

The Journey of Senior Care

A Complete Family Guide to Assisted Living and Memory Care

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This document was created as a guide for families making decisions about continuing care and support for an aging family member. The information should be used to help you understand the many aspects and considerations of the journey. It is not definitive. It is not an offer for services or a promise. It is provided free of charge, because we understand the need.

We've organized this guide to follow the natural progression most families experience: recognizing when care needs change, understanding your options, finding the right community, navigating finances, and managing the transition. Feel free to read it cover to cover or skip to the sections most relevant to your situation.

Use this information as a basis for your research. The internet provides information on local options. Visit or talk to assisted living facilities staff, they know the difficulty of making these decisions. They talk to families everyday about it and understand the stress and anxiety you may be facing. If you get a hard sales pitch at a facility, go to other facilities. Your visit should be a learning experience and offer you the opportunity to ask questions. Knowledge is your power and support. This document gives you the information to help you understand the journey and ask the right questions to understand your options and the reality.

this Document is Provided by

The Pearl at Fairview
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The Pearl At Fairview is a Montessori approach Assisted Living and Memory Care Community located in Fairview, Tennessee. We invite you to call or visit our community. We are always available to answer questions or offer insight when you need us.

Making decisions about senior care for yourself or a loved one is one of life's most significant journeys. This guide was created to walk beside you through every step, providing the information, resources, and reassurance you need to make confident choices.

At The Pearl at Fairview, we believe that families deserve complete, honest information about senior care options, costs, and what to expect. Whether you're just beginning to explore possibilities or you're ready to make a decision, this guide was designed to answer your questions and ease your concerns.

Whatever path you're on, know that you're not alone. Thousands of families navigate this journey every year, and with the right information and support, you can find a solution that brings peace of mind for everyone involved.

We invite you to visit our community, ask the questions you need to ask. This is a journey and not a decision to make lightly. We can help. Come see us.

"The most rewarding part of being a part of our community is the sweet burden of being needed."

— *The Pearl at Fairview Philosophy*

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Chapter 1

Recognizing When Care Needs Change

One of the most common questions families ask is, “How do I know when it’s time?” There’s rarely a single dramatic moment that makes the answer obvious. Instead, most families notice a gradual accumulation of concerns, small changes that individually seem manageable but together paint a picture of increasing need.

This chapter will help you recognize the signs that care needs are changing, understand the difference between normal aging and concerning decline, and think through the often-difficult conversation about next steps.

Normal Aging vs. Concerning Changes

First, it’s important to understand that some changes are a normal part of aging and don’t necessarily indicate a need for assisted care. Normal aging might include:

- Taking longer to complete familiar tasks
- Occasionally misplacing items like keys or glasses
- Needing reading glasses or hearing aids
- Having less energy for social activities
- Preferring familiar routines over new experiences
- Walking more slowly or carefully
- Taking longer to recall names or words

These changes, while sometimes frustrating, don’t necessarily mean someone can no longer live safely on their own. However, the following signs often indicate that additional support may be needed.

Physical Warning Signs

Changes in Personal Hygiene

When someone who has always been well-groomed begins to appear unkempt, it’s often a significant indicator. Look for:

- Wearing the same clothes for multiple days
- Body odor suggesting infrequent bathing
- Unkempt hair or unshaven face (when grooming was previously important)
- Dirty or overgrown fingernails
- Strong urine smell on clothing or in the home

These changes may indicate difficulty with the physical tasks of bathing and dressing, cognitive changes affecting awareness of hygiene, depression, or lack of motivation.

Mobility and Fall Risk

Falls are one of the leading causes of serious injury in seniors, and fear of falling can lead to social isolation and decreased activity. Warning signs include:

- Unexplained bruises or injuries
- Holding onto furniture or walls when walking
- Reluctance to go out or participate in previously enjoyed activities
- Difficulty getting up from chairs or out of bed
- History of falls, even if no serious injury occurred
- Unsteady gait or shuffling feet

A single fall with injury often serves as a wake-up call for families, but ideally, you'll notice the warning signs before a serious fall occurs.

Medication Management

As we age, most of us take more medications, and managing them becomes increasingly complex and critical. Concerning signs include:

- Pill bottles with medications remaining when they should be empty
- Multiple bottles of the same medication (suggesting refills without taking them)
- Confusion about what medications are for
- Missing doses or taking incorrect amounts
- Expired medications in the cabinet
- Not following up on prescriptions after doctor visits

Quick Assessment

Ask your loved one to show you their medications and explain what each one is for and when they take it. If they can't do this accurately, medication management assistance may be needed.

Nutrition and Weight Changes

Maintaining proper nutrition becomes challenging for many reasons as we age. Watch for:

- Unexplained weight loss (clothes fitting loosely)
- A refrigerator full of expired or spoiled food
- An empty refrigerator or pantry
- Evidence of eating mostly processed or convenience foods
- Forgetting to eat meals
- Difficulty cooking or using kitchen appliances safely
- Burn marks on pots or evidence of kitchen mishaps

Cognitive and Behavioral Warning Signs

Memory Changes

While occasional forgetfulness is normal, certain memory changes warrant attention:

- Forgetting recent conversations entirely (not just details)
- Repeating the same questions or stories within a short time
- Getting lost in familiar places
- Missing important appointments repeatedly
- Forgetting the names of close family members
- Difficulty following recipes or instructions that were once familiar
- Confusion about the current day, month, or year

It's worth noting that memory concerns should always be evaluated by a physician, as some causes of memory problems (medication interactions, vitamin deficiencies, thyroid issues, depression) are treatable.

Judgment and Decision-Making

Changes in judgment can be subtle but have serious implications:

- Unusual purchases or giving money to strangers
- Falling for scams (phone, email, or in-person)
- Neglecting bills or financial responsibilities
- Making unsafe decisions (leaving stove on, wandering at night)
- Difficulty making decisions that were once routine
- Uncharacteristic behavior or personality changes

Social Withdrawal

Isolation often accelerates cognitive and physical decline. Watch for:

- Declining invitations to social events
- Dropping out of clubs, church, or regular activities
- Reluctance to answer the phone or door
- Loss of interest in hobbies or activities once enjoyed
- Friends or neighbors expressing concern about withdrawal

Home Environment Warning Signs

Sometimes the home itself tells the story. Look for:

- Piles of unopened mail, especially bills or official notices
- Unusual clutter in a previously tidy home
- Neglected housekeeping (dirty dishes, dusty surfaces, un-vacuumed floors)
- Un-flushed toilets or bathroom cleanliness issues
- Laundry piling up
- Yard work neglected (if previously maintained)
- Needed home repairs being ignored
- Utility shutoffs or late payment notices

Having the Conversation

Once you've recognized that care needs are changing, the next step is often the hardest: talking about it. Many families avoid this conversation because it feels like an admission of decline, a threat to independence, or simply too emotional to face.

Here are approaches that can help:

Start Early and Gradually

The best conversations happen before there's a crisis. If possible, begin discussing preferences and concerns while your loved one can fully participate in planning.

- "Mom, I was reading an article about senior living options. Have you ever thought about what you might want if living alone became difficult?"
- "Dad, I know this isn't something you want to think about, but it would help me to know your preferences just in case."

Lead with Love and Concern

Frame the conversation around your feelings, not their limitations.

- "I worry about you being alone so much. I'd feel better knowing there was someone nearby if you needed help."
- "I love you and want you to be safe. Can we talk about some options that might help us both feel more secure?"

Focus on What They Gain, Not What They Lose

Emphasize the positive aspects of additional support.

- Social connections and activities
- Relief from home maintenance burdens
- Better nutrition with prepared meals
- Peace of mind for everyone
- Access to assistance when needed

Listen More Than You Talk

Your loved one likely has fears and concerns they haven't expressed. Give them space to share:

- What are they most afraid of?
- What would they miss most about their current situation?
- What would make them feel more comfortable about a change?
- What matters most to them in their daily life?

Expect Resistance—and Be Patient

It's normal for seniors to resist the idea of leaving their home. This resistance often comes from:

- Fear of losing independence and control
- Attachment to home and memories
- Concern about cost and using up savings
- Worry about being a burden
- Denial about their own decline
- Misconceptions about what senior living is really like

Don't expect one conversation to resolve everything. This is usually a process that unfolds over time.

When There's No Time for Gradual Conversations

Sometimes a health crisis forces immediate decisions. If your loved one has had a fall, stroke, hospitalization, or other event that makes returning home unsafe, you may need to make decisions quickly. In these situations, remember that short-term care (respite or rehabilitation) can provide time to evaluate longer-term options. Don't feel pressured to make permanent decisions in crisis mode if possible.

The “Aging in Place” Question

Many families first explore whether their loved one can continue living at home with additional support. This is called “aging in place,” and it works well for some situations but not all.

Aging in place may be viable if:

- Care needs are relatively limited and predictable
- The home can be modified for safety (grab bars, ramp access, etc.)
- Reliable home care services are available and affordable
- Family members can provide supplemental support
- The senior is not at high risk for wandering or unsafe behavior
- Social isolation can be addressed through other means

Aging in place may not be the best option if:

- 24-hour supervision is needed
- Memory impairment creates safety risks
- The home cannot be adequately modified
- Isolation is contributing to decline
- Caregiver burnout is affecting family relationships
- The cost of in-home care exceeds community-based care

“The goal isn't to keep someone in a particular place—it's to ensure they're safe, engaged, and living the best quality of life possible.”

Chapter 2

Understanding Your Care Options

Senior care exists on a spectrum, from minimal assistance with daily tasks to comprehensive medical care. Understanding the differences between care types helps you identify which level matches your loved one's current needs—and anticipate how those needs might change over time.

This chapter explains the major categories of senior care, what services each typically includes, and who they're designed to serve.

The Senior Care Spectrum

Think of senior care as a continuum with increasing levels of support:

- **Independent Living:** Housing designed for seniors who need no assistance with daily activities but want a maintenance-free lifestyle with social opportunities.
- **Assisted Living:** Residential communities providing help with daily activities (bathing, dressing, medication management) while promoting independence.
- **Memory Care:** Specialized assisted living for those with Alzheimer's disease, dementia, or other cognitive impairments, featuring secured environments and specialized programming.
- **Skilled Nursing (Nursing Home):** Facilities providing 24-hour medical care by licensed nurses for those with complex health conditions.
- **Continuing Care Retirement Communities (CCRCs):** Campuses offering multiple levels of care, allowing residents to transition between levels as needs change.

Independent Living

What It Is

Independent living communities are designed for active seniors who want to simplify their lives without giving up their autonomy. Residents live in private apartments or cottages and have access to amenities and social activities.

Services Typically Included

- Maintenance-free housing (no lawn care, home repairs, etc.)
- Some meals (often one)
- Social activities and programs
- Fitness facilities
- 24-hour security

Who It's Best For

Independent living is ideal for seniors who:

- Can manage all daily activities without assistance
- Want to be relieved of home maintenance burdens
- Seek social connections and activities
- Are looking to downsize from a larger home
- Want access to care services if needed in the future

What It Doesn't Include

Independent living does not typically provide:

- Assistance with bathing, dressing, or personal care
- Medication management
- Memory care or supervision
- Skilled nursing or medical care
- Housekeeping and Laundry
- Transportation

Assisted Living

What It Is

Assisted living bridges the gap between independent living and nursing home care. Residents receive help with activities of daily living (ADLs) while maintaining as much independence as possible. Communities vary widely in size, from small residential homes to large campuses.

Services Typically Included

- Private or semi-private apartments or suites
- Three meals daily, often restaurant-style
- Assistance with activities of daily living (bathing, dressing, grooming, toileting)
- Medication management and reminders
- Housekeeping and laundry services
- 24-hour staff availability
- Social, recreational, and wellness programs
- Transportation to appointments
- Coordination with healthcare providers

Who It's Best For

Assisted living is appropriate for seniors who:

- Need help with some daily activities but not 24-hour medical care
- Can no longer live safely alone
- Benefit from social interaction and structured activities
- Need medication reminders or management
- Are at risk for falls or other safety concerns at home
- Would benefit from regular, nutritious meals

Care Levels in Assisted Living

Many assisted living communities, including The Pearl at Fairview, offer tiered care levels based on the amount of assistance needed. A resident requiring only medication reminders and occasional help would be at a lower care level (and lower cost) than one needing extensive assistance with bathing, dressing, and mobility.

Care levels are typically determined through an initial assessment and reassessed periodically as needs change. This approach ensures residents receive appropriate care while keeping costs aligned with actual needs.

Activities of Daily Living (ADLs)

ADLs are the basic self-care tasks that indicate someone's ability to function independently. They include: Bathing and showering, Dressing and undressing, Eating, Transferring (moving from bed to chair, etc.), Toileting, and Continence management. The number of ADLs someone needs help with is a key factor in determining the appropriate level of care.

Memory Care

What It Is

Memory care is a specialized form of assisted living designed specifically for individuals with Alzheimer's disease, dementia, or other cognitive impairments. These communities feature secured environments, specially trained staff, and programming designed to support residents with memory loss.

Key Features

- Secured entry/exit to prevent wandering
- Higher staff-to-resident ratios
- Staff trained in dementia care techniques
- Structured daily routines that reduce confusion
- Activities designed for cognitive engagement
- Environmental design that supports orientation (visual cues, circular walking paths, etc.)
- Specialized dining support

Memory care is covered in detail in Chapters 3–5 of this guide.

Skilled Nursing Facilities (Nursing Homes)

What It Is

Skilled nursing facilities (SNFs) provide 24-hour medical care by licensed nurses under physician supervision. They're designed for people with complex medical conditions requiring ongoing nursing care.

When Skilled Nursing Is Needed

- Recovery from surgery, stroke, or serious illness (short-term rehabilitation)
- Chronic conditions requiring daily nursing care
- Feeding tubes, wound care, or IV medications
- Advanced dementia with complex medical needs
- End-of-life care

Key Differences from Assisted Living

The primary differences are:

- Level of medical care: Skilled nursing provides clinical care; assisted living provides personal care with medication management
- Staffing: Skilled nursing has licensed nurses on duty 24/7
- Regulation: Skilled nursing facilities are more heavily regulated and surveyed
- Cost and payment: Skilled nursing is significantly more expensive but is covered by Medicare for qualifying short-term stays
- Environment: Skilled nursing facilities often feel more clinical; assisted living aims to feel more residential

Continuing Care Retirement Communities (CCRCs)

What They Are

CCRCs, also called life plan communities, offer multiple levels of care on a single campus. Residents typically enter at the independent living level and can transition to assisted living, memory care, or skilled nursing as needs change without leaving the community.

Advantages

- Continuity of care and community
- No need to move to a new location if care needs increase
- Spouse can remain nearby if one partner needs higher care
- Often offer priority access to higher levels of care

Considerations

- Typically require significant entrance fees
- Contract types vary (fee-for-service, modified, life care)
- May require health qualification at entry
- Larger communities may feel institutional

Specialized Care Options

Respite Care (Short-Term Stays)

Respite care provides temporary assisted living services, typically when:

- A family caregiver needs a break
- A senior is recovering from illness or surgery
- A family wants to “try out” a community before committing
- Family is traveling and the senior shouldn't be alone

Most assisted living communities, including The Pearl at Fairview, offer respite stays ranging from a few days to several weeks.

Adult Day Programs

Adult day programs provide daytime care and activities for seniors who live at home but need supervision or engagement during the day. This option works well when:

- A family caregiver works during the day
- The senior needs social engagement but not 24-hour care
- The family wants to delay full-time residential care

Home Care vs. Home Health Care

These terms are often confused: Home Care (Non-Medical): Personal care assistance at home, including help with bathing, dressing, meals, housekeeping, and companionship. Paid privately. Home Health Care (Medical): Skilled nursing or therapy services provided at home, typically following hospitalization or for chronic conditions. Often covered by Medicare when ordered by a physician.

How to Know Which Level Is Right

Choosing the right level of care depends on:

- Current care needs: What ADLs does your loved one need help with? Do they have memory concerns? Medical conditions requiring nursing care?
- Safety considerations: Can they be safely left alone? Are they at risk for falls, medication errors, or wandering?
- Social needs: Are they isolated at home? Would they benefit from regular social interaction?
- Anticipated changes: Is the current condition stable or progressive? What might needs look like in 6–12 months?
- Financial resources: What can be afforded now and sustained over time?
- Family capacity: What support can family realistically provide?

When in doubt, most communities offer assessments to help determine the appropriate level of care. These assessments are typically free and without obligation.

“Assisted living supports those who can no longer live on their own safely, yet also do not require complex, round-the-clock medical care. With respect for their privacy and dignity, we offer friendly assistance with the activities of daily living.”

Chapter 3

Dementia and Alzheimer's Explained

A dementia diagnosis changes everything. Whether it's your own diagnosis or a loved one's, you're suddenly thrust into unfamiliar territory with many questions and few clear answers. This chapter provides a foundation for understanding what dementia is, how it progresses, and what it means for care decisions.

Understanding the disease helps you plan appropriately, communicate more effectively with healthcare providers, and set realistic expectations for the journey ahead.

What Is Dementia?

Dementia is not a single disease but a general term describing a group of symptoms affecting memory, thinking, and social abilities severely enough to interfere with daily life. It's caused by damage to brain cells that affects their ability to communicate with each other.

Key points to understand:

- Dementia is not a normal part of aging. While some memory changes are normal, dementia involves significant cognitive decline that interferes with daily function.
- Dementia is caused by various diseases. Alzheimer's is the most common, but other conditions cause dementia too.
- Dementia is progressive. Symptoms typically worsen over time, though the rate of progression varies.
- Dementia affects more than memory. Judgment, language, visual perception, and personality can all be impacted.

Types of Dementia

Alzheimer's Disease

Alzheimer's accounts for 60–80% of dementia cases. It involves progressive damage to brain cells, leading to memory loss and cognitive decline. Characteristics include:

- Gradual onset, often beginning with short-term memory problems
- Difficulty learning new information
- Language problems (finding words, following conversations)
- Disorientation to time and place
- Changes in mood and personality
- Difficulty with complex tasks

Alzheimer's typically progresses over 8–10 years from diagnosis, though this varies significantly.

Vascular Dementia

Vascular dementia results from conditions that block or reduce blood flow to the brain, such as strokes. It's the second most common type of dementia. Characteristics include:

- Often begins suddenly, following a stroke
- May progress in a “stepwise” pattern with stable periods
- Problems with planning, judgment, and organization often more prominent than memory loss initially
- May occur alongside Alzheimer's (mixed dementia)

Lewy Body Dementia

Lewy body dementia involves abnormal protein deposits in the brain. It shares features with both Alzheimer's and Parkinson's disease. Characteristics include:

- Visual hallucinations (often detailed and vivid)
- Movement symptoms similar to Parkinson's
- Fluctuating alertness and attention
- Sleep disturbances
- Sensitivity to certain medications

Frontotemporal Dementia

Frontotemporal dementia affects the frontal and temporal lobes of the brain, areas associated with personality, behavior, and language. It often begins at a younger age (40s–60s). Characteristics include:

- Personality and behavior changes (may be the first symptoms)
- Language difficulties
- Memory may be relatively preserved initially
- Loss of empathy or social awareness

When Memory Loss Is Not Dementia

Some conditions cause dementia-like symptoms but are treatable: depression, medication interactions, thyroid problems, vitamin deficiencies (especially B12), infections, normal pressure hydrocephalus. This is why a thorough medical evaluation is essential—some causes of cognitive symptoms are reversible.

Stages of Dementia

While every person's experience is unique, dementia generally progresses through recognizable stages:

Early Stage (Mild)

In early-stage dementia, a person may still function fairly independently but notices increasing difficulties:

- Forgetting recently learned information
- Asking the same questions repeatedly
- Difficulty organizing or planning
- Trouble finding the right word
- Losing track of time
- Misplacing items in unusual places

At this stage, many people can continue living at home with support, though some begin exploring assisted living options to ensure safety and reduce isolation.

Middle Stage (Moderate)

The middle stage is typically the longest and may last many years. During this stage:

- Memory loss deepens, affecting long-term memories
- Confusion about time, place, and events increases
- Assistance with daily activities (dressing, bathing) becomes necessary
- Personality and behavior changes become more apparent
- Wandering and getting lost are common concerns
- Sleep disturbances often develop
- Suspicion of others may increase

This is often when families realize that home care is no longer sufficient and begin exploring memory care communities.

Late Stage (Severe)

In late-stage dementia, individuals require extensive assistance with all daily activities:

- Significant memory loss, including recognition of family
- Difficulty communicating verbally
- Mobility becomes limited
- Assistance needed with eating
- Increased vulnerability to infections
- Loss of awareness of surroundings

At this stage, the focus shifts to comfort care and quality of life. Some individuals receive this care in memory care communities, while others transition to skilled nursing or hospice care.

When Home Care Is No Longer Enough

Many families provide care at home for as long as possible, and this can work well, especially in earlier stages. However, there are signs that a higher level of care may be needed:

- Safety concerns: wandering, leaving stove on, unsafe behavior
- Nighttime wandering or sleep disturbances affecting the entire household
- Aggressive or combative behavior that caregivers can't manage
- Caregiver exhaustion or health decline
- Need for 24-hour supervision
- Incontinence requiring frequent assistance
- Difficulty managing medications and medical needs
- Isolation—the person with dementia is no longer engaging socially

The decision to move to memory care is never easy, but it's often the most loving choice. Professional memory care provides specialized support, social engagement, and safety that even the most devoted family caregivers struggle to provide at home.

“If I get dementia, don't feel guilty if you cannot care for me 24 hours a day, 7 days a week. It's not your fault, and you've done your best. Find someone who can help you, or choose a great new place for me to live.”

— *“If I Get Dementia”* by Rachael Wonderlin

Chapter 4

What Makes Memory Care Different

Memory care is more than assisted living with a locked door. The best memory care communities offer a fundamentally different approach to care—one designed around how the brain works when affected by dementia. Understanding what sets quality memory care apart helps you evaluate options and choose wisely.

This chapter explains the essential elements of good memory care and introduces the Montessori approach that guides care at The Pearl at Fairview.

Essential Elements of Memory Care

Secure Environment

Wandering is one of the most dangerous behaviors associated with dementia. A secured memory care environment protects residents while allowing as much freedom as possible within safe boundaries.

Look for:

- Secured entry and exit points with alarmed doors
- Enclosed outdoor spaces (gardens, patios) that allow fresh air and sunshine safely
- Clear sightlines so staff can observe residents
- Wandering paths that lead back to central areas rather than dead ends
- Visual cues that help residents orient themselves

Specialized Staff Training

Caring for someone with dementia requires specific skills beyond general caregiving. Memory care staff should be trained in:

- Understanding different types of dementia and their progression
- Communication techniques for those with cognitive impairment
- Redirection and de-escalation strategies
- Person-centered care approaches
- Managing behavioral symptoms compassionately
- End-of-life care for dementia

Ask about staff training programs, ongoing education requirements, and staff retention rates. High turnover can be disruptive for residents who benefit from familiar faces.

Higher Staff Ratios

Memory care communities typically maintain higher staff-to-resident ratios than general assisted living because residents require more supervision and hands-on assistance.

Structured Daily Routines

Predictability and routine reduce anxiety and confusion for people with dementia. Quality memory care communities maintain consistent daily schedules for meals, activities, and rest while allowing flexibility for individual needs and preferences.

Purpose-Designed Environment

The physical environment can either support or confuse someone with dementia. Memory care design considerations include:

- Good lighting (dementia can affect visual perception)
- Contrast between walls, floors, and furniture to aid navigation
- Simple, clear signage with pictures as well as words
- Personalized room entrances to help residents find their rooms
- Reduced noise levels (excessive noise increases confusion)
- Home-like rather than institutional décor
- Dining rooms designed to support independent eating as long as possible

The Montessori Approach to Memory Care

The Pearl at Fairview's approach to care is based on Montessori principles—a philosophy originally developed for education but now recognized as highly effective for dementia care. Here's what this means in practice:

Core Principles

Empowerment Over Helplessness: Rather than doing things for residents, Montessori care supports them in doing things for themselves as long as possible. This preserves dignity, maintains skills, and provides a sense of purpose.

Whole-Person Approach: Care addresses physical, social, emotional, and cognitive needs. Every interaction is an opportunity for engagement, not just task completion.

Engaging with the World: Staying active and mentally stimulated is essential for quality of life. Montessori-based activities provide meaningful engagement tailored to individual abilities and interests.

Montessori Principles in Practice

- Activities have a sense of purpose and capture the person's interest
- Residents are always invited to participate, never forced
- Choice is offered whenever possible
- Staff demonstrate rather than instruct (show, don't tell)
- Focus is on what the person can do, not what they can't
- Pace is matched to the individual—slowing down is essential
- Visual cues and templates support memory
- Tasks are broken into simple, manageable steps
- There is no "right or wrong"—engagement is the goal

The Montessori Difference

Traditional dementia care often focuses on what people can't do—their deficits and limitations. Montessori care flips this perspective, focusing on remaining abilities and finding ways to engage them meaningfully. This approach has been shown to reduce behavioral symptoms, improve engagement, and enhance quality of life.

Activities and Engagement

Meaningful activity is not just entertainment—it's therapeutic. Quality memory care programs include:

- Sensory activities (music, art, gardening, cooking)
- Physical movement appropriate to abilities
- Social engagement and group activities
- One-on-one interactions for those who don't engage well in groups
- Life skills activities (folding laundry, sorting, simple tasks)
- Reminiscence activities building on long-term memories
- Intergenerational programs when possible

The best programs are individualized, drawing on each resident's history, interests, and abilities. Someone who loved gardening might enjoy potting plants; a former accountant might sort objects or organize items; a music lover might respond to familiar songs.

Medical Oversight in Memory Care

Memory care residents often have complex medical needs beyond their cognitive impairment. Look for communities with:

- Regular physician or nurse practitioner visits
- Medication management expertise (medications for dementia require careful monitoring)
- Relationships with specialists in geriatric medicine
- Protocols for monitoring and reporting changes
- Coordination with family and outside healthcare providers

At The Pearl at Fairview, we partner with Iris Medical Group for weekly nurse practitioner visits. These providers specialize in medication management for those with dementia, ensuring that medications are optimized for each individual's needs.

Evaluating Memory Care Communities

When touring memory care communities, consider:

- How do staff interact with residents? Do they make eye contact, speak respectfully, and engage warmly?
- Are residents engaged in activities, or sitting passively?
- Does the environment feel calm and home-like, or institutional and chaotic?
- Can you observe a meal? How is dining assistance provided?
- What training do staff receive specifically for dementia care?
- What is the staff-to-resident ratio?
- How do they handle behavioral symptoms?
- What happens if a resident's needs exceed what the community can provide?

*“If I get dementia, I still want to enjoy the things that I’ve always enjoyed.
Help me find a way to exercise, read, and visit with friends.”*

— *“If I Get Dementia” by Rachael Wonderlin*

Chapter 5

Supporting Your Loved One (and Yourself)

Caring for someone with dementia—whether at home or after they’ve moved to a memory care community—is emotionally demanding. This chapter offers guidance on how to maintain meaningful connections as the disease progresses and how to care for yourself through the journey.

Remember: taking care of yourself isn’t selfish. You can only provide support if you’re not depleted yourself.

Visiting in Memory Care

When your loved one moves to a memory care community, visits take on new importance—and new challenges. Here’s how to make visits meaningful:

Timing Matters

- Visit when your loved one is typically most alert (often late morning or early afternoon)
- Avoid times that might be confusing (during meals if they get distracted, or late afternoon when “sundowning” may occur)
- Shorter, more frequent visits often work better than long, exhausting ones

Bring Engagement, Not Expectations

- Bring items that might spark connection: photo albums, familiar music, a favorite snack
- Be prepared for them not to recognize you, and don’t take it personally
- Focus on emotional connection rather than conversation content
- Follow their lead—if they want to walk, walk with them; if they’re content sitting, sit together

Communication Tips

- Approach from the front and make eye contact before speaking
- Speak slowly and clearly, using simple sentences
- Ask one question at a time and allow plenty of time for response
- Avoid arguing, correcting, or testing memory
- Use touch appropriately—holding hands, a gentle shoulder touch
- Focus on feelings rather than facts (“You seem happy today” rather than “Do you remember...?”)

When Visits Are Difficult

Sometimes visits don't go well. Your loved one might:

- Not recognize you
- Ask to go home repeatedly
- Become agitated or upset
- Say hurtful things
- Seem uninterested in your presence

These experiences are painful, but they're not personal. The disease affects the brain's ability to process information and regulate emotions. Try to remember that your presence likely provides comfort even when it's not expressed.

Understanding Behavioral Changes

Behavioral symptoms of dementia—agitation, repetitive questions, suspicion, wandering, aggression—are often the most challenging aspects for families. Understanding that these are symptoms of the disease, not intentional behavior, can help:

Common Behaviors and Possible Causes

Agitation or Aggression: Often triggered by confusion, frustration, overstimulation, pain, or unmet needs (hunger, need to use bathroom, discomfort).

Repetitive Questions: The person genuinely doesn't remember asking before. Underlying anxiety often drives repetition.

Suspicion or Accusations: Dementia can cause paranoid thoughts. Accusations of stealing, for example, often stem from forgetting where things were placed.

Wandering: May result from restlessness, boredom, searching for something or someone, or a need to "go home" (which may represent a feeling rather than a place).

Sundowning: Increased confusion and agitation in late afternoon and evening, possibly related to fatigue, lighting changes, or disrupted body clock.

Responding to Difficult Behaviors

- Stay calm—your anxiety will increase theirs
- Validate feelings rather than arguing with the content
- Redirect attention rather than confronting
- Look for underlying causes (pain, need to toilet, overstimulation)
- Simplify the environment if they seem overwhelmed
- Report significant changes to the care team

Caregiver Self-Care

Whether you were a primary caregiver before your loved one moved to memory care or you're supporting from a distance, the emotional toll of watching someone you love experience dementia is significant.

Common Feelings—All Normal

- Grief for the person they were and the relationship you've lost
- Guilt about moving them to a community, not visiting enough, feeling relief
- Anger at the disease, the healthcare system, or even your loved one
- Exhaustion, even after they're receiving professional care
- Isolation from friends who don't understand
- Anxiety about the future and what comes next

Taking Care of Yourself

- Accept help when offered; ask for it when needed
- Stay connected to friends and activities you enjoy
- Maintain your own health—exercise, nutrition, sleep, medical appointments
- Consider joining a caregiver support group (the Alzheimer's Association offers many)
- Allow yourself to grieve—this is a loss, even while your loved one is living
- Talk to a counselor if you're struggling with depression or anxiety
- Set realistic expectations for yourself

The Gift of Presence

As dementia progresses, your loved one may not remember your visit five minutes after you leave. But that doesn't mean the visit didn't matter. Emotional memory persists even when factual memory fails. The feeling of being loved and not forgotten stays with them, even if the specific memory of your visit doesn't. Your presence is a gift, regardless of what they remember.

Family Dynamics and Decisions

Dementia affects the entire family, and it's common for family members to have different perspectives on care decisions. Tips for navigating family dynamics:

- Communicate regularly, even when it's difficult
- Try to involve everyone in major decisions
- Recognize that different relationships may lead to different perspectives
- Consider family meetings (in person or virtual) to discuss concerns
- Designate a primary contact person for the care community
- Be willing to seek help from social workers, mediators, or counselors if conflicts arise

“If I get dementia, and I am sad or anxious, hold my hand and listen. Do not tell me that my feelings are unfounded.”

— *“If I Get Dementia”* by Rachael Wonderlin

Chapter 6

What to Look For in Senior Living

Not all senior living communities are created equal. Beyond the glossy brochures and staged photos, you need to evaluate whether a community will truly provide the care, environment, and quality of life your loved one deserves. This chapter outlines what matters most.

The factors below apply to assisted living and memory care communities. Consider each carefully during your search.

Care Philosophy and Approach

How a community thinks about care is as important as what services they provide. Look for:

- **Person-Centered Care:** Is care tailored to individual needs, preferences, and history, or is it one-size-fits-all?
- **Dignity and Respect:** How do staff talk to and about residents? Do they knock before entering rooms? Use respectful language?
- **Independence Support:** Does the community help residents do things for themselves, or do things for them because it's faster?
- **Engagement Philosophy:** Is there meaningful activity and engagement, or are residents passive most of the day?

Ask about the community's care philosophy. If they struggle to articulate one, that's telling.

Staff Quality and Stability

The quality of care depends directly on the people providing it. Consider:

Training

- What initial training do caregivers receive?
- Is there ongoing education?
- For memory care: what specific dementia training is provided?

Staffing Levels

- What are the staff-to-resident ratios during day, evening, and night shifts?
- Is there nursing staff on-site 24/7 or on-call?
- What medical oversight is provided?

Stability

- What is the staff turnover rate? High turnover disrupts care and may indicate problems.
- How long has the administrator/executive director been there?
- How long have key staff members been with the community?

Environment and Safety

Physical Environment

- Cleanliness: Is the community clean? Are there odors?
- Lighting: Is it well-lit? Can residents see clearly?
- Safety Features: Are there grab bars, handrails, emergency call systems?
- Temperature and Comfort: Is it comfortable? Can residents control their room temperature?
- Outdoor Spaces: Are there accessible outdoor areas?

Safety and Security

- How is the community secured?
- What emergency procedures are in place?
- How are medications stored and managed?
- What is the policy if a resident wanders or falls?

Activities and Social Life

Quality of life depends significantly on social engagement and meaningful activity.

- Is there a full calendar of activities?
- Are activities varied and appropriate for different ability levels?
- Are there outings and connections to the larger community?
- What happens on evenings and weekends?
- Are there opportunities for exercise, creative expression, and social interaction?
- For memory care: are activities designed specifically for cognitive abilities?

Ask to see the activity calendar. Better yet, drop in during an activity and observe.

Dining

Food is a significant quality-of-life factor, and for many seniors, mealtimes are the highlights of the day.

- Are meals prepared on-site?
- Are there menu choices?
- Can special diets be accommodated (diabetic, low-sodium, pureed)?
- Is dining room-style or more institutional?
- What are the meal times? Is there flexibility?
- Is assistance provided for those who need it?
- Are snacks available between meals?

Ask to have a meal at the community. The food, atmosphere, and how staff interact with residents during meals tells you a lot.

Family Involvement

Good communities welcome family involvement as a partnership in care.

- What are visiting hours? (24/7 access is ideal)
- How are families communicated with about their loved one's care?
- Are there family events and support groups?
- Is there a private space for family visits?
- How are care concerns addressed?

Transparency and Communication

A community's willingness to be open and transparent speaks volumes.

- Is pricing clearly explained with no hidden fees?
- Are contracts readable and understandable?
- Are survey results and any citations available for review?
- How are concerns and complaints handled?
- Can you speak with current residents and family members?

Size and Feel

Communities vary from small residential homes (6–20 residents) to large campuses (100+). Neither is inherently better—it depends on preference.

Smaller Communities Often Offer:

- More intimate, home-like environment
- Closer relationships with staff
- Less overwhelming for those with dementia
- Family-style dining and activities

Larger Communities Often Offer:

- More activity options and amenities
- Multiple levels of care on one campus
- More resources and specialized programs
- Larger common areas and outdoor spaces

The Pearl at Fairview was intentionally designed with a smaller footprint to provide an intimate, home-like environment where staff can provide personalized attention to each resident.

Trust Your Instincts

After all the research and questions, trust your gut. How do you feel when you walk through the door? Do residents seem content? Do staff seem happy to be there? Would you feel comfortable spending time there yourself? These impressions matter.

Chapter 7

Questions to Ask on Your Tour

A tour is your opportunity to gather the information you need to make an informed decision. Coming prepared with questions ensures you learn what matters most. This chapter provides comprehensive question lists organized by category.

Don't feel you need to ask every question on this list. Choose those most relevant to your situation, and don't hesitate to ask follow-up questions or schedule a return visit.

About Care Services

- What levels of care do you offer?
- How do you determine what level of care a resident needs?
- How often are care needs reassessed?
- What happens if my loved one's needs increase beyond what you can provide?
- What personal care assistance is included (bathing, dressing, toileting, grooming)?
- How is medication managed? Who administers it?
- Is there nursing staff available 24/7? If not, what are the nursing hours?
- How do you handle medical emergencies?
- Do you have relationships with physicians who visit the community?
- How do you coordinate with outside healthcare providers?
- How do you handle residents who wander (for memory care)?
- What is your approach to managing behavioral symptoms of dementia?

About Staff

- What is the staff-to-resident ratio during day, evening, and night?
- What training do caregivers receive? Is there specialized training for dementia?
- What is your staff turnover rate?
- How long have your administrators and key staff been here?
- Are background checks conducted on all employees?
- How do you ensure consistent care when regular staff are off?

About Daily Life

- What does a typical day look like here?
- What activities and programs are offered?
- Are activities tailored to different ability levels?
- What happens on evenings and weekends?
- Are there opportunities to go on outings?
- Is there a beauty salon or barber on-site?
- What exercise and wellness programs are available?
- Is there access to spiritual or religious services?

About Dining

- Are meals prepared on-site?
- Are there menu choices available?
- How do you accommodate special diets or preferences?
- What are the meal times? Is there flexibility?
- Can I see a sample menu?
- May I have a meal here to experience it myself?
- Are snacks available between meals?
- What if a resident doesn't want to come to the dining room?

About the Environment

- What size apartments/rooms are available?
- Can residents bring their own furniture and belongings?
- Are private rooms guaranteed?
- What is included in the room (furniture, linens, etc.)?
- Are there outdoor spaces accessible to residents?
- How is security handled? (Especially for memory care)
- Is there a private space for family visits?
- What common areas are available?

About Costs and Contracts

- What is the base monthly rate?
- What is included in the base rate?
- What services cost extra?
- How are care level charges determined?
- What happens to the rate when care needs increase?
- Is there a community fee or move-in deposit?
- What is the notice required to move out?
- Under what circumstances might a resident be asked to leave?
- Do you accept long-term care insurance?
- Do you accept or work with Veterans Administration benefits?
- Do you accept Medicaid? (If not, what happens if funds run out?)

About Family Communication

- What are the visiting hours? Is 24/7 access available?
- How will I be kept informed about my loved one's care?
- How often are care plan meetings held?
- Who is my primary contact for questions or concerns?
- How are families notified of health changes or incidents?
- Are there family events or support groups?

About History and Reputation

- How long has this community been operating?
- Is this community part of a larger organization?
- What were the results of your most recent state survey?
- Have there been any citations? What were they for?
- May I speak with families of current residents?
- What do you consider your greatest strengths?
- What are you working to improve?

Visit More Than Once

If possible, visit at different times of day and without an appointment. Seeing the community during a regular day (not just a scheduled tour) gives you a more realistic picture. Pay attention to how staff interact with residents when they don't know they're being evaluated.

Chapter 8

Making the Decision

You've done the research, visited communities, and asked the questions. Now comes the moment of decision. This chapter helps you weigh your options, involve your loved one appropriately, and find confidence in your choice.

First, a reassuring truth: there is rarely one "perfect" community. Several communities may be capable of providing good care. Your job is to find the one that feels like the best fit for your loved one's needs, preferences, and personality.

Weighing Your Options

Consider creating a simple comparison chart with the communities you've visited. Key factors to compare include:

- Location (proximity to family)
- Cost (base rate plus anticipated care level charges)
- Care capabilities (can they meet current and anticipated future needs?)
- Staff quality and stability (your impressions from the visit)
- Environment and feel (did it feel like home?)
- Activities and engagement (would your loved one enjoy daily life here?)
- Dining quality
- Family involvement and communication

Rate each community on the factors most important to you. But also trust your emotional response—sometimes the numbers point one way but your heart knows something the spreadsheet doesn't capture.

Involving Your Loved One

Whenever possible, involve your loved one in the decision. This respects their autonomy and may ease the transition. However, involvement looks different depending on cognitive ability:

For Those Who Can Participate Fully

- Include them in tours when possible
- Ask for their impressions and preferences
- Honor their input, even when it's different from yours
- Explain the process and timeline

For Those with Cognitive Impairment

- Visit together if a tour wouldn't be overwhelming or confusing
- Watch their nonverbal responses—do they seem comfortable?
- Focus on immediate comfort rather than abstract concepts
- Don't burden them with complex decisions they can't process

When They Don't Want to Move

Resistance is common and normal. It doesn't mean you're making the wrong choice. Safety sometimes requires making decisions that our loved ones wouldn't make for themselves. If your loved one is unable to recognize the risks of their current situation, you may need to make the decision for them with input from healthcare providers.

Red Flags That Should Give You Pause

Even if a community looks good on paper, certain observations should raise concerns:

- Staff seem rushed, frustrated, or inattentive to residents
- Residents appear sedated, listless, or unengaged
- Strong odors that persist (not just a momentary incident)
- Evasive answers to your questions
- Pressure tactics to sign a contract quickly
- Unexplained additional fees or unclear pricing
- High administrator or director turnover
- Multiple unresolved complaints or citations
- Inability to meet with current families or residents
- Your gut telling you something is off

Green Flags That Suggest Quality

- Staff who know residents by name and interact warmly
- Residents who seem engaged, alert, and content
- Clean, comfortable, home-like environment
- Transparent answers to all your questions
- Willingness to let you visit anytime, speak with families
- Low staff turnover, long-tenured leadership
- Active, varied programming
- Flexibility and willingness to accommodate individual preferences
- Your sense that you'd be comfortable here yourself

Making Peace with the Decision

Even after you've made a careful decision, you may have moments of doubt. This is normal. Some thoughts that may help:

- You are doing the best you can with the information you have.
- Professional care is not a failure of love—it's an act of love.
- Your loved one's safety and wellbeing are the priority.
- Most residents adjust and often thrive, even when they initially resist.
- You can continue to be involved, advocate, and provide love even when you're not the primary caregiver.
- If the community doesn't work out, moving is an option—this doesn't have to be a forever decision.

“The most difficult decisions are often the most loving ones.”

Chapter 9

Understanding the True Costs

Cost is often the biggest concern families have about senior care, and understandably so. Care is expensive, and most people haven't planned specifically for it. This chapter provides a clear-eyed look at what senior care costs and what factors affect pricing.

Understanding costs helps you plan realistically and avoid surprises. Let's start with the honest truth: quality care isn't cheap, but there are more ways to afford it than most families realize.

What Does Assisted Living Cost?

Assisted living costs vary significantly based on location, community type, and level of care needed. Here are general benchmarks:

National Averages (2024–2025)

- Assisted Living: National median approximately \$6,000 per month
- Memory Care: National median approximately \$8,400 per month
- Nursing Home (Skilled Nursing): National median approximately \$9,200–\$10,600 per month

Tennessee and Nashville Area

- Assisted Living: Tennessee median approximately \$6,400–\$8,000 per month
- Memory Care: Nashville area typically \$6,800–\$9,350 per month
- Williamson County: Often slightly higher than Nashville averages due to the area's higher cost of living

These are averages—actual costs vary based on room size, care level, and community amenities.

What's Included vs. Extra

One of the most important questions to ask is: "What's included in the monthly rate?" Typical inclusions and exclusions:

Usually Included in Base Rate

- Room/apartment
- Utilities (electricity, water, heating/cooling)
- Three meals daily
- Housekeeping and laundry services
- Basic activities programming
- 24-hour staff availability
- Some level of personal care assistance
- Transportation to medical appointments

Often Charged Separately

- Higher care levels (tiered based on needs assessment)
- Medication management (sometimes included, sometimes extra)
- Personal laundry service
- Salon/barber services
- Premium accommodations (larger room, better view)
- Phone and cable TV
- Guest meals
- Incontinence supplies

Ask for a complete list of what's included and what's extra. Good communities are transparent about all costs.

The Care Level System

Most assisted living communities, including The Pearl at Fairview, use a tiered care level system. This approach matches costs to actual care needs:

Level 1 (Minimal Assistance): Medication reminders, minimal help with daily activities. Lower monthly addition to base rate.

Level 2 (Moderate Assistance): Help with bathing, dressing, or other ADLs. Moderate monthly addition.

Level 3 (Significant Assistance): Substantial help with multiple ADLs, more frequent monitoring. Higher monthly addition.

Memory Care: Often has its own rate structure reflecting the specialized staff, programming, and secured environment.

Care levels are determined through an assessment (usually before move-in and periodically thereafter). As needs change, care levels—and costs—may be adjusted.

Comparing Costs Fairly

When comparing communities, make sure you're comparing apples to apples:

- Ask for all-in estimates based on your loved one's specific needs, not just base rates
- Factor in anticipated care level charges
- Consider what's included vs. extra at each community
- Ask about typical annual rate increases
- Understand one-time fees (community fee, deposit)

A community with a lower base rate but lots of extra charges may cost more than one with a higher base rate that's more inclusive.

Assisted Living vs. Home Care Costs

Families sometimes assume staying home with hired caregivers is less expensive than assisted living. This may or may not be true:

Home Care (Non-Medical) in Tennessee: Approximately \$25–30 per hour

- 8 hours per day = \$200–240/day = \$6,000–7,200/month
- 24-hour care = \$14,400–21,600/month

Add to home care costs: housing expenses, utilities, food, transportation, home maintenance, and care coordination that you must manage.

For those needing significant daily assistance or supervision, assisted living is often comparable or less expensive than equivalent home care—while providing additional benefits like socialization, activities, and built-in care coordination.

Planning for Future Increases

Care costs typically increase over time due to:

- Annual rate increases (typically 3–5% per year)
- Increased care needs as conditions progress
- Inflation in healthcare costs

When budgeting, build in room for increases. If your loved one is expected to need care for 5–7 years, today's costs may underestimate the total investment.

The Pearl at Fairview Pricing Philosophy

We believe in transparency. While most assisted living communities prefer not to share pricing publicly, we post our pricing on our website. We're confident in what we do and how we do it. If you have questions or don't understand something, please call us or come see us.

Chapter 10

Payment Options Explained

Most families pay for assisted living and memory care through a combination of sources. Understanding all your options helps you piece together a sustainable plan. This chapter explains the major payment methods and how they work together.

The good news: even if no single source covers the full cost, combining multiple sources often makes care affordable.

Private Pay (Personal Funds)

The majority of assisted living costs are paid privately, from the resident's or family's own resources:

Common Sources

- Retirement savings (401k, IRA, pension payments)
- Social Security income
- Investment income
- Sale of the family home
- Other savings and assets
- Family contributions

Planning Considerations

- Calculate how long current assets can sustain care costs
- Consider inflation and likely care level increases
- Explore what happens if funds are depleted (Medicaid planning)
- Understand tax implications of asset liquidation

A financial advisor experienced in elder care planning can help you map out a sustainable approach.

Long-Term Care Insurance

If your loved one has a long-term care insurance policy, it may cover a significant portion of assisted living or memory care costs.

Understanding Your Policy

- What daily or monthly benefit does it pay?
- Is there an elimination period (waiting period before benefits begin)?
- What's the benefit period (how long will it pay)?
- What triggers the benefit (typically needing help with 2+ ADLs or cognitive impairment)?
- Is there inflation protection that has increased the benefit?

Filing a Claim

- Contact the insurance company to initiate a claim
- Provide required documentation (usually a physician's statement and facility assessment)
- Understand what the facility needs to provide for claims processing
- Keep records of all payments and reimbursements

The Pearl at Fairview accepts long-term care insurance and can help coordinate with your insurance provider.

Life Insurance Conversions

If your loved one has a life insurance policy that's no longer needed for its original purpose, several options may provide funds for care:

Life Settlement

Selling the policy to a third party for a lump sum greater than the cash surrender value but less than the death benefit.

Accelerated Death Benefit

Some policies allow accessing a portion of the death benefit if the insured has a terminal or chronic illness.

Policy Loan

Borrowing against the policy's cash value while keeping the policy in force. These options have significant financial and tax implications. Consult a financial advisor before proceeding.

Home Equity Options

For homeowners, home equity may be a significant resource:

Selling the Home

The most straightforward option, converting the home to cash that can fund care. Consider:

- Timing of sale relative to move
- Capital gains implications
- Using proceeds to create income stream vs. lump sum

Reverse Mortgage

Allows homeowners 62+ to convert home equity to cash while remaining in the home. Less useful if the plan is to move, but can provide funds during transition or if one spouse remains in the home.

Home Equity Line of Credit (HELOC)

Access to funds against home equity, useful for short-term needs or while waiting for home to sell.

Bridge Financing

Sometimes there's a timing gap—care is needed before assets are available (home hasn't sold, VA benefits are processing, etc.). Bridge options include:

- Family loans (document carefully for tax purposes)
- Short-term personal loans
- Credit lines
- Some communities offer payment plans for the transition period

If you're waiting for VA benefits, for example, the wait can be 3–6 months or longer. Plan for how to cover costs during that period.

Family Contributions

When a parent's resources aren't sufficient, adult children sometimes contribute to care costs:

- Consider whether contributions will be shared among siblings
- Discuss openly to avoid resentment
- Document agreements to prevent misunderstandings
- Understand gift tax rules (large contributions may have implications)
- Consider whether contributions affect parent's eligibility for benefits

Creating a Sustainable Plan

Most families use a combination of sources. A sustainable plan might look like:

Example: Mom needs care that costs \$6,500/month

- Social Security: \$2,000/month
- Pension: \$1,000/month
- Long-term care insurance: \$2,500/month
- Savings drawdown: \$1,000/month

This spreads the burden across multiple sources, preserving savings longer.

“Understanding your options is the first step toward finding a sustainable path forward. Most families find more resources available than they initially realized.”

Chapter 11

Veterans Benefits for Senior Care

Veterans and their surviving spouses may be eligible for significant benefits that can help pay for assisted living and memory care. The Aid and Attendance pension benefit, in particular, can provide substantial monthly income to offset care costs.

The Pearl at Fairview proudly works with veterans and complies with VA requirements. This chapter explains what benefits are available and how to access them.

Understanding VA Pension with Aid and Attendance

The Aid and Attendance (A&A) pension benefit is a monthly payment added to basic VA pension for veterans or surviving spouses who need assistance with activities of daily living.

Who May Be Eligible

Veterans must meet these requirements:

- Served at least 90 days of active military service, with at least one day during a wartime period
- Discharged under other than dishonorable conditions
- Require assistance with activities of daily living (bathing, dressing, etc.) or are house-bound
- Meet income and asset limits

Surviving Spouses may be eligible if:

- Were married to a qualifying veteran at the time of their death
- Require assistance with activities of daily living
- Meet income and asset limits

Wartime Periods That Qualify

- World War II: December 7, 1941 – December 31, 1946
- Korean War: June 27, 1950 – January 31, 1955
- Vietnam War: February 28, 1961 – May 7, 1975
- Gulf War: August 2, 1990 – present

Note: Service during these periods doesn't require serving in a combat zone—just active duty during the dates.

Current Benefit Amounts (2024–2025)

Maximum annual pension rates (**subject to change** annually):

- Veteran without dependents: Approximately \$29,000–\$30,000/year (~\$2,400–\$2,500/month)
- Veteran with spouse/dependent: Approximately \$35,000–\$36,000/year (~\$2,900–\$3,000/month)
- Surviving spouse: Approximately \$18,000–\$19,000/year (~\$1,500–\$1,600/month)

The actual benefit amount depends on income—the VA pays the difference between your income and the maximum rate, after deducting un-reimbursed medical expenses (including assisted living costs).

The Aid and Attendance Calculation

The VA calculates benefits by subtracting your income from the maximum benefit rate. BUT you can deduct un-reimbursed medical expenses (including assisted living costs) from your income first. This often means families with higher income than the benefit rate still qualify because assisted living costs reduce countable income significantly.

Income and Asset Limits

Income

There's no fixed income limit because un-reimbursed medical expenses (including assisted living costs) are deducted from countable income. Many families with moderate income qualify once care costs are factored in.

Assets (Net Worth)

As of recent years, the net worth limit is approximately \$150,000 (adjusted annually for inflation). This includes the veteran's and spouse's combined assets but excludes:

- Primary residence (with some limitations)
- Personal belongings
- One vehicle

If assets exceed the limit, there are legitimate strategies to reduce countable assets, but beware of the “look-back period” for asset transfers (currently 3 years). Planning ahead is essential.

How to Apply

Gather Documentation

- DD-214 or other proof of service
- Medical evidence of need for assistance (physician's statement)
- Financial information (income, assets)
- Marriage certificate (if applicable)
- Death certificate and marriage certificate (for surviving spouse claims)

Submit Application

- Apply online at va.gov
- Apply by mail using VA Form 21P-527EZ (veterans) or VA Form 21P-534EZ (survivors)
- Apply in person at a VA regional office
- Work with an accredited VA claims agent or veterans service organization (VSO)

The Waiting Period

Processing times vary but typically range from 3–6 months, sometimes longer. During this time:

- Care costs continue to accrue
- Consider bridge financing options
- Benefits are paid retroactively to the date of application if approved

Getting Help with VA Benefits

The VA benefits system is complex, and many families benefit from professional assistance:

- Veterans Service Organizations (VSOs): Organizations like the American Legion, VFW, and DAV offer free assistance with claims.
- VA-Accredited Attorneys and Claims Agents: Professionals who can help with complex cases. Be cautious of non-accredited individuals charging fees.
- Assisted Living Communities: Many communities, including The Pearl at Fairview, have experience working with VA benefits and can provide guidance.

Beware of companies that charge large upfront fees to help with VA claims—free help is available through VSOs.

“We proudly work with Veterans and comply with VA requirements. Our team can help guide you through the process of accessing the benefits you’ve earned.”

— The Pearl at Fairview

Chapter 12

Medicaid and Government Programs

Medicaid is the government program that pays for long-term care for those with limited income and assets. Understanding how Medicaid works—and doesn't work—for assisted living is essential for families planning for care.

Important upfront: The Pearl at Fairview is a private-pay community and does not accept Medicaid. This chapter explains why that's common for quality assisted living and what options exist if Medicaid is a consideration.

What Medicaid Covers

Medicaid is a joint federal and state program that covers healthcare costs for those with limited resources. For long-term care:

Medicaid DOES Cover:

- Nursing home (skilled nursing facility) care for those who qualify
- Some home and community-based services through waiver programs
- In some states, limited assisted living coverage through waiver programs

Medicaid Does NOT Typically Cover:

- Full room and board in assisted living in most states
- Memory care specifically
- Communities that don't accept Medicaid payment rates

Tennessee's CHOICES Program

Tennessee offers the CHOICES (Community Health Options and Integrated Care for the Elderly and disabled Services) program, which provides some coverage for long-term care services in community settings rather than nursing homes.

CHOICES may help pay for:

- Home care services
- Adult day care
- Some assisted living costs (at participating facilities)

However, CHOICES has limitations:

- Not all assisted living communities participate
- Payment rates may not cover the full cost of care
- Waiting lists may apply
- Eligibility requirements must be met

Why Many Quality Communities Don't Accept Medicaid

Many of the best assisted living communities, including The Pearl at Fairview, operate as private-pay only. Here's why:

- Medicaid reimbursement rates are typically well below the actual cost of quality care
- Communities that accept Medicaid may need to reduce staffing or services to match the lower payment
- Administrative burden of Medicaid compliance is significant
- Private-pay models allow communities to maintain higher quality standards

This doesn't mean Medicaid-accepting communities can't provide good care, but it does mean families should carefully evaluate quality regardless of payment source.

Medicaid Eligibility Basics

If Medicaid is a consideration (perhaps for nursing home care), understanding eligibility is important:

Financial Eligibility

- Income limits: Vary by state and program but generally quite low
- Asset limits: Typically around \$2,000 for an individual (some assets are exempt)
- Look-back period: Medicaid examines financial transactions for the past 60 months (5 years) to identify asset transfers that may have been done to qualify

Medical Eligibility

- Must demonstrate need for the level of care (nursing home level)
- Assessment determines if care needs meet program requirements

Medicaid Planning

"Medicaid planning" refers to legal strategies to protect assets while qualifying for Medicaid. This is a complex area requiring professional guidance:

- Work with an elder law attorney experienced in Medicaid
- Plan well in advance if possible (5+ years before anticipated need)
- Understand the look-back period and how transfers are treated
- Consider the impact on a spouse who may need those assets
- Be cautious of non-attorney "Medicaid planners" who may provide incomplete advice

If Private Funds Run Out

One of families' biggest fears is: "What happens if we run out of money?" Here's the reality:

For Nursing Home Care: Medicaid will cover nursing home costs for those who qualify. The transition from private pay to Medicaid may mean a move to a different room or facility, but care will continue.

For Assisted Living: Options are more limited. Some possibilities include:

- Moving to a Medicaid-accepting assisted living facility (quality may vary)
- Transitioning to nursing home care (if medically qualified)
- Family providing more care at home with Medicaid home care services
- Exploring other community resources

This is why careful financial planning at the outset is so important—understanding how long resources will last and what happens after.

Plan Ahead

If Medicaid may be part of your long-term plan, start planning early. The 5-year look-back period means last-minute asset transfers won't work. An elder law attorney can help you structure finances to maximize the care your loved one receives while preserving assets legitimately.

Chapter 13

Preparing for Move-In Day

The decision is made, the community is chosen, and move-in day is approaching. This chapter helps you prepare practically and emotionally for the transition, making move-in day as smooth as possible for everyone.

Good preparation reduces stress and helps your loved one feel at home more quickly in their new surroundings.

What to Bring

Most assisted living communities provide basic furnishings (bed, dresser, sometimes a chair). What you bring personalizes the space and makes it feel like home.

Essential Items

- Comfortable clothing for several days (enough for time between laundry)
- Comfortable, non-slip shoes and slippers
- Personal toiletries and grooming items
- Glasses, hearing aids, dentures with cases and cleaning supplies
- Favorite pillow or blanket
- Medications (coordinate with the community on how these will be managed)
- Important documents (ID, insurance cards, advance directives)

Personal Touches

- Family photos in frames
- Favorite small pieces of furniture (check what the room can accommodate)
- Meaningful decorations or artwork
- Comfortable chair or recliner (if room allows)
- Familiar bedding (if preferred over community-provided)
- Books, puzzles, or hobby supplies
- TV or radio (check what's provided)

For Memory Care

Additional considerations for memory care moves:

- Clothing that's easy to put on (fewer buttons, elastic waists)
- Familiar objects that might provide comfort
- Photos from earlier life (these may spark more recognition than recent photos)
- Comfort items (favorite blanket, stuffed animal)
- Labeling everything with the resident's name

Avoid: Valuables, complex electronics, items that could cause confusion or be a safety risk.

What to Leave Behind

Moving to assisted living means downsizing significantly. Leave behind:

- Large furniture that won't fit
- Duplicate items
- Valuable jewelry or irreplaceable items (visits are better than risk of loss)
- Weapons of any kind
- Items that may be confused with other residents' belongings
- Complex equipment your loved one can no longer use safely

Preparing the Room

If possible, set up the room before your loved one arrives:

- Arrange furniture in a functional, safe layout
- Make the bed with familiar bedding
- Place photos and decorations where they'll be seen
- Put personal items in drawers and closets
- Test the TV, phone, and call system
- Add a few fresh flowers or a plant (check the community's policy)

A room that's already set up feels more welcoming than arriving to boxes and chaos.

Important Documents to Prepare

- Completed admission paperwork
- Copy of driver's license or state ID
- Social Security card or number
- Insurance cards (Medicare, supplemental, long-term care)
- Healthcare Power of Attorney
- Advance Directive / Living Will
- POLST or DNR orders (if applicable)
- Emergency contact list
- Physician contact information
- Current medication list with dosages
- Recent medical records or discharge summaries

Coordinating Care

Before move-in, ensure smooth care transitions:

- Schedule an assessment with the community (usually required)
- Arrange transfer of prescriptions to the community's pharmacy (if applicable)
- Coordinate move-in date with the care team
- Provide current physician notes and orders
- Complete any required medical forms
- Set up ongoing physician visits (community may have relationships with visiting providers)

The Day Before and Move-In Day

Day Before

- Confirm move-in time and parking arrangements
- Pack a "first night bag" with essentials
- Prepare your loved one gently (if cognitively appropriate)
- Get a good night's sleep yourself

Move-In Day

- Arrive at the scheduled time
- Meet with staff to complete any last paperwork
- Unpack and arrange belongings together
- Have a meal at the community if possible
- Meet neighbors and introduce yourself to staff
- Say goodbye confidently—long, emotional departures often make things harder

A Word About Goodbyes

When it's time to leave, be warm but confident. Lingering or becoming visibly upset can increase your loved one's anxiety. Staff are experienced in helping new residents transition after family leaves. Trust them, and know that calling to check in later is perfectly fine.

Chapter 14

The Adjustment Period

The transition to assisted living is a significant life change, and adjustment takes time—for both your loved one and for you. This chapter sets realistic expectations for the adjustment period and offers guidance for navigating challenges.

Most residents do adjust and often thrive, but the path isn't always smooth. Knowing what to expect helps you support your loved one through the transition.

What to Expect: The First 30 Days

The first month is typically the hardest. Your loved one may experience:

- Disorientation and confusion about their surroundings
- Sadness or grief about leaving their home
- Anxiety about new routines and people
- Testing behavior (asking to go home, complaints)
- Sleep disturbances in the new environment
- Withdrawal or reluctance to participate in activities

These reactions are normal and don't mean you made the wrong decision. They're part of adjusting to major change.

What Helps During This Period

- Consistent visiting schedule (predictability helps)
- Encouraging participation in activities (but not forcing)
- Gentle reminders of why the move was made
- Avoiding overly long visits that may be tiring
- Communicating regularly with staff about how things are going
- Patience—adjustment takes time

What to Expect: Days 30–90

For most residents, the second and third months show gradual improvement:

- Increased familiarity with routines and staff
- Beginning to form friendships with other residents
- More participation in activities
- Fewer requests to “go home”
- Better sleep as the environment becomes familiar
- Accepting of care routines

This is when many family members start to see their loved one settling in and even thriving.

When Adjustment Is Difficult

Some residents take longer to adjust, or the transition may uncover issues that need attention:

Persistent Requests to Go Home

Asking to go home is very common and doesn't necessarily mean your loved one is unhappy. "Home" often represents safety, comfort, and the familiar—feelings rather than a place.

How to respond:

- Validate feelings: "I know you miss home. That's understandable."
- Redirect gently: "Let's go see what's happening in the dining room."
- Avoid arguing or trying to convince them this is better
- For memory care residents, trying to explain why they're there often doesn't help

Depression or Withdrawal

If your loved one seems persistently sad, withdrawn, or has lost interest in eating or activities, discuss with the care team:

- Depression is treatable and sometimes masked as "adjustment"
- Medication may help if depression is significant
- Extra support and attention may be needed
- One-on-one activities may work better than groups initially

Cognitive Decline After the Move

Some families notice increased confusion after a move. This can be:

- Temporary disorientation from the change (usually improves)
- Unmasking of cognitive issues that were hidden at home
- Delirium from infection or other medical issue (should be evaluated)
- Normal progression of underlying dementia

If you notice significant cognitive changes, ask the care team to evaluate for medical causes.

Your Own Adjustment

The transition affects you too, and your feelings are valid:

- Relief that they're safe, followed by guilt about feeling relieved
- Grief for the loss of their independence and your role as caregiver
- Anxiety about whether you made the right choice
- Adjustment to a new relationship dynamic
- Freedom—followed by not knowing what to do with it

Give yourself grace. These mixed emotions are normal. Consider joining a family support group to connect with others who understand.

Staying Involved

Moving your loved one to assisted living doesn't mean your role ends—it changes.

Ways to Stay Engaged

- Visit regularly (but not so frequently you prevent them from building new relationships)
- Attend family events and care plan meetings
- Communicate with staff about your loved one's history and preferences
- Participate in activities together during visits
- Advocate for their needs
- Celebrate milestones and progress

Being an Effective Advocate

- Build positive relationships with staff
- Address concerns promptly but constructively
- Document issues and keep notes from conversations
- Know who to contact for different concerns
- Attend care conferences and be involved in care planning

Signs That Things Are Working

Over time, you may notice positive signs:

- Your loved one recognizes and greets staff warmly
- They have favorite activities they look forward to
- They mention other residents by name
- Their appearance and health are well-maintained
- They seem engaged during visits rather than counting minutes
- Staff know them well and speak about them warmly
- You feel good about the care they're receiving

When these signs appear, you can feel confident that the difficult decision you made was the right one.

“If I get dementia, and I live in a dementia care community, please visit me often.”

— *“If I Get Dementia”* by Rachael Wonderlin

Resources

Local Resources: Williamson County and Nashville Area

Area Agency on Aging

Greater Nashville Regional Council

501 Union Street, 6th Floor

Nashville, TN 37219

(615) 862-8828

Williamson County Resources

Williamson County Senior Services

(615) 790-5600

Williamson County Health Department

(615) 794-1542

Veterans Services

Tennessee Department of Veterans Services

(615) 741-2931

Williamson County Veterans Service Officer

(615) 790-5700

National Resources

Alzheimer's and Dementia

Alzheimer's Association

24/7 Helpline: (800) 272-3900

alz.org

Alzheimer's Foundation of America

(866) 232-8484

alzfdn.org

General Senior Care

Eldercare Locator

(800) 677-1116

eldercare.acl.gov

National Institute on Aging

nia.nih.gov

Veterans Benefits

U.S. Department of Veterans Affairs

(800) 827-1000

va.gov

Medicare and Medicaid

Medicare

(800) MEDICARE (633-4227)

medicare.gov

Tennessee Medicaid (TennCare)

(800) 342-3145

tn.gov/tenncare

Recommended Reading

- “The 36-Hour Day” by Nancy Mace and Peter Rabins – A comprehensive guide for dementia caregivers
- “Being Mortal” by Atul Gawande – A thoughtful examination of aging and end-of-life care
- “Creating Moments of Joy” by Jolene Brackey – Practical advice for connecting with someone with dementia
- “Dementia Beyond Disease” by G. Allen Power – A fresh perspective on dementia care

Glossary of Senior Care Terms

Activities of Daily Living (ADLs): Basic self-care tasks including bathing, dressing, eating, transferring, toileting, and continence management.

Advance Directive: Legal document expressing wishes for medical care if unable to communicate.

Assisted Living: Residential care providing help with daily activities while promoting independence.

Care Level: Tiered system matching care intensity to individual needs and pricing.

Continuing Care Retirement Community (CCRC): Campus offering multiple levels of care from independent living to skilled nursing.

Dementia: General term for cognitive decline affecting memory, thinking, and daily function.

Elimination Period: Waiting period before long-term care insurance benefits begin.

Hospice: Comfort-focused care for those with terminal illness.

Long-Term Care Insurance: Insurance policy covering care costs not covered by health insurance or Medicare.

Medicaid: Government program paying for care for those with limited resources.

Medicare: Government health insurance for those 65+ (does not cover most long-term care).

Memory Care: Specialized care for those with Alzheimer's or dementia.

Montessori Method: Care philosophy emphasizing independence, dignity, and meaningful engagement.

Power of Attorney: Legal document authorizing someone to act on another's behalf.

Private Pay: Paying for care with personal funds rather than insurance or government programs.

Respite Care: Short-term care providing temporary relief for regular caregivers.

Skilled Nursing Facility: Facility providing 24-hour nursing care for those with complex medical needs.

Sundowning: Increased confusion and agitation in late afternoon/evening common in dementia.

About The Pearl at Fairview

The Pearl at Fairview is a family-owned and operated assisted living and memory care community located in the heart of Williamson County, Tennessee. We provide exceptional care through our Montessori-inspired approach, creating a warm, home-like environment where residents can thrive.

Our Philosophy

We believe that every resident is a Pearl—unique, valuable, and beautiful. Just as pearls may show their age and wear but retain their value, we honor each resident for who they are, focusing on abilities rather than limitations.

Our care is guided by the Montessori method, which emphasizes:

- Empowerment and independence
- Dignity and respect
- Meaningful engagement
- Choice and freedom
- Whole-person wellness

What Makes Us Different

- Family-Owned: We treat each resident and team member like family, not a number.
- Intimate Environment: Our smaller footprint allows for personalized attention.
- Country Club Approach: We prioritize quality of life, freedom, and choice.
- Transparent Pricing: We publish our pricing because we're confident in our value.
- Music City Connection: Located near Nashville, we embrace music and creativity.
- Montessori Method: Our approach keeps residents engaged and purposeful.

Our Services

Assisted Living

Private suites with personalized care plans, restaurant-style dining, full activity programs, and 24-hour staff availability. Care levels are tailored to individual needs.

Memory Care

Secure, purpose-designed environment with specially trained staff, meaningful activities, and compassionate care for those with dementia and Alzheimer's disease. Weekly nurse practitioner visits through our partnership with Iris Medical Group.

Short-Term Care

Respite stays for caregivers who need a break or families wanting to experience our community before committing long-term.

Our Community

Our community features:

- Assisted living suites with walk-in showers and kitchenettes
- Secure memory care with dedicated outdoor spaces
- Large community dining room and private dining room
- Broadway Bistro for casual snacks and social time
- Library lounge with baby grand piano
- Beauty salon and barber shop
- Beautiful gardens and walking paths
- Active calendar of social, educational, and wellness programs

Our Location

The Pearl at Fairview is located at:
7112 Old Nashville Road
Fairview, Tennessee 37062

We're conveniently located in northwest Williamson County, approximately 20 miles southwest of downtown Nashville. Our location provides:

- Easy access from Nashville, Franklin, Brentwood, and surrounding areas
- Quiet, scenic setting with country charm
- Proximity to Bowie Nature Park (722 acres of natural beauty)
- Connection to the Nashville music scene and cultural attractions

Contact Us

We'd love to show you around and answer your questions. Schedule a tour to see firsthand why families choose The Pearl at Fairview.

The Pearl at Fairview
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Instagram: [@pearlatfairview](https://www.instagram.com/pearlatfairview)

The decision to explore senior care is an act of love. This guide was created to walk beside you on the journey—providing information, answering questions, and offering reassurance when you need it most.

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Consult appropriate professionals for guidance specific to your situation.