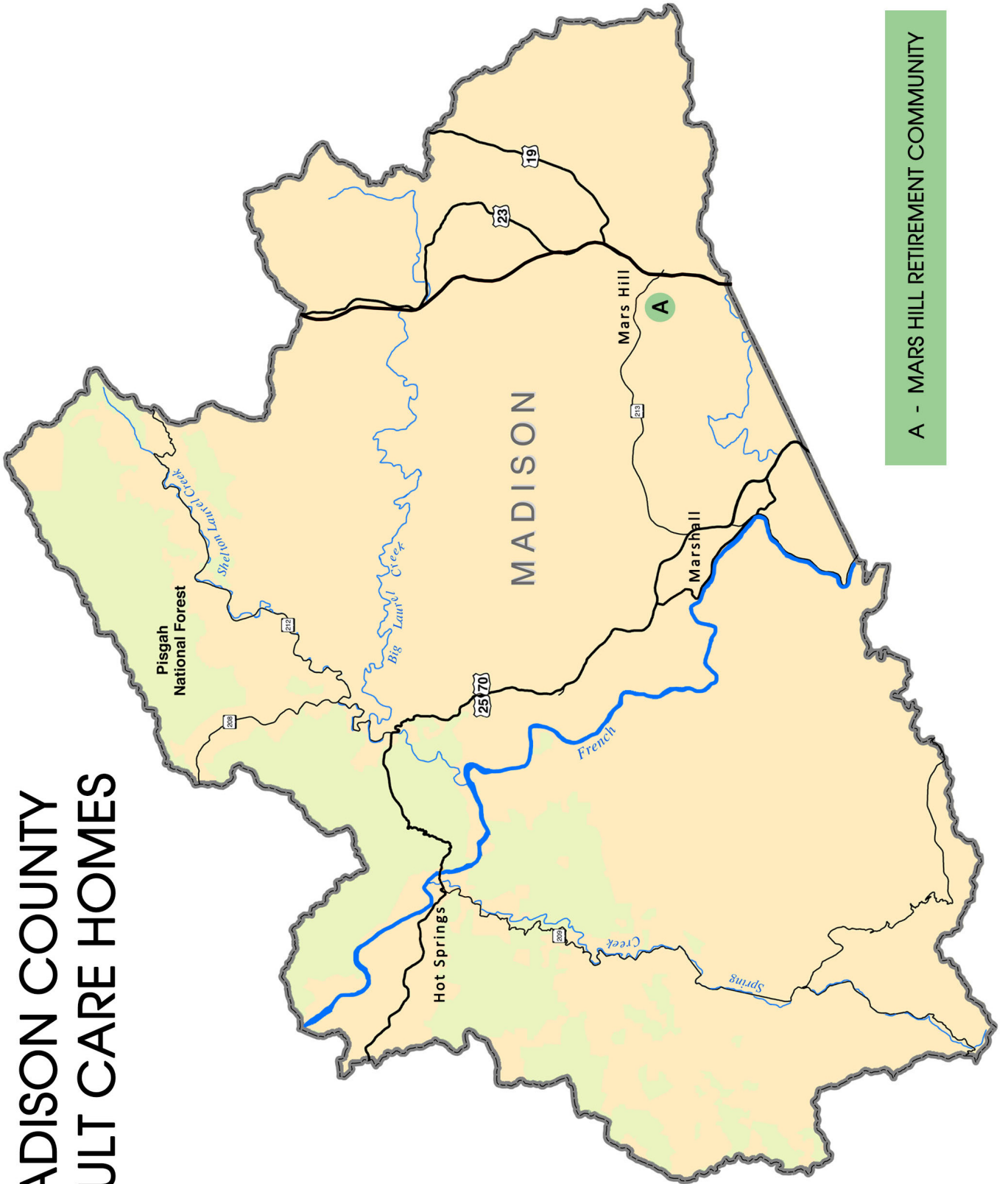
Features

Is there a separate Alzheimer's/Dementia unit? **No**
Respite Care Available: **Yes**

Comments

We accept VA contracted residents and most of the commercial and Medicare replacement insurances.

MADISON COUNTY ADULT CARE HOMES



A - MARS HILL RETIREMENT COMMUNITY

MARS HILL MANOR

170 South Main Street, Mars Hill, NC 28754
(828) 689-7900 Fax: (828) 689-7972

www.marshillretire.com

Profit/Non-profit: **Profit**
Type of Facility: **Adult Care Home**
Year Constructed: **2000**
Licensed Since: **5/24/2000**

Cost

Payment: **Private Pay**
Call for current pricing.

Types of Units

Beds: **69**
Type of Rooms: **Private**
Type of Baths: **Private**
All Furnishings Provided? **No**

Admission Restrictions

Cannot accept those who: **Alzheimer's / dementia**
Age Range of Residents: **62+**
Call to inquire about smoking policy.

Services and Amenities Available on Site (\$=charge)

- √ Transportation Assistance
- √ Assistance w/ Arranging Community Services
- √ Assistance with Shopping
- √ Laundry Services
- √ Exercise Program
- √ Meal Choices
- √ Resident's Council
- √ Beautician / Barber
- √ Accept Pets
- √ Emergency Call System
- √ Snacks
- √ Worship Services

Call to inquire about ability to accommodate people who wander.

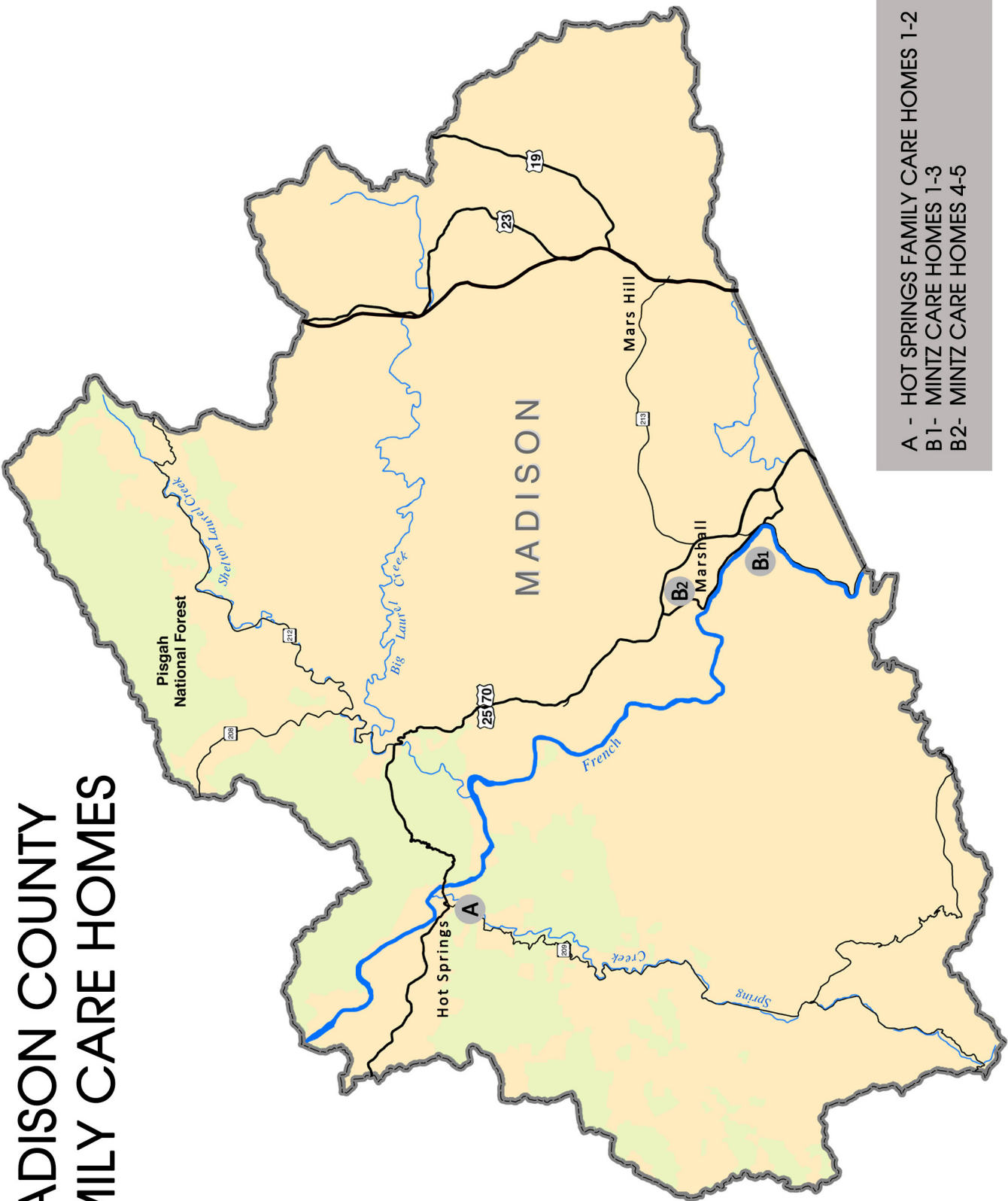
Features

Is there a separate Alzheimer's/Dementia unit? **No**
Respite Care Available: **Yes - under certain conditions**

Comments

56 apartment units, studio to 2 bedrooms.

MADISON COUNTY FAMILY CARE HOMES



A - HOT SPRINGS FAMILY CARE HOMES 1-2
 B1- MINTZ CARE HOMES 1-3
 B2- MINTZ CARE HOMES 4-5

HOT SPRINGS FAMILY CARE HOMES 1 - 2

311 Surpentine Avenue, Hot Springs, NC 28753

Office: (828) 778-2693 Fax: (828) 622-9845

Profit/Non-profit: **Profit**
Type of Facility: **Family Care Home**
Year Constructed: **1991**
Licensed Since: **1991**

Cost

Payment: **Private Pay, State/County Assistance, Private Ins**
Call for current pricing.

Types of Units

Beds: **6 each**
Type of Rooms: **Private, Semiprivate**
Type of Baths: **Shared Bath, Handicap Bath**
All Furnishings Provided? **Yes**

Admission Restrictions

Cannot accept those who:
Age Range of Residents: **18+**
Smoking allowed outside in designated areas.

Services and Amenities Available on Site (\$=charge)

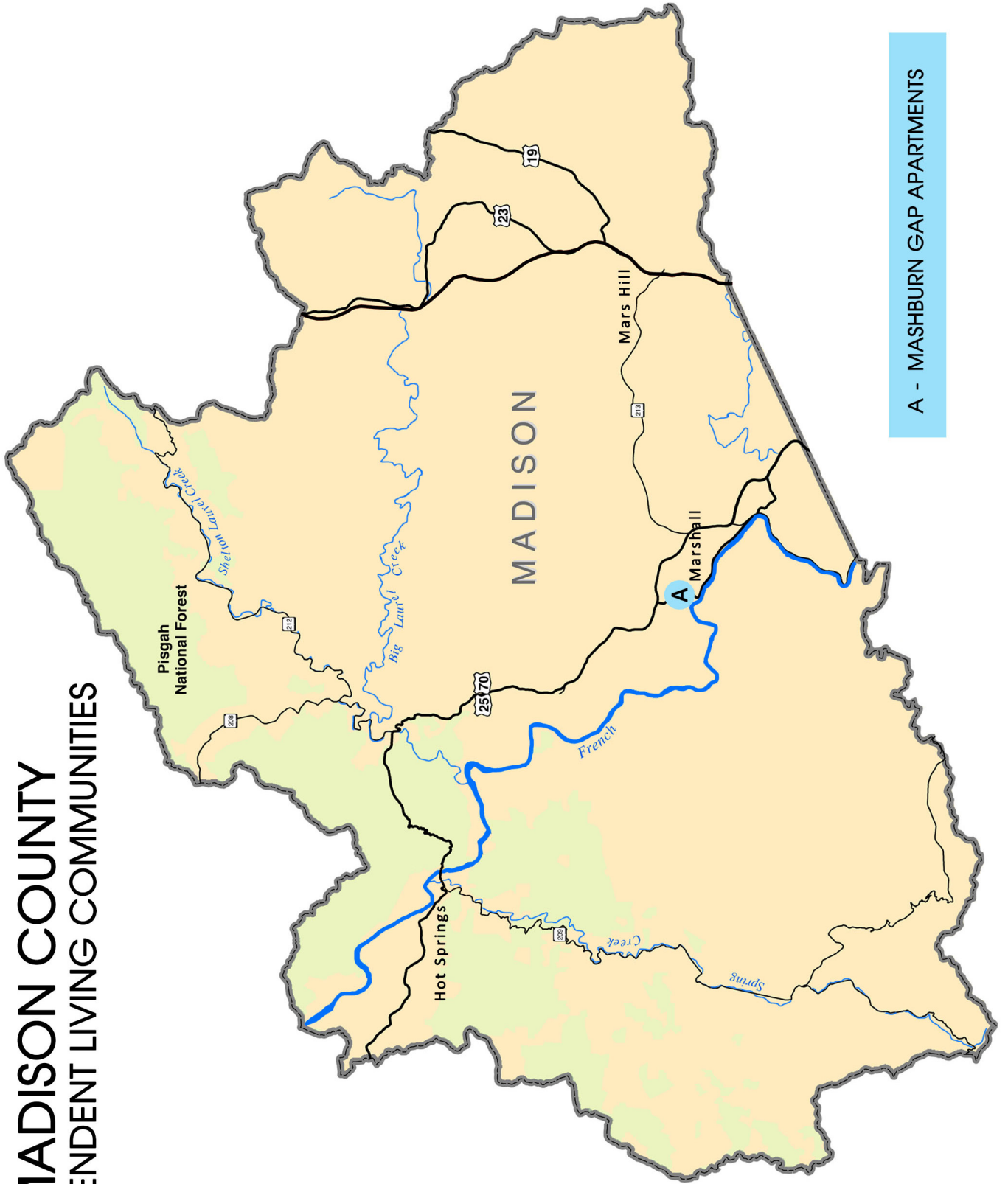
- √ Transportation Assistance
- √ Assistance w/ Arranging Community Services
- √ Assistance with Shopping
- √ Laundry Services
- √ Exercise Program
- √ Meal Choices
- Resident's Council
- √ Beautician / Barber
- Accept Pets
- √ Emergency Call System
- Snacks
- Worship Services

Features

Is there a separate Alzheimer's/Dementia unit? **No**
Respite Care Available: **No**

Comments

MADISON COUNTY INDEPENDENT LIVING COMMUNITIES



A - MASHBURN GAP APARTMENTS

NEW MASHBURN GAP APARTMENTS

1140 North Main Street, Marshall, NC 28753
(828) 645-7196 Fax: (828)

www.
email:

Type of Facility: **Independent Living for Senior & Disabled**

Services and Amenities Available on Site

Housing Information

of Units: **34**
Age: **62+ or disabled**
Rent: **30% of adjusted income if eligible (rental assistance available)**
Utilities: **Water**

Meals
Transportation
√ Laundry Facility
Housekeeping
√ Pets
√ Maintenance
√ **ADA Accessible Units**

COUNTY RESOURCES

INFORMATION AND REFERRALS FOR SERVICES

2-1-1 United Way/Community Resource Connections (CRC)
211 or (828) 253-4357 - Toll-Free 1-866-401-6342
www.211wnc.org

Alzheimer's Association Western Carolina Chapter
1-800-272-3900
www.alz.org/northcarolina

**Buncombe County Department of Health and Human Services
(also referred to as DSS)**
(828) 250-5500
www.buncombecounty.org/Governing/Depts/Dss/Adults/

Council on Aging of Buncombe County, Inc
(828) 277-8288
www.coabc.org

Council on Aging for Henderson County
(828) 692-4203
www.coahc.org

Council on Aging of Madison County
(828) 649-2722
www.madisoncountync.org/ComServcontact.php

Council on Aging for Transylvania County
www.transylvaniacounty.org/content/council-aging-transylvania-county

Disability Partners
(828) 298-1977
www.disabilitypartners.org

Henderson County Department of Social Services
(828) 697-5500
www.hendersoncountync.org/dss

Madison County Department of Community Services
(828) 649-2722

Madison County Department of Social Services (DSS)
(828) 649-2711
www2.ncdhhs.gov/dss/local/dir_madi.htm

MemoryCare of Asheville
(828) 771-2219
www.memorycare.org

NC DHHS Care-Line
1-800-662-7030
www.ncdhhs.gov/ocs/careline OR www.nccarelink.gov

NC Senior Legal Helpline
1-877-579-7562

Pisgah Legal Services
(828) 253-0406
www.pisgahlegal.org

Senior Health Insurance Information Program (SHIIP)
1-800-443-9354
www.ncshiip.com

Transylvania County Department of Social Services (DSS)
(828) 884-3174
www.transylvaniacounty.org/dss-adult-services

LONG TERM CARE FACILITY INFORMATION

NC Adult Care Home Violation and Penalty Reports
www2.ncdhhs.gov/dhsr/acls/adultcarepenalties.html

NC Adult Care Home Star Ratings
www2.ncdhhs.gov/dhsr/acls/star/search.asp

NC Nursing Home Survey Reports and Star Ratings
www.medicare.gov/nursinghomecompare/search.html

For other questions regarding licensed Long Term Care Facilities
www.ncdhhs.gov/divisions/daas

ADVOCACY

Disability Rights North Carolina
1-877-235-4210
www.disabilityrightsncc.org

Friends of Residents in Long Term Care
(919) 782-1530
www.forltc.org

The National Consumer Voice for Quality Long-Term Care
(202) 332-2275
theconsumervoice.org

TO REPORT COMPLAINTS ABOUT AGED OR DISABLED ADULTS

For residents living in Adult Care or Nursing Homes
(NC Division of Health Service Regulation in Raleigh)
1-800-624-3004

Regional Office of Long-Term Care Ombudsman
(828) 251-6622

State Office of Long-Term Care Ombudsman
(919) 855-3400

Adult Protective Services

Buncombe County (828) 250-5800
(828) 250-5800 **

Henderson County (828) 697-5500
(828) 697-4911 **

Madison County (828) 649-9498
(828) 649-2721 **

Transylvania County (828) 884-3174
(828) 884-3188 **

** Call after 5 pm and on Holidays and Weekends

Disability Rights
1-877-235-4210

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LAND OF SKY REGIONAL COUNCIL'S
AREA AGENCY ON AGING

339 New Leicester Hwy., Suite 140

Asheville, NC 28806

Phone: 828.251.6622

Fax: 828.251.6353

www.landofsky.org

MISSION STATEMENT

The Area Agency on Aging is a regional leader and catalyst in supporting older adults to lead more independent, vibrant lives.