

Senior Living

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SPECIAL SECTION

RETIREMENT



LANDIS HOMES

Residents of Landis Homes maintain a social distance while taking an exercise class outdoors. Once a pandemic necessity, the outdoor classes have become so popular they will likely continue.

A YEAR OF GRATITUDE

COVID-19 brings challenges, promising changes to local retirement communities

MARGARET GATES | MGATES@LNPNNEWS.COM

At the height of the COVID-19 pandemic, residents of Landis Homes would line a roadway into the Lititz campus on Friday afternoons, cheering on the retirement community’s workers with signs and noisemakers as they left or arrived for work. When the campus resident council suggested a more permanent show of appreciation, Landis Homes residents donated over \$10,000 toward a Garden of Gratitude, a new park on two-thirds of an acre featuring walkways, greenery and a gazebo offering views of surrounding farmland. Not every retirement community has such a tangible symbol of gratitude, but many share the sentiment.

“The pandemic has brought out an appreciation of how good we had it before and has been a reminder of how important community and family are,” says Jonathan Hollinger, CEO of Pleasant View Communities.

While local senior living communities have faced many physical and financial challenges over the past year, they also see many positives that point to a promising future.

The challenges

“Coming into the pandemic, continuing care retirement communities in general were enjoying high occupancy and financial stability,” says Lisa McCracken, a Lancaster County resident and director of senior living research and development for Ziegler, a Chicago-based investment-banking firm.

“We entered this pandemic on really solid footing,” she says.

But COVID-19 has taken its toll.

First quarter 2021 statistics from the National Investment Center for Seniors Housing & Care show senior living occupancy nationally at a new 15-year low.

CCRCs show an overall occupancy of 84.3%, a 7.2% drop from the same period last year.

Within those CCRCs, however, the independent living segment has fared the best, with an occupancy rate of 88.6%. While the skilled nursing segments of CCRCs fared the worst at 76.5%, their occupancy was still nearly 3% higher than skilled nursing facilities that are not part of a CCRC.

“Nursing homes were impacted way worse than retirement communities,” McCracken says. “If you take a look at all the residential options



GARDEN SPOT COMMUNITIES

Jeff Coon of Fulton Theatre performs in an outdoor wagon concert for residents of Garden Spot Village in New Holland.

— CCRC held up the best of any of them.”

The fact that skilled nursing fared worse during the pandemic is not surprising, she says, given that even under normal circumstances they tend to have the frailest residents and a higher turnover. Adding to the challenge was the reduction in short-stay residents — those requiring a temporary stint for rehab after a hospital stay or surgery. Fear of COVID-19 prompted more hospital discharges straight to intensive home care, while the temporary halt in elective surgeries further reduced referrals.

Locally, at Fairmount Homes, residential apartments and cottages re-

mained full, but personal care and health care occupancy took a hit, notes Mitchell Hanna, director of marketing.

“We had some family members take their loved ones home to care for them there because of visitation limitations on our campus,” he says.

Adds Nicole Michael, corporate director of sales and marketing for Moravian Manor Communities, “Why would you admit your loved one into long-term care if you are unable to visit?”

In some cases, the reduced occupancy was by choice. Amy Kenn, community director for Luthercare, writes in an email that Luther Acres

GRATITUDE, page 2

“We are absolutely thrilled with the level of interest we have been experiencing in our community.”

— Connie Buckwalter,
Mennonite Home Communities

LIFESTYLE

Where to live in retirement? ‘It all depends’

GAYLE JOHNSON
FOR LNP | LANCASTERONLINE

A medical tsunami struck Marian Martenas's parents about 10 years ago. First, her father suffered a stroke, followed by her mother's heart attack. Bob McKeegan would need 24-hour care for the rest of his life. Wife Barbara recovered and could live independently in the couple's Lancaster apartment. They just couldn't occupy the same space in any nursing home or retirement center the family investigated.

"It shattered our hearts that they couldn't be together," says Martenas, who talked with her three brothers and two sisters about a solution for the incredibly close older couple. Martenas, husband Wayne and son Michael invited the McKeeigans to move into their four-bedroom Lititz farmhouse.

The Martenas family moved to two bedrooms upstairs. Barbara McKeegan took over the master bedroom downstairs while Bob lived across the hall in a guest bedroom. The family remodeled a downstairs bathroom for Bob, replacing the tub with a walk-in shower large enough to accommodate a wheelchair, and widening doorways around the house.

Barbara lived for four more years; her husband for five. Martenas doesn't regret the crowded space and occasionally raised voices that came with five people in one house.

"This is what we wanted to do," she says.

Martenas's solution may not work for other families. However, it's one consideration for older residents deciding where to live after retirement. Lancaster has consistently ranked in the top five of U.S. News and World Report's list of the best places to retire in the country. But, what does living here look like for seniors?

"It all depends on the situation," says Sheri Snyder, who supervises case workers at the Lancaster County Office of Aging.

The agency offers advice to all and free services to those who qualify by income. Some people have family and supportive neighbors nearby to help them stay in a home. Others may value the ease of moving to a retirement community where others take care of most details.

Harris and Jean Coleman chose the latter. The couple, from Mt. Vernon, moved into an apartment in an independent living section of Willow Valley Communities nine years ago rather than stay in their five-bedroom home.

"We don't paint, we don't repair and we don't fix meals," says Harris Coleman. "Our days of washing dishes and doing yardwork are over."

Instead, the Colemans take advantage of more than 100 available clubs in the community. Jean Coleman leads the 55-member Quilting



K. SCOTT KREIDER | FOR LNP/LANCASTERONLINE

Lancaster Downtowners, from left, Eva Hochberg, Kathleen Ramey and Allan Eustis, with his dog, Lucas, take a long walk through Lancaster city. The walking group meets every Saturday morning to walk between two and three miles through the city.

guild. Both belong to the camera club and often submit photos revolving around a certain theme. Harris devotes time to a group that helps preserve farmland in Lancaster County.

"We can do a lot of things we never had to chance to do because we were taking care of the house," Harris Coleman says.

Before making any decisions, people should examine their finances, support network and preferences.

"It's usually something seniors have already decided before they come to me," says Marci Miller, a Lancaster elder-law attorney with Gibbel, Kraybill & Hess.

Retirement communities

About 18,500 out of 100,500 residents over 65 who live in Lancaster County reside in some sort of care facility, according to figures from Lisa McCracken, who researches senior living for Ziegler, a Chicago-based investment firm.

One main benefit to an all-inclusive retirement community comes from never having to move again as residents transition from independent homes all the way to 24-hour nursing care, with stops at personal care and assisted living.

Miller tells clients to remain realistic about healthcare needs and to look for a community they won't have to leave.

"I counsel families about things to consider so that their preferred housing option can remain as permanent as possible."

Retirement communities also offer a built-in social life. "Isolation and loneliness are primary reasons why people decline rapidly," says Brian Rutter, Willow Valley's marketing director.

For instance, the community offers a fencing club, debate organization and sailing group. "We run the gamut."

"They provide meals, help with daily activities and transportation," says Allyson Stanton, a licensed social worker and aging lifecare manager in Columbia, Maryland. "It's one stop for resources."

Some properties require a large buy-in fee and then provide wide-ranging care as long as monthly dues are paid. Other communities offer a smaller entrance fee but will ask for more money and an increased monthly payment as residents move between levels of care. Residents usually don't own their homes, and heirs may inherit only a small portion of the initial payment.

Miller tells people to visit as many communities as possible and talk to residents. "Is it a more conservative community? Are televisions allowed? Does it feel too stuffy?"

Stanton advises touring every living situation offered at a community. "Marketing people may want to show you the beautiful lobby or the pool." See the skilled nursing and assisted living areas, she says. Talk to the director of nursing. Find out the ratio of nurses to patients.

Cost may be one downside to moving to a retirement community. Be prepared to show your financial records and prove that you have enough money saved to pay for 20-25 years of care, Stanton says.

Miller advises having enough money up front to show a community you can

pay for skilled nursing for three or four years — about \$450,000. Learn about payment options, she says. "Be prepared to make a full and complete financial disclosure."

Aging in place

Most Lancaster County seniors who downsize stay in their own homes or move in with family. Miller sees an increase in older residents choosing this after more than a year of COVID-19 restrictions.

"Aging in place in your own home, or in a child's home, has become a more desirable option since the pandemic because seniors have more freedom to interact with family and friends in person," she says.

Also, examine your support network, Stanton says. Do you have family and friends in the area? Will you have transportation to doctor appointments, especially if you live in a rural area and have to go into a city? Will you be able to install equipment such as grab bars in a shower or widen doorways for a wheelchair? What about paying for home health care?

Senior living experts say help to stay in a home is available. The county office on aging can send someone to a private home to make recommendations for safe living, Snyder says. Social workers there can answer questions and point residents to free or reduced-cost services.

"There's no such thing as a dumb question," she says.

The Lancaster Downtowners, a nonprofit group, provides a support network

for those who want to age in place, says executive director Melissa Ressler. About 200 seniors belong to the organization, which charges annual dues based on member income. The agency oversees walking groups, book clubs, supper clubs and educational programs to any senior who doesn't mind coming to downtown Lancaster.

Members also rely on each other for transportation, meals and even pet babysitting.

Molly McKitterick, 69, says she and husband Allan Eustis, 72, "wanted an adventure" when they retired to Lancaster from Washington, D.C., two years ago without any family or friends nearby. They purchased a 3,000-square-foot home in Olde Town.

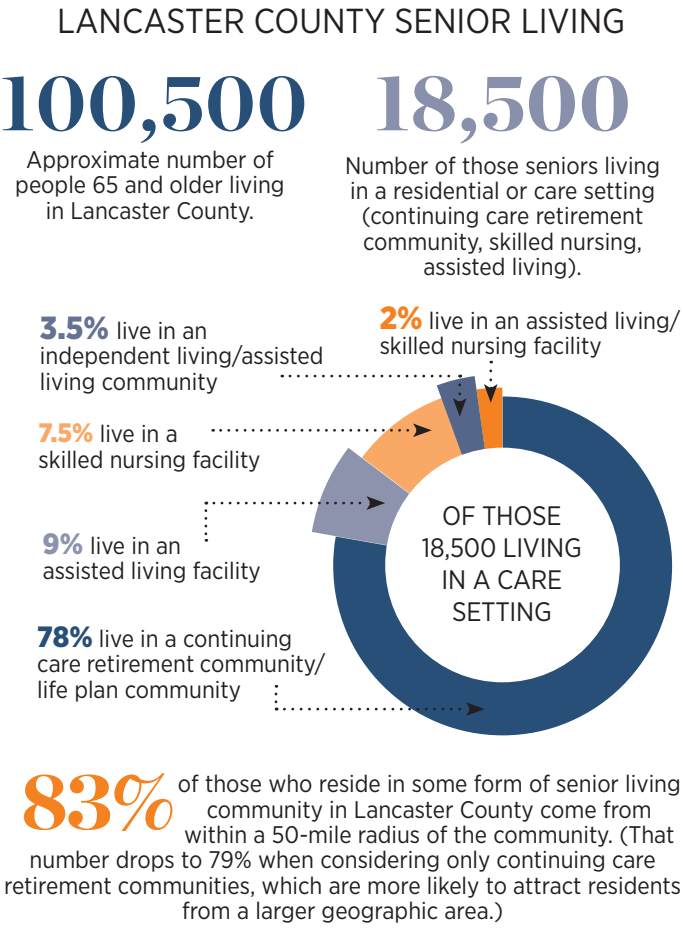
Joining Lancaster Downtowners provided "an instant social network," Eustis says. He also volunteers at the organization to provide transportation for people who no longer drive.

They remain realistic though. "We know at some point we won't be able to stay in this house," McKitterick says.

Right now, though, life seems wonderful. "I didn't think it was going to be this perfect," Eustis says.

The Colemans marvel at how easy life is right now at Willow Valley. The couple travels but no longer has to worry about who will watch the house, water the grass or pick up packages left at the front door.

"We just shut the door, and away we go," Jean Coleman says.



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Diversity: Seniors

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Federal Reserve data that indicates that only 34% of Black families have retirement accounts compared to 60% of white families and that the median retirement balance is \$46,100 versus of \$151,000 for white families.

Many Black seniors know the struggle of using savings to take care of older relatives and children at the same time, says Jim Johnson, who is himself Black. He's the William R. Kenan Jr. Distinguished Professor of Strategy and Entrepreneurship at The University of North Carolina's Kenan-Flagler Business School.

"I'm 67 years old and I've had 10 family members to die in the last decade — folks who are responsible for helping me get to where I'm at today," Johnson says. "So when my white colleagues were investing in retirement properties and horse farms, I was putting a roof on my 97-year-old uncle's house because he's sitting with two pails in the middle of the living room."

"But there are some (Black seniors) who can afford to live in these communities," he adds. "Why they're not looking at them is the question."

Johnson and some colleagues took a swing at answering that with a 2018 national study called "Race and Residence in Continuing Care Retirement Communities/Life Plan Communities." They interviewed groups of Black residents who live in those communities and Black seniors who don't. Some of the latter don't want to.

"If I'm going to ... have a reasonably healthy and happy retirement I'm not going to sit around and listen to people who spew racist remarks on a daily basis," Johnson says. "That was the biggest kind of response that we got. I've lived this every day in my working life. I'm not going to live it in retirement."

On the flip side, Black study participants who were current and soon-to-be retirement community residents "were seemingly un-phased by the lack of diversity," according to the study.

Seniors who are affluent enough to afford such communities are typically those who are already used to being "first of" — be it in school or their careers, Johnson says. Still, "race fatigue" is real, he adds.

One Black resident of a retirement community resident interviewed for the study said she was frustrated by being asked to join the diversity committee with the assumption she could automatically speak for her race. Others were asked to be photographed for marketing materials before they even moved in.

"I need to know that you're not going to wear the hell out of me taking my picture for every magazine," Johnson says. "I need to be able to go and sit down with my wife and eat my hamburger without 10 people coming up and saying, 'Oh, y'all are so cute.'"

The Love & Co. national study asked people about their preferences for retirement. Only 2% of Black respondents said retirement communities were their preference. Seven percent of white respondents and 7% of Asian respondents said so. About 14% of Hispanic respondents gave retirement communities as their preference.

The study notes that results may indicate support for increasing marketing efforts to Hispanic populations located in the same vicinity as retirement communities. However, Love says he wonders if there was some sampling error — perhaps related to the geographic locations from which Hispanic respondents were pulled.

Love says time will make a difference. The average age of someone entering a retirement community today is 80, he says. For Blacks born in 1940, who reached adulthood before the civil rights movement of the '60s, there may be reluctance to be the first person of color to move into a community, he says.

Now consider those born in 1960, who are now 60 and considering retirement.

"They really came of age after all the civil rights stuff. Not a perfect world by any stretch of the imagination, but at a place that was so different from 1940," Love says. "If you're thinking of the people who are affluent enough to be able to afford a life plan community, they've been much more integrated and it's not as a big of a deal."

"Maybe I should say I hope, but I believe, that over time it will naturally change and evolve as the generations change," Love adds. "But I wish there was some way we could have it move faster."



THE NEW YORK TIMES

HEALTH

Important medical checkups you don't want to neglect

ANAHAD O'CONNOR
NEW YORK TIMES

After getting vaccinated for COVID-19, some people are scheduling doctors' appointments they may have put off for a year or more. Here's a handy list of screenings and procedures you need at every age.

Throughout adulthood

- Get your tetanus booster every 10 years and your flu shot annually.
- Find out if you're at risk for diabetes. The older you are, the higher your risk.
- Check your blood pressure (every 2 years).
- Check your cholesterol (every 4 to 6 years, or more if you have a high risk of heart disease).

Starting in your 40s

- Get screened for colon cancer. People at average risk of colorectal cancer should begin regular screening at 45.

You are at average risk if you do not have: a personal or family history of colorectal cancer or polyps; a history of colitis, Crohn's disease or other inflammatory bowel diseases; hereditary colorectal cancer syndrome; or a history of radiation treatments in your abdominal or pelvic areas.

Starting in your 50s

- You may need a daily aspirin. Discuss the pros and cons with your doctor.
- Get the shingles vaccine.
- For women, get a regular breast exam. Women who are average risk should get screened every other year starting at age 50.
- For men, begin prostate screening at 55.

In your 60s and beyond

- Get your bone density tested, and get the pneumonia vaccine.

Travel

Continued from 2

- 5. **Share your itinerary.** Keep family or friends

apprised of your general travel itinerary at all times, AARP recommends. This is especially important if you are traveling solo. Also, keep a mobile phone on you at all times.

- 6. **Pack copies of important documents.**

In the event paperwork is lost while traveling, request copies of prescriptions and/or statements of medical conditions from each physi-

cian and medical treatment center so you have a second set. Keep copies of your passport, driver's license, insurance cards, travel tickets and other documents as well.

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TECHNOLOGY

Doctors keep tabs on patient health from afar

CAROLE DECK
FOR LNP | LANCASTERONLINE

Technology today offers unlimited opportunities to improve health care services. One of those opportunities is remote patient monitoring (RPM), a type of telehealth that uses digital technology to monitor a patient's health away from a health care setting.

With RPM, a health care professional in one location can see data collected in real time from a patient in a different location.

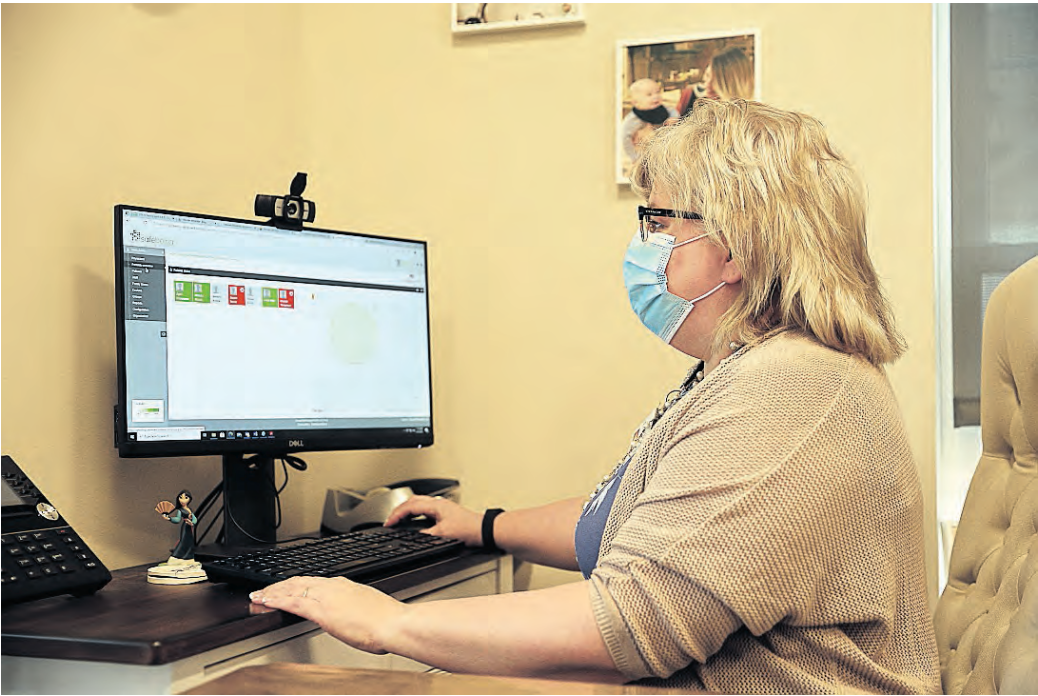
It's no surprise remote monitoring programs increased in value when COVID-19 increased the risk of in-person office visits.

The U.S. Centers for Medicare and Medicaid Services expanded Medicare coverage for RPM and the U.S. Food and Drug Administration issued a policy allowing approved non-invasive devices to monitor vital signs used in remote settings.

Smartwatches, clinical sensors and personal emergency response systems are all tools health professionals can use to track health data in real-time from remote settings. Currently, the most used devices are blood pressure monitors, weight scales and glucose monitors.

"Remote patient monitoring is developing and maturing and is especially important in the management of heart failure," says Chris LaCoe, vice president of virtual care for Penn State Health. However, he says there's uncertainty about whether reimbursement authorized for the duration of the COVID-19 public health emergency will continue after the pandemic ends.

There are tons of software apps and device manufacturers on the market, LaCoe says.



VINNY TENNIS | STAFF PHOTOGRAPHER



Melody Karick, director of memory support for Garden Spot Village's Meadow View community, demonstrates the SafeBeing platform for remote patient monitoring. It includes a smartband that collects data from residents, a caregiver dashboard and smartphone app.

WellSpan Health is using RPM through WellSpan Online Primary Care, currently only offered to their insured employees.

"A team of nurses monitors patient personal health and medical information collected via electronic technology from a remote location," says WellSpan spokesperson Ryan Coyle.

Coyle says RPM is helpful to evaluate the effective-

ness of a new blood pressure medication or assess heart failure by monitoring weight gain or loss.

Research indicates RPM is a good tool for the senior population. Garden Spot Village in New Holland has partnered with Somatix Inc., a New York-based artificial intelligence software company that provides an RPM solution to health care providers.

Garden Spot rolled out a pilot program of the Somatix SafeBeing 24/7 monitoring platform to residents of its Meadow View memory support community in October 2020.

"Residents wear a smartband with a sensor, which collects, analyzes and communicates safety and well-being of residents in real time to staff," says Melody Karick, Meadow View director of memory support.

Along with Karick, the staff includes LPN supervi-

sors, clinical care, admission and program coordinators.

The smartband uses Bluetooth to connect to the cloud and currently is paired with cellphones which serve as a data collection hub, says Andrew Dietzel, Garden Spot Communities chief information officer.

The SafeBeing platform offers movement detection technology that monitors the following: decline in sleep quality or quantity overtime; decline in activity over a period of time; wandering beyond designated safe zones; risk of dehydration; emergency alert; reminder to wear the band.

"Garden Spot is a super-innovative organization and we're proud to be partnered with them," says David Futoran, head of partnerships and products at Somatix.

Futoran says Meadow View is a good test market for the noninvasive monitoring product and can help identify any problems.

The biggest problem, Karick says, has been keeping the smartband on residents' wrists 24/7. It was too easy for a resident to remove the snap-on/snap-off band. Futoran solved the problem by providing band cuffs to slide over the buckle, making it impossible to remove the smartband.

"The wearable band becomes our 24/7 physical eyes to profile patients' activities and detects variations creating cause for concern," Karick says.

The technology eliminates the need for hourly room checks, she says, so residents get better sleep for a better day ahead.

Along with the smartband, SafeBeing includes several other components. A caregiver dashboard or web interface alerts, reminds, notifies, and provides insights and predictive analytics to health care professionals.

There is also a user app for the resident's phone and a caretaker app for caregivers or family members. During the pilot testing of the platform, only staff are using the dashboard and apps.

Currently, four of the 37 Meadow View residents wear the smartband. Family members were given the option to have residents participate in the pilot program.

"We wanted the residents to feel comfortable and didn't want to pressure them to wear the band," Karick says.

Pleased with the monitoring results so far, Karick and Dietzel look forward to the updated SafeBeing platform Futoran expects to be available from Somatix by the end of the year. The new version will have enhanced functionality for better communication, heart rate monitoring, oxygen saturation, medication management and intake detection, a HIPAA-compliant chat feature and symptoms surveys.

"It will have Wi-Fi capability, eliminating the need for the data collection cellphone hub," Dietzel says.

Eventually, Garden Spot will use the SafeBeing technology campuswide. The community is giving independent living residents the opportunity to participate in a future pilot program with the smartband paired to a smartphone.

Steve Lindsey, Garden Spot Communities CEO, says he believes technology will play an increasingly important role in every health care environment.

"Wearables, such as the Somatix system will help identify health issues more quickly, provide documentation, improve outcomes, assist with communication and, ultimately, free up staff to spend more time with direct care of the people we serve," he says.



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