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# CHOICES

JUNE 2026



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*Why retirement feels different from savings on page 10.*

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# Sister's Home Style Entrees Great Meals and Independence

Remember when you were a kid, and it was so exciting when your parents went out for the evening, because that meant you got to eat a tv dinner? It did not really matter that it all tasted like aluminum because the name

itself gave you permission to eat it while watching television!

Frozen dinners have come a long way since then. They are even more convenient now that they can be microwaved, but we do need to make sure to read the nutritional information. How can you be sure that you are getting something that not only tastes good but is good for you? It can all be so confusing.

Sister's  
Home Style  
Entrees

(SHSE) to the rescue! Located in Humboldt, Iowa, SHSE is meeting the needs of seniors who for whatever reason cannot fix their own meals every night. "People are living longer so we have more seniors trying to say at home longer, but if they don't eat well, they can't," says Tanya Pflibsen, Business Development Representative. "Sister's is trying to bridge that gap."

Current SHSE Owner and CEO, Mary Catherine Ferry, knows first-hand the benefit of having healthy meals on hand. Ferry is the caregiver for her aunt and says having home-delivered meals can provide "great peace of mind for both the



Popular Homemade Lasagna.



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# Provides nce

by Tracey Rush

elderly and the caregiver. I can check the freezer to make sure she's eating nutritious food." It is also a source of comfort and dignity, "a trusted resource for individuals and families navigating the challenges of aging, recovery, and caregiving."

You do not have to be "of a certain age" to purchase meals from Sister's. They are great to have on hand for a myriad of reasons, with lack of time and energy being high on the list. Deanna of Clinton, Iowa, says, "During my 80 years, I enjoyed preparing meals for myself and family members. I took pride in being a very good cook. The years have taken their toll, and

I am no longer able to see well or navigate. Sister's takes good care of me now."

However, if you are "of a certain age," check with your Medicaid representative or your local DHS to see if you qualify for free meals. Sister's participates in state-sponsored Medicaid programs for Iowa, Minnesota, & Illinois; including Elderly, Ill & Handicap (Health and Disability), Aids and HIV Waivers.

There is no doubt that Sister's meals are convenient, but do they taste good? Just ask Barbara of Boone, Iowa, who says, "I have fallen in love with Sister's meals because they are just like my grandmother used

"I have fallen in love with Sister's meals because they are just like my grandmother used to cook,.."

– Barbara of Boone, Iowa

to cook, and personally, they are the best one out there – no doubt! They put the others to shame."

Sister's believes that a simple meal can do more than nourish – it can support independence, strengthen confidence, and bring comfort to both the individual and those who care for them. Brad from Ames agrees, "I am very grateful for your awesome meals. Keep up the good work! Good quality and good selections! You make my life a little easier and less stressful."

The meals are also nutritious, meeting one-third of daily national average for calories for



Meat Packaging Room

CONTRIBUTED PHOTOS

**There are 20 meals to choose from, including breakfast meals, and those rotate every three months, so clients have a variety**

state-funded requirements. There are 20 meals to choose from, including breakfast meals, and those rotate every three months, so clients have a variety. The roast beef and lasagna dinners, however, are always available as those are fan favorites.

The company's history of growth speaks for itself. SHSE was started in 2011 in a small building by Deb Davis to provide ready-made family meals for those who needed them. At the end of one year, they averaged 200 meals each month. Their customers suggested individual meals, and today (after several

moves into larger facilities) the Sister's team prepares 90,000/month, cooking 6,000 meals per day, four days per week. Meals are prepared, frozen, and packaged in insulated boxes with gel packs before being delivered to eight Midwest states. They deliver 450-500 boxes per day, with 7-18 meals per box.

Says Pfibsen, "Over our 15 years, we have morphed into what we do now. The progress has come from the need of the people, answering a call that's needed for so many people. The growth proves we're needed."

Now that your appetite is whet, check out how to order and the

meal offerings on their website at Sistersentrees.com, or call them at 515-332-1928. Sister's does not require a subscription or monthly minimum, but to have meals delivered there is a seven-meal minimum. Meals are \$9.25 each for delivered meals; \$7.25 each if you pick them up. A three-day lead time is required.

Ferry sums it up well, "I am honored to own and lead an amazing company full of employees dedicated to helping people! At Sister's Home Style Entrees we provide peace of mind to loved ones, caregivers and anyone just needing a little help to make life easier with delicious and convenient meals!"

All that, and you can eat it in front of the TV! ❖

**An Investment Strategy Is Only One-Fifth of a Retirement Plan.**



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## AGE WELL WITH A NEW FREE SCREENING PROGRAM

by Christel Tatro

***We've all heard that "An ounce of prevention is worth a pound of cure." What if you understood what steps you could take now to help prevent falls, loss of mobility, chronic pain, cognitive decline, and hospitalization, and delay the need for long-term care? This summer, a new screening program is available through Stonehill's Outpatient Therapy Clinic that can help independent adults stay safe, active, and living well.***

**A**geWell is a free wellness screening program that is designed to give individuals a quantitatively assessed baseline for recognizing changes in mobility, strength, balance, swallowing, speech, and cognitive function. This baseline gives both you and your health care providers data for making informed decisions

about your ongoing health and wellness.

### *Why AgeWell Matters*

One in Four Americans Over 65 Fall Each Year

Among older adults who fall, over half receive care in a hospital. The estimated annual average cost per inpatient visit for falls injuries is \$18,658 and

\$1,112 per ER visit. Lower body weakness, loss of balance, loss of bone density, and difficulties walking increase the risk of falls. A physical therapist can help with all the above, preventing falls and avoiding costly hospital visits.

People with Vision Loss Have Almost Twice the Risk of Falls

Did you know that occupational therapy can help compensate for low vision? Hazards in the home, including clutter and poor lighting, and lack of supports such as grab bars can cause falls. Home modification and assistive device recommendations by an Occupational Therapist can address

these hazards to reduce falls risk in the home. Falls, with or without injury, also carry a heavy quality of life impact. Older adults who fear falling may limit their activities and social engagements. This can result in further physical and cognitive decline, depression, social isolation, and feelings of helplessness.

**Cognitive Decline is Strongly Associated with a Significantly Higher Risk of Hospitalization in the US, Particularly Among Older Adults**

Approximately two out of three Americans experience some level of cognitive impairment at an average age of 70 years. Studies indicate that the relationship between cognitive decline and hospitalization is complex and

bidirectional, with pre-existing cognitive impairment increasing the likelihood of hospitalization. And hospitalization, especially for non-elective reasons such as an injury or illness, can accelerate cognitive decline. Speech-language pathologists can assess cognitive decline and treat related deficits of memory, problem solving, safety awareness, attention/concentration, and information processing.

**Dysphagia (Difficulty Swallowing) Increases the Risk of Needing Residential Care Because it Leads to Complications Such as Malnutrition, Dehydration, and Aspiration Pneumonia, Which Necessitate Higher Levels of Care**

Dysphagia also significantly

impacts quality of life, social interaction, and psychological well-being, creating greater burdens on caregivers and increasing the likelihood that an individual will require the support available in a residential setting. Speech-language pathologists can assess swallowing safety risks, prescribe modifications, and help prevent further complications related to dysphagia through treatment.

The AgeWell screening is quick and fun and includes three simple 10minute sessions with licensed physical therapists, occupational therapists, and speech-language pathologists. Together, they assess:

- Balance
- Fitness



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- Daily living skills
- Memory
- Swallowing safety

Therapists can also help with many other areas, including pain, strength, home safety, memory strategies, communication, and mobility. Individuals are encouraged to bring any questions or individual concerns to the screening.

“We are very excited to offer this free screening here at Stonehill Communities. Our goal as therapists is to promote improved function and independence. We want people to stay healthy and out of the hospital by providing them with the tools and knowledge to safely age in place and remain in their homes. Function and safety is always a top priority, and this tool will empower and encourage people in the community to make those preventative health choices to live their lives to their full potential,” said Jonathan Foht, Interim Director of Therapy at Stonehill Communities.

This service is available to individuals 65+ who are enrolled in Medicare and living at home or in an independent or assisted living community.

Screenings are available by appointment. To learn more or set up a complimentary AgeWell screening, please call 563.690.9637 or visit Stonehilldbq.com.

*Christel Tatro is the Communication Strategist at Stonehill Communities and enjoys promoting the services and resources available locally to help older adults live well. ❖*

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## WHY RETIREMENT FEELS DIFFERENT THAN SAVING

by Keith Leverentz

*One of the biggest shifts in retirement is that your money starts asking a different set of questions.*

**D**uring your working years, the focus is often on saving consistently, contributing to retirement accounts, and hoping your investments grow over time. But once retirement begins, the conversation changes. It is no longer just about building assets. It becomes about turning those assets into income, making wise decisions along the way, and creating a plan that fits your life. That is where many people begin to feel a little unsettled.

You may have done a very good job saving. You may have worked hard, avoided unnecessary debt, and built resources over decades. But retirement

can still feel different than expected because drawing income is not the same as accumulating wealth. The stakes feel more personal. Every withdrawal can feel more significant. Questions about taxes, healthcare costs, Social Security, and market volatility suddenly feel much more immediate.

A common misunderstanding is that retirement simply means continuing the same financial strategy, just in reverse. In reality, retirement requires a different kind of coordination. For example, it is not only about how much money you have. It is about where your income comes from, when you take it,

how it affects your tax picture, and whether the decisions you make today may create more pressure later. Two people with similar savings can experience retirement very differently depending on how those pieces are structured.

That is why I often encourage people to take a panoramic view rather than a snapshot. A snapshot looks at one part of the picture. Maybe it is an investment account. Maybe it is a Social Security decision. Maybe it is a tax concern. But retirement rarely works well when each piece is handled in isolation. The most effective plans are usually the ones that knit those areas together so you can see the full picture.

At our office, we often describe

retirement planning through five key lenses: income, taxes, investments, healthcare, and legacy. When those areas are working together, retirement tends to feel clearer and steadier. When they are not, people can end up feeling like they do not know what they do not know. That uncertainty is what many retirees are really trying to solve.

They want to know they can enjoy retirement without constantly wondering if they are spending too much. They want to understand how to approach taxes legally and ethically without paying more than necessary. They want confidence that healthcare costs will not quietly undo years of hard work. And they want peace of mind in

## But retirement can still feel different than expected because drawing income is not the same as accumulating wealth.

the present because they have thought through the future.

Retirement should not feel like guesswork. It should feel like a well-earned season of life supported by thoughtful decisions and a clear plan. If you are approaching retirement or already in it and want to better understand how these moving parts fit together, we invite you to join us for an upcoming educational seminar or schedule a Purpose Meeting. Sometimes the next step is simply learning the questions you should be asking.

*Keith Leverentz, NSSA®, is founder of The Life Group, guiding clients since 2003 with personalized financial planning, investment counsel, and retirement strategies. Learn more and view upcoming educational events at [TheLifeGroupLLC.com](http://TheLifeGroupLLC.com). ❖*



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# Coping with Grief Triggers: Managing the Unexpected Waves



CONTRIBUTED PHOTO

**G**rief is rarely a straight line. For many of us over 50, we've learned that loss isn't something you simply "get over"; it's something you learn to carry. You might feel you've found your footing, only to be knocked sideways by a sudden, intense surge of emotion. These moments are often sparked by grief triggers—sensory reminders or experiences that catch us off guard. Understanding these triggers isn't about avoiding life; it's about preparing your heart for the journey.

## WHAT EXACTLY IS A GRIEF TRIGGER?

A trigger is a bridge between the present and a memory of loss. Because our brains process scent and sound in areas closely linked to emotion and memory, these reactions can feel visceral and immediate.

## COMMON TRIGGERS INCLUDE:

**Sensory Inputs:** The smell of a specific cologne, a song on

the radio, or a recipe bubbling on the stove.

**Milestones:** Birthdays, anniversaries, or even the change of seasons.

**Shared Spaces:** Passing a favorite vacation spot or a particular aisle in the grocery store.

**Situational Echoes:** Seeing an older couple holding hands or hearing a phrase your loved one used to say.

Remember that these reactions are not a sign of "relapsing" or failing to heal. They are a normal, healthy testament to the bond you shared.

## PREPARING FOR THE WAVES

While we can't predict every trigger, we can build a toolkit to help us navigate them when they arrive.

### 1. Map Your Terrain

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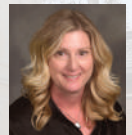
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## For many of us over 50, we've learned that loss isn't something you simply "get over"; it's something you learn to carry.

Start by identifying known "danger zones." If you know a certain holiday or a specific restaurant is difficult, acknowledge it ahead of time. Simply saying, "I know this week might be hard," takes away the element of surprise and reduces the "secondary" anxiety of being caught off guard.

### 2. The "Anchor" Technique

When a wave hits, you may feel lightheaded or disconnected. Use the 5-4-3-2-1 grounding method to bring yourself back to the present:

Acknowledge **5** things you see.

**4** things you can touch.

**3** things you hear.

**2** things you can smell.

**1** thing you can taste.

3. Controlled Breathing

**Physical symptoms**—like a racing heart or tightness in the chest—often accompany grief triggers. Practice Box Breathing: Inhale for 4 seconds, hold for 4, exhale for 4, and hold for 4. This signals to your nervous system that you are safe.

### MANAGING THE MOMENT

When an unexpected wave

of emotion strikes in public or during a social event, give yourself permission to react.

### THE EXIT STRATEGY

If you're at a party or a meeting, have a pre-planned "graceful exit." You don't owe anyone a detailed explanation. A simple, "I'm feeling a bit overwhelmed and need some air," is more than enough.

### CARRY A TOUCHSTONE

Some find comfort in carrying a small object—a smooth stone, a coin, or a piece of fabric—that represents their strength or a calm memory.

### LEAN ON YOUR CIRCLE

Identify two or three people who "get it." These are the friends you can text with a single emoji or a short message like, "Having a rough wave," knowing they will offer support without judgment.

### FINDING THE LIGHT IN THE WAVE

Over time, you may find that some triggers transition from being painful to being "bittersweet reminders." That sudden scent of pipe tobacco or roses might eventually bring a small smile before it brings a tear.

Be patient with yourself. You have navigated many decades of life and built immense resilience. Managing grief triggers isn't about stopping the waves; it's about learning to be a skilled sailor in the changing tides of your own heart.

*This Bereavement Tip was Brought to you by Behr's Funeral Home. Visit their website at Behrfuneralhome.com. ❖*



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# HOW TO SUSTAIN YOUR COGNITIVE VITALITY



CONTRIBUTED PHOTO

by Dr. Richard Houston

*A recent article by the McKinsey Health Institute shared good news about human longevity: we are living longer. Hold the celebration. They also report that the percentage of human lives spent in good health has not changed. We are not achieving more years in robust health.*

**N**ews from other sources – New York University (NYU), Johns Hopkins and the National Institute of Health – have recently concluded that previous estimates of

cognitive acuity have understated the risk that adults over 55 will experience dementia. This new prediction claims that 42% of adults over 55 will confront the challenges associated

with dementia. That number is more than twice previous estimates.

Keep your seatbelt fastened. Harvard Public Health states that within six years, there will be 4.6 million caregiver roles unfilled. This scenario raises the prospect of tens of thousands of Iowans suffering from cognitive deterioration, living alone with little or no care to



support them. At this point, my wife would say “you’re killing my buzz!”

In my article in the *CHOICES For Fifty Plus* April issue previous article, I stated that current health care providers are not stepping up to the responsibility for championing prevention. While research has shown the promise of prevention – The Pointer study sponsored by the Alzheimer’s Association

concludes that 45% of all Alzheimer’s cases are preventable – there is no current identified champion for the cause of prevention.

Individual adults, starting at age 40 or before, must own this mission personally. However, our track record is not worth bragging about. What obstacles must be overcome to generate better results?

Humans are notoriously focused on the immediate future and have repeatedly demonstrated an inability to anticipate long-term outcomes. Gloucester Massachusetts fishermen used technology to improve their catch to the point of nearly eliminating the bountiful fish stocks around Georges Banks.

Some scientists suggest that sea levels may rise in the future, so we might think of Bangla Desh which geographically is about the size of Wisconsin. The state of Wisconsin has about 7 million residents. Bangla Desh has 170 million residents, half of whom live within two feet of sea level. Where do 80 million people go in a country the size of Wisconsin if their homes are

flooded?

This is not a lecture on climate change. It is an urgent wake up call to pay close attention to the long-term consequences of lifestyle habits that dramatically boost the chances of cognitive disability. Tom Frieden, M.D., former director of the CDC [now officially known as The Center for Disease Control and Prevention] has stated that “*staying active is the closest thing we have to a wonder drug.*”

The startling finding from NYU that 42% of adults over the age of 55 may struggle with dementia is a problem that every reader can do something about. Get active and stay active. We’re not talking about training for a marathon; we’re talking about 15-20 minutes of walking most days of the week. Buy a good pair of walking shoes. (I walk in New Balance shoes.) Then get your earphones out and find a podcast you like. Or better, find a walking buddy.

Readers also must challenge their minds. Learn something new. Adults with cognitively monotonous jobs throughout their 40’s and 50’s face a much

**This new prediction claims that 42% of adults over 55 will confront the challenges associated with dementia. That number is more than twice previous estimates.**



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greater risk of confronting a dementia diagnosis. Your brain needs a workout too.

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*Dr. Richard Houston is an active and curious 'senior' who strives to get outdoors for a brisk walk daily. He is a graduate of Brown University and earned advanced degrees at Clark University. He was licensed by the Massachusetts Board of Psychology in the early 1980's. Personal consultations are available via Resilient-Aging.net. ❖*

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# How to Pay for Nursing Home Care with Medicaid

by Jim Miller



CONTRIBUTED PHOTOS

*The rules and requirements for Medicaid eligibility for nursing home care are complicated and will vary according to the state you live in. With that said, here's a general, simplified run-down of what it takes to qualify.*

### MEDICAID ELIGIBILITY

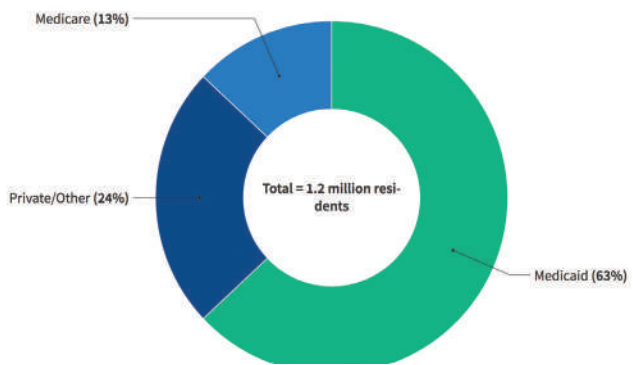
Medicaid, the joint federal and state program that covers health care for the poor, is also the largest single payer of America's nursing home bills for seniors who don't have the resources to pay for their own care.

Most people who enter nursing homes don't qualify for Medicaid at first but pay for care either through long-term care insurance or out-of-pocket until they deplete their savings and become eligible for Medicaid.

To qualify for Medicaid, your income and assets will need to be under a certain level that's determined by your state. Most states (except California) require that a single person have no more than about \$2,000 in countable assets (\$3,000 for a married couple) that includes cash, savings, investments or other financial resources that can be turned into cash.

### Medicaid is the Primary Payer For Over 6 in 10 Residents in Nursing Facilities

Distribution of nursing facility residents by primary payer source



Assets that aren't counted for eligibility include your home if it's valued under \$713,000 (this limit is higher – up to \$1,071,000 – in some states), personal possessions and household goods, one vehicle, prepaid funeral plans and a small amount of life insurance.

But be aware that while your home is not considered a countable asset to determine eligibility, if you can't return home, Medicaid can go after the proceeds of your house to help reimburse your nursing home costs, unless a spouse or other dependent relative lives there. (There are some other exceptions to this rule.)

After qualifying, all sources of your income such as Social Security and pension checks must be turned over to Medicaid to pay for your care, except for a small personal needs allowance – usually between \$30 and \$160.

You also need to be aware that you can't give away your assets to qualify for Medicaid faster. Medicaid officials will look at your financial

records going back five years (except in California which has a 30-month look-back rule) to root out suspicious asset transfers. If they find one, your Medicaid coverage will be delayed a certain length of time, according to a formula that divides the transfer amount by the average monthly cost of nursing home care in your state.

So, for example, if you live in a state where the average monthly nursing home cost is \$8,000 and you gave away cash or other assets worth \$160,000, you would be ineligible for benefits for 20 months (\$160,000 divided by \$8,000 = 20).

### SPOUSAL PROTECTION

Medicaid also has special rules (known as the community spouse resource allowance) for married couples when one spouse enters a nursing home, and the other spouse remains at home. In these cases, the healthy spouse can keep one half of the couple's assets up to \$154,140 (this amount varies by state), the family home, all the furniture and household goods and one automobile. The healthy spouse is also entitled to keep a portion of the couple's monthly income – between \$2,465 and \$3,854. Any income above that goes toward the cost of the nursing home recipient's care.

### WHAT ABOUT MEDICARE?

Medicare, the federal health insurance program for seniors 65 and older, and some younger people with disabilities, does not pay for long-term care. It only helps pay up to 100 days of rehabilitative nursing home care, which must occur after a three-day hospital stay.

For more information, contact your state Medicaid office. You can also get help from your State Health Insurance Assistance Program (see ShipHelp.org), which provides free counseling on Medicare and Medicaid issues.

Jim Miller publishes a nationally syndicated column that offers advice for Boomers and Seniors.

*Questions and comments can be emailed to [comments@juliensjournal.com](mailto:comments@juliensjournal.com).* ❖

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CONTRIBUTED PHOTOS

# A Guide for Choosing a Skilled Nursing and Rehabilitation Facility

**A**s we age, the prospect of needing skilled nursing and rehabilitation becomes more pertinent, especially following surgeries, illnesses, or injuries. For residents in the Dubuque area, understanding what to look for in a skilled nursing facility (SNF) is crucial to ensure quality care and a comfortable environment.

## 1. Staffing and Qualifications

According to SeniorsBlue-Book.com a facility's staff is its backbone. Ensure that the SNF has the following:

- **Licensed Nurses and Certified Nursing Assistants (CNAs):** Available 24/7 to provide continuous care.

- **Specialized Therapists:** Physical, occupational, and speech therapists should be on-site to cater to rehabilitation needs.

- **Low Staff-to-Resident Ratios:** This ensures personalized attention and care.

Keep in mind that high staff turnover can be a red flag. Facilities with consistent, long-term staff often provide more stable and experienced care.

## 2. Quality of Care and Services

Assess the range and quality of medical and rehabilitation services the facility offers. Ask if they offer:

- **Comprehensive Care Plans:** Individualized plans tailored to each resident's needs.

- **Specialized Services:** Facilities should offer care for specific conditions like stroke recovery, cardiac rehabilitation, or dementia care.

- **Therapy Availability:** Regular sessions, including week-ends, can expedite recovery.

### 3. Facility Cleanliness and Safety

A clean and safe environment is non-negotiable:

- **Hygiene Standards:** Regular cleaning schedules and infection control measures.

- **Features:** Handrails, non-slip flooring, and accessible bathrooms.

- **Emergency Preparedness:** Clear protocols for medical emergencies and natural disasters.

### 4. Resident Engagement and Amenities

Mental and emotional well-being are as important as physical health:

- **Activity Programs:** Facili-

ties should offer diverse activities like arts and crafts, music therapy, and social events.

- **Amenities:** Look for facilities with comfortable common areas, outdoor spaces, and private or semi-private rooms.

- **Spiritual Support:** Access to religious services or spiritual counseling can be vital for many residents.

### 5. Nutrition and Dining

Proper nutrition aids recovery. Make sure to ask about:

- **Dietary Accommodations:** Facilities should cater to specific dietary needs, such as diabetic or low-sodium diets.

- **Meal Quality:** Nutritious, balanced, and palatable meals

are essential.

- **Dining Experience:** Communal dining can enhance social interaction, but options for in-room dining should also be available.

### 6. Location and Accessibility

Proximity matters:

- **Family Visits:** Being close to loved ones facilitates regular visits, boosting morale.

- **Medical Facilities:** Nearby hospitals or clinics can be crucial in emergencies.

- **Transportation:** Availability of transportation services for appointments or outings adds convenience.

### 7. Cost and Insurance

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Understanding the financial aspects is essential. Look for:

- **Transparent Pricing:** Facilities should provide a clear breakdown of costs, including any additional fees.

- **Insurance Acceptance:** Confirm if they accept Medicare, Medicaid, or other insurance plans.

- **Financial Assistance:** Inquire about available programs or sliding scale fees based on income.

**8. Reputation and Reviews**

Research and firsthand accounts can provide valuable insights:

- **Online Reviews:** Check platforms like Medicare’s Care Compare for ratings and reviews.

- **References:** Speak with current or former residents and their families about their experiences.

- **Accreditations:** Facilities accredited by reputable organizations often adhere to higher standards.

**9. Touring the Facility**



CONTRIBUTED PHOTO

Before deciding, do the following:

- **Schedule Visits:** Tour multiple facilities to compare environments and services.

- **Observe Interactions:** Note how staff engage with residents and each other.

- **Ask Questions:** Prepare a list of questions regarding care plans, activities, and any con-

cerns you might have.

Choosing the right skilled nursing facility is a significant decision that can impact recovery and quality of life. By considering these factors and conducting thorough research, you can find a facility that meets your needs and provides peace of mind for you and your family. ❖

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