Village Green
Alzheimer's Care Home

Unique Care For Unique Needs

villagegreenalzheimerscare.com

Village Green Vision

History of Palliative Senior Care

Palliative Industry Experts Insights

Village Green Vision

The story of Village Green Alzheimer's Care began about 12 years ago when Mr. Sabir met Dr. Bill Thomas at the Brookwood Community in Brookshire, Texas. Dr. Bill Thomas was addressing the world class Community for Adults with Special Needs and he spoke about 'The Eden Alternative' concept of Dignity, Respect & Freedom of Choice which was embraced to give purpose and meaning to their lives. Dr. Bill Thomas described how there was also an extreme need to provide care for Seniors with various forms of Dementia particularly the Alzheimer's Disease.

Inspired by that visit Mr. Sabir, who is an Architect & a Developer envisioned a beautiful 16 room mansion where seniors with dementia can be cared for in an inspiring Memory Care Home where the residents can maintain their Dignity, command Respect and enjoy their Freedom of Choice. Dr. Bill Thomas had described a such a Home in the Eden Alternative Concept as a Greenhouse with pets, plants, music, food, fun, joy, and loving care. The first Village Green Alzheimer's Care Home in Conroe was carefully designed and developed and staffed in 2012 with that promise. And today Village Green Alzheimer's Care Homes can be found in the Houston Communities of Cypress, Woodlands, Champions, Kingwood, Tomball, Katy and the Dallas Communities of Rockwall, McKinney & Highland Village. The overwhelming involvement of the families of the loved ones at each location and the thriving Facebook community is a testament to the service and promise of Dementia Care.

Village Green Alzheimer's Care Homes have barely begun to address a worldwide need for small freestanding dementia care homes providing palliative care with Dignity, Respect and Freedom of Choice. While there is an immense need first for simply an awareness of the concept of Palliative Care and how it is distinct from the Medical Care. And then how it is of paramount importance in Senior Care so that Federal Funding can be identified and allocated for resources essential to fulfill the requirements to address the seniors love & care at the fragile stage of their lives. A need for awareness that Palliative Care & Medical Care are both essential to the health and survival of the seniors.

A Brief History of Palliative Senior Care

Although it may seem like the term “assisted living” has been around forever, it’s actually a relatively new concept. And today’s senior living facilities are a far cry from the institutionalized setting that comes to mind when we think of the phrase “nursing home”.

During the 1970s, it became evident that a change in the way we approach senior care was needed. Back then, seniors had basically two options when they needed care: hire a medical professional like a visiting nurse or rely on a family caregiver to aid in their homes or enter a nursing home. Being admitted to a nursing home was something no senior looked forward to, especially with rumors of the mistreatment that took place in these facilities.

As advances in medicine grew, more seniors were able to age in place in their homes. However, they still required some amount of care, just not necessarily the level they’d receive in a nursing home.
In the mid-1970s, tasked by her mother to help provide options to those seniors who needed some assistance as they were aging, Dr. Keren Brown Wilson is generally reported as being the “founder” of today’s idea of assisted living facilities. Dr. Wilson examined all the ways nursing homes were viewed as negative or institutional places, like the communal bathrooms and lack of privacy. She wanted to create a way for seniors to remain independent and respected while also being able to receive the level of care they required. This was the birth of Assisted Living facilities.

By 2030, there will be about 72.1 million older persons, more than twice the number in 2000 when people 65+ were 12.4% of the population. That number will grow to 19% by 2030.

After a hospitalization, many of the above-mentioned seniors will require continued medical care, either at home or in a specialized facility. This is called Post Acute Care. That can be rehab care, transitional care, or 'continuation/maintenance' care. The National Centers for Disease Control estimates (residency ratios remaining unchanged) a doubling or tripling of the number of persons residing in nursing homes by 2030. (Those over age 85 will experience a 300% increase.)

Respected surveys taken over the last 30 years have found a consistent 33% of Americans who say they would rather die than live in a Nursing Home. Yet, in 2010, Medicaid alone forked over $130 billion (31% of total Medicaid spending) for long-term care. Does anybody but me see a disconnect here? Rincon del Rio is a rare voice championing **Palliative Care**, which is a linchpin in our quest to **achieve Abundant Living, Successful Aging.**

Here's a word association game: I say, "long-term care" and you will probably respond, "nursing home." But the truth is that there are nearly twice as many assisted living (ALF) and other residential care facilities (more than 30,000 in 2014) in the U.S. than nursing homes (about 15,000). And there are more than 800,000 people living in residential care facilities, requiring palliative care, almost equal to the roughly 1 million living in nursing homes.
Many of these ALF residents have high care needs. About 40 percent have dementia—many living in separate "memory care" units of larger facilities. Half are age 85 or older and more than half need help dressing or bathing. It is more than a cliché to say that assisted living is the new nursing home.

State regulation

Yet unlike skilled nursing facilities, which are heavily regulated by the federal government, assisted living and other residential care facilities are regulated only by the states, and the variation among jurisdictions is enormous. Even though about 330,000 ALF residents received about $10 billion in Medicaid benefits in 2014 (and the numbers are surely far higher today), neither many states nor the federal government know much about the quality of care those Medicaid residents are receiving.

In 2018, **the average monthly cost** of a private room in a nursing home/ALF in Texas was approximately **$6,540**, or over $78,000 per year. Thus, most people cannot afford to pay their own nursing home/ALF expenses.

When a Nursing Home Is Medically Necessary

Medicaid will pay for a nursing home only when it is "medically necessary." In Texas, for a nursing home to be considered medically necessary, you must have a medical condition that is so serious that you need the level of nursing care that is only available in an institution. For Medicaid to keep paying for your nursing home stay, a doctor has to certify at least every six months that you meet the standard for medical necessity.

If you need **Palliative** care (someone to watch over you), for instance, **because you fall often or because you have dementia and tend to wander,** then Medicaid may find that a nursing home stay is not medically necessary because you do not need a skilled nurse.

Our Vision for Assisted Living Facilities

Assisted Living Communities provide our elders with a level of care that they do not receive in nursing homes. Unfortunately, this comes at a great cost to our Elders, and many cannot afford to pay for this care. Industry experts have proven, over time, that the Palliative care model not only increases the quality of life for the residents in assisted living, but also decreases medical expenses and greatly improves their overall care and health. The smaller Garden homes provide a more personal touch, where the size of the community makes it easy to provide a higher level of care. The resident is no longer just a bed number. *Our vision is to bring funding to help our elders pay for this level of care. To help them be a apart of an Assisted living community that will greatly improve their quality of life while providing the care and assistance that they would require to age safely.*

Suites

From the moment you drive into our driveway, our home looks and feels like someone's private home.

Meals

Like everything else at our home, the meals are prepared with great care, taking into account the resident's diet.

Our Care

Village Green specializes in the care of seniors who have Alzheimer's, Dementia, and other memory

Activities

Activities take place throughout the day and into the early evening.

Palliative Industry Experts Insights

Surgeon and author Atul Gawande writes in his book, Being Mortal: Medicine and What Matters in the End – "*Once I'd seen the transformation of elder care under way, I was struck by the simple insight on which it rested, and by its profound implications for medicine, including what happens in my own office.*" Through his tours of supportive housing for older adults; his discussions with older adults, families and experts; in treating his own patients; and, most movingly, during his father's battle with cancer, Gawande's appreciation of this "simple insight" grows: "*As people's capacities wane, whether through age or ill health, making their lives better often requires curbing our purely medical imperatives—resisting the urge to fiddle and fix and control*."

For older adults no longer able or willing to live on their own, a growing number of innovative long-term care options are looking beyond the "medical imperatives" to help residents "sustain the value of existence." Gawande describes several, including two pioneered by Dr. Bill Thomas.

In the early 1990s, Thomas became the medical director of a nursing home in upstate New York. While the facility offered residents a wide range of activities, Thomas was concerned that it lacked life. To combat the Three Plagues that people in nursing homes were dying of - "boredom, loneliness and helplessness," he brought in plants, cats, dogs and birds, among other changes. Residents took care of the plants, named the parakeets and helped care for all the animals.

The changes were profound. "*People who had been completely withdrawn and non-ambulatory started coming to the nurses' station and saying, 'I'll take the dog for a walk.*" Thomas tells Gawande.

Studies showed that what's now called the Eden Alternative approach reduced residents' prescriptions, including for antipsychotic medications, and even decreased death rates relative to standard nursing homes.

A decade later, Thomas decided to redesign nursing homes from the ground up. **His Green House model is based on small, homey communal living spaces, where residents share meals around a single large table and caregivers focus on just a few residents each.**

"*As a result, they had more time and contact with each resident*," writes Gawande, "*time to talk, eat, play cards, whatever.*"

Perhaps at no time is "the urge to fiddle and fix and control" greater than as patients near death.

In Being Mortal, Gawande writes candidly about how easy it is for health care professionals to miss or avoid opportunities to have nuanced conversations with seriously ill patients and their family.
He finds that providing the best care towards the end of life requires new perspectives and skills.

"*The difference between standard medical care and hospice is not the difference between treating and doing nothing*," a hospice nurse tells Gawande. "*The difference is in the priorities*."