



Manchester Care Homes

Call: (972) 423 3600 or visit: Manchesterplacecarehomes.com

Frequently Asked Questions

Q. Can you provide us with a reference from someone who currently has a family member living with you?

A. Manchester is happy to provide references!

Q. Can you tell me a bit about your company and how long your homes have been around? As the owner or manager, how often are you in the homes? Are your homes licensed?

A. Manchester Living was founded in 2009 and currently has four residential care homes which are licensed by the State of Texas as Type B, small. Adam Lampert and Dean Krasovitsky, the owners, make frequent spontaneous visits to the houses to check on residents and staff, and are actively involved in the daily details of management and upkeep of the houses and oversight of resident care issues. In this way, they get to know all of our residents and their families, which further contributes to the “family” feel that our residents rave about. We also have a Director of Care, Erin Shuford, who has been with Manchester since we opened our first home. Erin, with our wonderful caregivers, are the heart and soul of our homes. Erin visits our houses on a daily basis, offering oversight and training to our staff and visiting with residents and their families to ensure that everyone is receiving the very best care and attention. Our Medical Director, Dr. Kelley Newcomer, is a geriatric specialist who provides training to staff as well as concierge medical services to our residents, allowing them to receive medical care in the comfort of their homes.

Q. Can we meet your staff? How long have they been with you, what is their training and what qualifications do they have for care of someone with memory loss? What separates you from the average care home?

A. In our humble opinion, our caregivers are among the very best in the industry. Unlike most other care homes, ALL of our caregivers are certified nurse's aides ("CNAs"). In addition to the many hours of training that they receive prior to taking their CNA exam, our staff has hundreds if not thousands of hours of hands-on experience and training in our homes and are provided with more than one hundred hours of additional training prepared by our staff physician. We encourage anyone interested in moving into a Manchester home to meet the staff during a house tour. We pride ourselves on staff longevity and recognize that our staff is our most important asset. With that in mind, we pay 80% of staff health benefits and we offer no-interest personal loans. All of our caregivers are full time W2 employees, CNA certified, trained by our in-house staff Doctor and director of care, and receive extensive training as well as hands-on experience working with residents with memory issues.

Q. What kind of assistance can be provided in your care home? We don't want to have to move again: Can my family member age in place in your home?

A. Manchester caters to high need residents that most institutional facilities are not able to care for. We are very selective regarding whom we accept into the homes, and do a very thorough assessment of all potential residents to better understand their needs and also to be sure that they will thrive in a residential setting. The owners, medical director and director of care then meet to discuss the level of care required for your loved one and create a care plan. Manchester caters to all levels of need and we allow our residents to age in place.

Q. What doctors and other resources visit the home? Do podiatrists come to your home? How often do the doctor's visit the residents in the home? Would my family member's insurance be accepted, and can we still go to outside doctors?

- A. Dr. Kelley Newcomer is our Medical Director. She graduated from the University of Texas Southwestern Medical School and is Board Certified in Internal Medicine and board eligible in Hospice and Palliative Care Medicine. She has worked in a variety of settings, including: Academic internal medicine, urgent care, and foreign medical missions. She has devoted her practice to geriatrics and palliative care for the past six years. While our residents are free to choose whichever medical care providers they would like, most of our residents elect to use Dr. Newcomer as their primary care provider. She's in the homes weekly or as needed, so it's like having a concierge doctor without the fee! If bloodwork or x-rays are necessary, we arrange to have those providers come to the house, so our residents are not forced to leave the house for those services with all the potential discomfort or risks that might entail. Whether the family member's insurance is accepted is up to the medical provider, not us. Other service providers visit our homes as needed, including podiatrists who visit every three months, dentists and dental assistants who visit at the request of our residents and their families, hair dressers who come to the houses weekly and manicurists who visit the houses monthly.

Q. What are the staffing ratios? How long is each shift for the caregiver and do you have a caregiver awake at night? How do the caregivers communicate from shift to shift as to how things are going with residents?

- A. We have at least two CNA caregivers on duty – and awake – at each home 24/7/365. Each shift varies, but they are typically 8-hour shifts. The caregivers communicate at shift change briefings as well as through care notes that are entered in our secure care program that manages medications. The resident to caregiver ratio is always 4 to 1 or better.

Q. What has the turnover been like in staff and how do you train your staff?

- A. Turnover is low, but does happen. We are always hiring and training to ensure the best care for our residents. Staff training is overseen by our in-house physician and Director and Director of Care.

Q. Is medication documented and charted? Where is the information stored?

- A. Medication administration and charting is provided in the houses and overseen by our Director of care. We use Accu-flo, a secure server-based medication administration system designed for use in institutional pharmacies, assisted living, long-term care, and rehab facilities. The medicine is stored in a secure locked medi-cart in each home and distributed by our staff as directed.

Q. Are your staff trained to deal with agitated residents? What is your protocol if an emergency were to occur?

- A. Our staff is trained to deal with agitated residents. In the event that a resident becomes agitated, our staff will immediately take steps to identify and rectify the cause of agitation, to de-escalate tension and create a safe and calm environment. They focus on feelings rather than facts and attempt to limit distractions if possible. In addition to creating a calm environment, they provide reassurance and utilize redirection techniques in an attempt to engage the resident in an activity or other distraction. When we know the potential triggers for a resident, we take steps to ensure that those triggers are minimized in order to maintain calm and ensure that all of our residents are safe and happy.

Our staff is similarly well trained to deal with medical emergencies. In the event of an acute medical emergency, emergency medical services are immediately summoned for non-hospice residents and the hospice provider is notified for hospice residents. After help is summoned, the appropriate family/emergency contacts are notified and informed about the nature of the emergency.

Q. If my family members wakes up in the middle of the night, is that a problem and will staff be able to help? Can everything be heard throughout the home?

- A. Our staff are available 24/7 to assist our residents. All residents are provided with call buttons to immediately notify the staff when assistance is needed. In addition, we provide pressure pads on the beds of residents who are fall risks or unable to utilize the call buttons. The pressure pads register movement and trigger alarms both in the

common area and wirelessly to pagers which the staff wear. In addition, our staff provide bed checks routinely throughout the night.

Q. How often do residents shower, shave and brush teeth, and do you assist with that?

- A. We get all residents up, dressed and groomed every day. Residents are typically showered three times a week, or as needed, in their own private en-suite bathrooms. In addition, we assist our residents daily with shaving, hair and grooming, make-up application and tooth brushing.

Q. How often does the staff help with going to the bathroom so that we can prevent UTI's from occurring and can you also ensure that my family member will be clean?

- A. The majority of our residents require assistance when they use the restroom. If a resident is or becomes incontinent, we will change them regularly and try to get them on a regular cycle of going to the restroom every two hours in order to prevent accidents.

Q. Can we see a menu and what time do meals take place?

- A. Breakfast is a la carte. Everyone gets up at different times and likes different things for breakfast, so breakfast time is flexible and informal, and we keep a lot of breakfast options on hand to cater to our residents' personal preferences. A communal lunch is served around noon and dinner at around 5. We prefer for all of our residents to eat together at the dining table to encourage socialization, but we allow residents to take meals in their rooms if they prefer. We encourage family to join at any meal time – free of charge - to eat with their loved ones. Our delicious and nutritionally balanced weekly menus are always posted in the kitchen.

Q. What is the monthly cost for residents and what is included in the monthly pricing? What determines cost and how often is the level of care evaluated? Can you accept VA Benefits or our long-term care insurance policy? Can anybody from your care home help with getting the long-term care policy setup?

- A. Our Director of Care meets individually with prospective clients to determine the level of care required. The results of that assessment will determine the cost of care. The level of care is evaluated annually or when there is a material change in the resident's condition.

Our monthly fee includes all medication management, meals, showers, toileting, transfers and ambulation, laundry service, room cleaning, television, utilities and basic cable.

While we are happy to assist your family in securing VA and long-term care benefits, the family/resident is responsible for timely payment of all fees to Manchester.

Q. What isn't included in the monthly pricing?

- A. Incontinence supplies, personal grooming supplies, medication, private caregivers, supplemental nutrition (Boost/Ensure), pressure pads, personal phones, linens and clothing are among the items which are not provided by Manchester. We are happy to assist our residents in sourcing and procuring these items, and pass the costs directly through to our residents.

Q. Are there any bills that we need to pay for cable television and is it okay for us to have a television in my family member's room? What percentage of the time are residents out of their rooms?

- A. Each of our rooms comes equipped with a large, wall-mounted flat screen television and basic cable. If a resident wishes to include additional movie channels or premium

packages, the client may procure them on their own, or we arrange for service and will pass the cost of those services or a DVR box directly through to the client.

Q. What day of the month is rent due and how do you prefer payment to be made?

- A. Rent is due in full on the first day of each month and we prefer check or ACH (Automated Clearing House) / direct withdrawal. Rent must be mailed to our office; it cannot be left in the houses.

Q. What is the average yearly increase in the price of rent?

- A. Rates assessed at admission are honored until care needs change. The annual rent increase is 3%.

Q. How much of a community fee is required upon moving in and is it refundable?

- A. There is a one-time, non-refundable community fee of \$1,500.

Q. What is your security like at your homes? How often do you check on a resident during the day, evening and sleeping hours?"

- A. The exterior doors in our houses are locked and we're very grateful that we've never had a security issue. Since our caregivers are awake and working 24/7, the house is not attractive to criminals. The staff checks on each resident overnight, throughout the day and in the evenings.

Q. What happens if a resident becomes a two-person transfer?

- A. Our staff is trained and proficient with multi-person transfers. In addition, we have Hoyer lifts which we can utilize if necessary.

Q. Are there any visiting hours and do you have family events? Can we take my family member out of the house?

- A. Our houses have no set visiting hours and friends and family are welcome and encouraged to visit as often as possible, although for obvious reasons we prefer to limit late night visits for fear of disturbing other residents. Families are able to take their loved ones out anytime.

Q. If we tour one of your houses and like an available room, how long can you hold it for us? What does your upcoming availability look like?

- A. Rooms are available on a first come, first serve basis, subject to a waiting list. Out of fairness to other families who may also be interested in a room, we do not hold rooms. Since we allow all of our residents to age in place, we are unable to predict availability of rooms, and often have a wait list for each house.

Are the rooms furnished or can we furnish the room with our own furniture?

- A. Each room is painted and the carpet is cleaned before each move in. We furnish a large wall-mounted, flat screen television. The rest is up to the family to furnish and decorate as they wish. We encourage our residents to make the rooms as comfy and close to what they had at home as possible.

Q. If we are interested in moving forward, how much notice do you require and what are next steps?

- A. After the tour, if you decide that you'd like to move forward we will schedule an assessment with our Director of Care. Once that is complete and we determine what it

will take to meet your care needs, we will draft a lease agreement and set a move-in date. The process could take a few days, but is usually no longer than that.

Q. What is the process upon moving in? What day of the week do you recommend that we schedule the move-in?

- A. Each family works with Erin Shuford, our Director of Care, to establish a game plan and logistics for move-in. Move-ins generally take place between 8 am and 2 pm, Monday through Friday. Furniture may be moved into the house in advance of resident move-in.

Q. How often is laundry done and how often are the rooms cleaned? When are the rooms cleaned?

- A. Laundry is typically done three times a week or as needed and rooms are cleaned daily.

Q. Do you provide transportation for your residents?

- A. We do not directly provide transportation for our residents, but we are happy to assist the family in arranging transportation for resident outings. Families may also choose to hire a private caregiver to drive residents to and from appointments, and we are happy to help arrange that as well.

Q. Are pets allowed in your homes and do you have any rules, guidance or costs associated with pets either living in the homes or visiting?

- A. We know that for some residents, cherished pets are like members of the family and we are happy to consider them in our houses, presuming that they are well socialized, fully housebroken and up to date on all immunizations. However, for the safety, comfort and welfare of all of our residents, we reserve the right to evaluate each case on an individual basis.

Q. Upon moving in, do you recommend that families stay away for a couple of days to help with the transition?

- A. Transitions can be difficult, and each resident may respond to change differently. The Director of Care will meet with each family and prospective resident to determine what course of action is best, and will monitor the transition carefully to watch for any sign that might indicate that a modification to the plan is necessary.