

## **Senior Housing Options Documents**

The following documents were created by several members of the Stanford Emeriti/ae Council to supplement a May 2023 program held as part of its Longevity Series called “Where to Live in Retirement: Some Options.” The Council is now making these available to various offices at Stanford, or to individuals in the Stanford community. They can be used as a collection, or alternatively, one could draw from them to create other materials when a particular focus is desired.

1. **Which Housing Option is Best for Me/Us After Retirement?** Written by the program planners, this document sets the stage for personal deliberations. There are some definitions of various options, and key questions to help people consider their preferences are posed, including attention to costs and funding strategies.
2. **Local Resources on Aging in Place and Senior Housing Options** This includes contact information for services provided by our local senior center, Avenidas, including Avenidas Village which supports those aging in place, as well as for two local agencies which can provide individual consultations about various choices.
3. **Lists of Senior Residential Communities** Thanks to the local firms consulted, listings and websites of many CCRCs and Month-to-Month Rental Communities in Santa Clara and San Mateo Counties are listed. In addition, three listings of 55+ communities are included so one can educate oneself about the differences between these and more “full service” options.
4. **Thoughts on moving to a Continuing Care Retirement Community (CCRC).** This was written by one of the program planners as he reflected on the advantages and disadvantages of a CCRC based on his and his wife’s experience. He wrote this because he was unable to be part of the original program.
5. **Comparison Tools for Continuing Care Retirement Communities (CCRCs).** This piece builds on spreadsheets originally developed when one of the program planners and her husband researched CCRC options some years ago. Questions are posed of an informational and qualitative or judgment nature. But this is a tool and one can substitute one’s own questions, and even adapt it to rental communities instead of CCRCs. The questions can be reformatted into spreadsheets for comparison purposes.

## Which Housing Option is Best for Me/Us After Retirement?

This handout was prepared by Emeriti/ae Council members David Abernethy, Margaret Ann Fidler, and Michele Marincovich.

We start by assuming that upon retirement you are living in your home, on campus or in a nearby community. Continuing to live there indefinitely (so-called aging in place) is of course one of your options. The benefits of this option are clear to you. This handout focusses on alternatives to this option that you might consider. We pay special attention to the benefits the alternatives might offer, particularly in one's later years when health and mobility problems increase and the cost and effort of maintaining a home become more challenging.

One possibility is to age in place until "the time comes" to downsize and to move to another place, which we call here a senior residential community. This is a generic term covering several different living arrangements spelled out below. When "the time comes" varies of course from one circumstance to another, with different criteria an individual or couple could employ. One thing to consider is making a move before it is "too late." It takes time to settle into the new place, to make new friends there, to take advantage of the programs offered, and to decide how to contribute to the community's life if you wish to do this. Moreover, the longer you wait the less physical and mental energy you are likely to have to make the many, often difficult decisions involved in the moving process. In addition, if a couple is already settled in a senior residential community before one spouse/partner dies, then the remaining individual does not need to face possible downsizing and moving alone, and already has a built-in community for support following the death.

**Before offering some questions to help you think through what option is best for you, we start with some definitions.** What is stated below is believed to be generally correct. But it is extremely important to verify all assumptions with each place considered, as well as with your financial, tax and legal advisors, as there is considerable variation even within the same model. And everyone's personal situation is different.

- **Age in place:** This can be in your original home, or after you have downsized to a smaller home or condo. This concept requires hiring assistance, normally for healthcare, if later needed, or possibly having one member of a couple move to a separate facility for higher levels of care. That person would no longer be aging in place.
- **Senior residential communities:** Common models are Continuing Care Retirement Communities (CCRCs), month-to-month rental communities with services, or "55+" communities for seniors with no associated health services. The first two types provide 1-3 meals a day and a broad range of social, cultural, intellectual and recreational programming along with an individual apartment or, occasionally, a villa. Residents generally have priority, if not guaranteed, access to the health center so that their needs are accommodated before "outsiders" fill available beds. There is a separate handout with examples of these various models in this area.

- **CCRC:** These communities generally require a large entry fee, sometimes with options for a portion of it to be returnable if you leave or payable to your estate after you die. A portion might be tax deductible as “prepaid medical care.” Or occasionally one purchases a unit in lieu of the entry fee. Typically, one starts in independent living, but there is generally a health center onsite providing assisted living, memory care, and often skilled nursing. There is a monthly fee (rent) that covers meals and other operating costs, some of which might also be tax deductible. Depending on the type of contract available (which we call here A, B, and C) the health center services can be fully covered within the original monthly fee (increased for inflation and possible extra meals only) (A); be available for limited periods of time or at discounted market rates (B); or be available at full market rates (C). Often entry fees are lower with type B and C contracts.
- **Month-to-month rental:** There is no large entry fee, but monthly rents might be higher than at CCRCs. When higher levels of care are needed, they might be provided in one’s apartment or by moving to a health center. But in all cases, monthly costs increase according to market rates. Unlike Type A CCRCs, two members of a couple might each pay separate monthly rents if one person moves to a health center and one remains in the original apartment. Occasionally these rental communities are also referred to as CCRCs, so the landscape of choices can be confusing.
- **55+ communities:** All residents are seniors, and there are often recreational facilities such as golf and tennis, and numerous social clubs. There are not higher levels of health-related services, and generally no meal plan, although a restaurant might offer some meals. This option is not the subject of the May 17 program. It is essentially aging in place near other seniors with some organized social opportunities. Downsizing might be a part of it.

Stand-alone assisted living, skilled nursing, and memory care facilities, as well as small board and care homes, are not thought of as residential communities for active adults. But they can meet some specific needs for some individuals when needs cannot be met in one’s home or a residential community.

### **Questions to ask yourself to help you decide what residential model is best for you:**

**Quality of life, risks and personal preferences:** Note: While these questions are phrased in the first person singular, we assume that couples will translate them into the “we” form. A “we”

conversation can uncover unexpected differences of preference and opinion that need to be resolved before a couple decides on next steps.

- How risk-averse am I? Do I prefer paying more in the early years for a CCRC in order to gain greater security about future care in a facility I like at a monthly rate that might only increase with the cost of living and limited other factors?
- What does “independence” mean to me, and how much do I value it? Is independence living on my own at home even though I may eventually need hired assistance or even need to call on my children? Or is independence moving into a situation where much or most assistance may be built in, and I have the freedom to live without worrying about how these services will be provided?
- Do I prefer to live at home for as long as possible, even if I’m taking some risk that I may wait too long to be admitted later to a senior residence requiring a certain age or health status? Admission requirements at such residences might include being ambulatory or having no pre-existing health conditions of a serious nature.
- If I am part of a couple, and one of us needs a higher level of care outside of the primary residence, do we care if we are living close to each other, as is usually found with a CCRC or to some extent with a monthly rental community, or at a distance, such as in an independent skilled nursing, assisted living, or memory care facility?
- If I am not guaranteed placement in a quality health center which is part of a CCRC or monthly rental residence, do I know what options are likely to be available to me and am I satisfied with the options should they ever be needed?
- How important to me is it to be in regular touch with other people, particularly if I am a single person? Do I value—and am I likely to take advantage of—services that a senior residential community offers, such as home maintenance, exercise classes or gyms on site, learning opportunities, transportation to plays and concerts, meals in a communal dining room, etc.? Or could my current neighborhood, Avenidas Village, or other organizations provide the desired level of community and other services if I decide to age in place? Am I aware of what Avenidas Village can provide?
- If I’m not yet ready to consider a senior residence, might I downsize to a smaller apartment or condominium to simplify my life for a period of years before considering a move to a senior residential community?
- Am I fully committed to living in a particular city or state? Or might I want future flexibility to move where adult children live, or for other reasons? If flexibility is desired,

can this be obtained best by continuing to live at home, by moving to a senior residence with a partial return of equity, or by moving to a rental-only senior residence?

**Costs:**

- Have I compared the ESTIMATED full cost of living at home (mortgage/rent, property taxes, utilities, home and yard care, future repairs, insurance, meals, and possible future in-home care) with the full cost of moving to a CCRC (entry or purchase fee, monthly fees, extra meals if not fully provided, and potential cost of higher levels of care if not fully inclusive)? When I make this comparison and subtract the estimated full cost of living at home from the estimated full cost of living in a CCRC, what is the net cost of the CCRC? (It is net cost, not gross cost, that most directly affects this financial decision.)
- Have I compared the ESTIMATED full cost of living at home with the full cost of moving to a month-to-month rental community, adding in an estimated cost factor for future assisted living, skilled nursing, or memory care for the number of years that seems reasonable to me? Admittedly, this will be a very rough estimate since we don't know our future health needs, but estimating something is generally better than assuming zero.
- Have I thought about estimated cost increases/inflation if I remain in my home and must cover potential major repairs in comparison to moving to a senior community with expected annual fee increases?

**Strategies to cover the costs:**

- What can I afford if I sell my home, pay the taxes, and then use any remaining funds for an entry fee for a CCRC (or purchase if this is the model)? If I add what remains to my other resources, is there enough for future monthly fees and other expenses such as travel, insurance, etc. Are there any CCRCs that are affordable to my budget near where I live now? Or in another less expensive area? Or near family?
- What can I afford if I sell my home, pay the taxes, and use the proceeds plus my other income or assets to cover the rent at a monthly rental community, other expenses such as travel and insurance, plus a fund set aside to cover the costs of possible future higher levels of care for myself and/or a spouse/partner? Am I aware of current and projected market rates for assisted living, skilled nursing or memory care for one year? Five years? 10+ years?
- If I decide to age in place, what assumptions might I make for the future cost and availability of in-home care, or, if that is not feasible, care in an independent assisted living, skilled nursing or memory care facility for one year? Five years? 10+ years? Can I afford this if I don't sell my home, or if I sell and downsize to a smaller home or

condo? Have I explored ways in which I might find qualified, reliable in-home care? Have I considered the time and effort that may be required to find this care when needed, and to locate temporary help when the regular employee goes on leave or becomes ill?

- If I prefer not to sell my home until after the first spouse dies, on the assumption that there will be a step-up in basis, and therefore no or minimal capital gains, do we want to take the risk that the remaining spouse will no longer qualify for a desired senior residence? Are there other options to reduce risk? Am I able to rent out my house in order to afford a residential community if that is my preference?
- Is affordability of a retirement community improved if I consider donating all or part of my current home value (an appreciated asset) to a charitable organization?
- How small an apartment am I willing to move to in order to gain the financial stability and other benefits of a CCRC? Similarly, what size unit can I afford in a monthly rental community that will meet my needs?

May 2023

## Local Resources on Aging in Place and Senior Housing Options

These are not endorsements, simply a listing of local organization which were helpful to the planners of the May 17, 2023, Longevity series program. There are other agencies and individuals that one might consider.

### For Aging in Place:

*Avenidas* ([www.avenidas.org](http://www.avenidas.org)) at 450 Bryant Street in Palo Alto describes itself in these terms: “we seek to create a community that supports and celebrates older adults. We provide a wide range of programs, information, and services that enable people to stay active, maintain their independence, . . . or care for a spouse. Anything someone might need, from a ride to the doctor to a flu shot, Avenidas can help. Our innovative programs and compassionate staff have enriched the lives of more than 7,500 mature adults and their families each year.”

In particular, the *Care Partners* program <https://www.avenidas.org/programs/care-partners/>, led by social worker Paula Wolfson, can provide individual consultations about complex situations impacting housing decisions, as described here: “**Avenidas Care Partners** provides multiple services to help you or your loved one age in place, connect to the community, resolve any crisis and most importantly, pro-actively plan for changes in your lifestyle.”

*Avenidas Village* (<https://avenidas.helpfulvillage.com>), a program within Avenidas for which there is an annual fee, is “a community network for older adults that offers practical help, resources and social connections to keep you active, confident and independent in your own home and neighborhood. More and more people plan to stay in their homes as long as possible after retirement . . . Avenidas Village was designed to make this easier for you!”

### For help with Aging in Place and/or Senior Housing Options:

*Better Living For Seniors* (<https://www.betterlivingforseniors.org>), staffed by Terrie Tomasello (650 271-8090 or 866-387-3646; [terrietomasello@gmail.com](mailto:terrietomasello@gmail.com)) uses their “. . . experience in retirement living and personal experience with in-home care . . . [to] help you decide which path is right for you whether it’s staying in your home or looking for a safer place to live such as a retirement community or an assisted living community.” Their advice is free; they are compensated by the communities or agencies to which they might refer you.

### For choosing a CCRC, month-to-month rental facility, assisted-living community, or board-and-care home:

*Senior Seasons* ([www.seniorseasons.com](http://www.seniorseasons.com)), in Woodside, staffed by Alan Brauner (408-737-2049; [alan@seniorseasons.com](mailto:alan@seniorseasons.com)), provides no-fee matching services for seniors considering senior housing options locally. (They may receive a commission on referrals that they make to clients.) “Senior Seasons looks at all the available [senior housing] options in order to personalize our consultation to fit your needs.”

Michele Marincovich, April 2023

## **Lists of Senior Residential Communities**

The following CCRCs and month-to-month rental communities were suggested to us by two outside resources, Alan Brauner of Senior Seasons and Terrie Tomasello of Better Living for Seniors. More information about the services Alan and Terrie might provide is included on the separate electronic handout featuring Local Resources.

We have included three 55+ communities at the end of this list either because they are well known in the Bay Area, or because the one in Palo Alto offers a fairly distinctive and nearby model for downsizing and aging in place. There is a description of this type of community in the “Which Housing Option is Best for Me/Us?” electronic handout.

None of these communities is recommended by the Emeriti/ae Council or by those of us preparing this program. You must do your own “due diligence” in thoroughly researching any options. You may want to look in particular into whether or not a community has one or more significant complaints or lawsuits pending.

### **CCRCs in Santa Clara and San Mateo Counties (generally all levels of care):**

Channing House, Palo Alto <https://channinghouse.org/>

Moldaw Residences, Palo Alto <https://moldaw.org/>

Peninsula Regent, San Mateo <https://retirement.org/peninsularegent/>

Saratoga Retirement Community <https://retirement.org/saratoga/>

Sunny View Retirement Community, Cupertino <https://sunny-view.org/>

The Forum, Cupertino <https://theforum-seniorliving.com/>

The Sequoias Portola Valley <https://sequoialiving.org/portola-valley/>

The Stratford, San Mateo <https://www.sunriseseniorliving.com/communities/ca/the-stratford>

The Terraces at Los Altos <https://www.humangood.org/the-terraces-at-los-altos>

The Terraces of Los Gatos <https://www.humangood.org/the-terraces-of-los-gatos>

Vi at Palo Alto <https://www.viliving.com/locations/ca/palo-alto/>

Webster House, Palo Alto <https://covia.org/webster-house/>

### **Month-to-Month Rental Communities in Santa Clara and San Mateo Counties (generally a minimum of independent and assisted Living, often with memory care; no skilled nursing facility):**

Atria Evergreen Valley, San Jose <https://atriaseniorliving.com/retirement-communities/atria-evergreen-valley-san-jose-ca>



Atria Willow Glen, San Jose <https://www.atriaseniorliving.com/retirement-communities/atria-willow-glen-san-jose-ca/>

Bridgepoint at Los Altos <https://www.kiscoseniorliving.com/senior-living/ca/los-altos/bridgepoint-at-los-altos/>

Brookdale Senior Living, Redwood City <https://www.brookdale.com/en/communities/brookdale-redwood-city.html?cid=yext>

Brookdale Senior Living, San Jose <https://www.brookdale.com/en/communities/brookdale-san-jose.html?cid=yext>

Cadence Millbrae <https://cadencesl.com/communities/cadence-millbrae/>

Carlton Senior Living, San Jose <https://www.carltonseniorliving.com/community/san-jose/>

Chateau Cupertino <https://chateau-cupertino.com/>

Magnolia of Millbrae <https://www.themagnolia.com/>

Merrill Gardens, Willow Glen, San Jose <https://www.merrillgardens.com/senior-living/ca/san-jose/merrill-gardens-at-willow-glen/>

The Avant and Palo Alto Commons <https://paloaltocommons.com/independent-living/>

The Trousdale, Burlingame <https://www.eskaton.org/trousdale-senior-living-burlingame-ca>

The Watermark at Almaden, San Jose <https://www.watermarkcommunities.com/our-communities/california/san-jose/the-watermark-at-almaden/>

Westmont of Milpitas <https://www.westmontliving.com/ca/milpitas/westmont-of-milpitas/>

**55+ Communities:** (generally no health-related services)

The Hamilton, Palo Alto <https://www.thehamilton.net/>

Rossmoor, Walnut Creek <https://rossmoor.com/>

The Villages, San Jose <https://www.thevillagesgcc.com/>

Compiled by Margaret Ann Fidler, April 2023

# Thoughts on moving to a Continuing Care Retirement Community (CCRC)

David Abernethy  
March, 2023

## Advantages

1. Confidence that I (or we, if a couple) can cope with several health scenarios associated with old age. A CCRC provides residential apartments for people without serious health problems. In addition are some or all of these facilities: for people recovering from medical procedures (a "health center"); for people needing help with regular daily tasks ("assisted living"); and for people experiencing various forms of dementia. The close proximity of residential apartments to the specialized health facilities means that one member of a couple living in a residential apartment can easily visit the other member of the couple living in a health facility.

2. Retirement communities offer many interesting cultural and educational programs, opportunities to learn to do new things, exercise classes and facilities, community gardens, and trips by van to nearby tourist destinations, museums, and concert halls. These activities are ready-made for senior citizens! Moreover, CCRCs offer plenty of opportunities for those able and willing to participate in the community's life.

3. Support for the surviving spouse. An elderly couple faces the issue of what life will be like for the individual who survives the death of the spouse. Being alone in a large house, where two used to live, can be a source of loneliness, depression, and difficulty in arranging health appointments and visits with friends. Living in a retirement community provides a crucially valuable social support network and readily accessible health workers. The support network includes others who are themselves surviving spouses and who can therefore empathize with a newly widowed fellow resident. (Note: A couple may not want to talk about this delicate issue, nor even think

much about it. But it is a crucial one, which residence in a CCRC addresses directly and effectively.)

4. Decision-making isn't deferred to the next generation.

Granting that downsizing one's possessions is difficult and unpleasant and that selling the house can be time-consuming and emotionally charged, it's better for retirees to do these things themselves than to leave them for their adult children to handle following the deaths of age-in-place parents. Children will be very grateful that their parents did the work and made the key decisions about their own possessions, so the next generation doesn't have to assume the burden of doing these things.

5. Children living at some distance from parents who have moved to a CCRC will find it comforting to know that their parents are being well cared for in old age, in a social as well as a medical sense. The children will feel less need to intervene and make difficult decisions when their parents face medical or other crises. Nor will children feel the need to make a special trip to be with their parents every time an emergency occurs.

6. CCRC residents are spared the potentially massive challenge faced by retirees who live in place of finding qualified, reliable, trustworthy people to meet ongoing health needs and to respond to health emergencies. How locate healthcare workers? Where will they live in the house, if this is called for? How can healthcare workers be trusted not to steal things when they have the run of the house? How find replacements when workers go on leave? These issues don't go away and are likely to become more serious over time, just when a retiree's energy level and mental competence decline. The burden of answering these questions can fall on retirees' children and become a serious emotional and perhaps financial burden on the next generation. These issues are resolved by moving to a CCRC.

7. If retirees move to a CCRC near where they have been living, they can retain existing friendship networks while developing new ones in the CCRC. Old age gives people the time to form,

maintain, and deepen friendships, at precisely the stage in life when being with friends is one of the most highly valued things one can do.

8. Aging in place involves taking care of a property that is also aging, with associated maintenance-and-repair tasks increasing over time and becoming more expensive. Living in a CCRC removes these problems. The staff are here to deal with them, at a cost that is built into the monthly fee paid by everyone.

9. Living with others who share old age gives me examples of how to decline – and die - with grace and dignity. I have impressive role models all around me. Besides, I won't feel so sorry for myself, and won't feel that my problems are unique, when I see others who share the same problems and are often in worse shape than I am.

### Disadvantages

1. It's unpleasant to contemplate moving from a relatively large, well-furnished home to a much smaller, more sparsely appointed apartment. Add to this the inconvenience of downsizing one's possessions, especially items with emotional value, plus selling the house, then actually making the move, and you have several powerful reasons for staying put. Aging in place continues an established, comfortable pattern of life. Continuity of surroundings can be especially important given the unwelcome discontinuities of the aging process.

2. People living in homes are used to a fair amount of physical distance between their homes and those of their neighbors. This distance largely shields homeowners from bothersome, distracting noises next door: for example, neighbors arguing, partying, owning barking dogs, and their children yelling. Moving to a CCRC apartment means living at close quarters with others. If I don't like my new neighbors, am annoyed by their yipping dog, etc. this can create problems and lower my quality of life.

3. Do I really want to live with a group consisting solely of old people? I don't want to be reminded so dramatically of my age,

especially when people all around me are declining physically and mentally and dying. It can be pretty depressing. Better to live in a community including two or more generations. It's especially uplifting to see children, just being children. They remind me of my own childhood, long ago.

4. The entry cost and the monthly fee for a CCRC can be quite daunting, and prohibitively high for many retirees. If pension income is fixed while the monthly fee rises with inflation, there can come a point where retirees' funds run out.

Note, though, that the net cost of living in a CCRC is less than the gross expense of the monthly fee. And net cost is the figure that counts. The monthly fee covers many expenses no longer borne because the retiree has moved from home. These include property taxes, house insurance, food, many purchased supplies, medical expenses, labor in the home and yard, and home maintenance and repairs. Foregone expenses should be deducted from the gross figure. Moreover, a CCRC may allow residents to take a medical deduction on their taxes based on the medical services it provides all residents.

An additional thought on when to move to a CCRC: Individual circumstances vary greatly, so any generalization should be treated with caution. That said, I think it's best to move earlier than later, and definitely before it becomes too late. And "too late" can slip up on you. It's crucial to have the energy and the mental acumen to make the myriad, often difficult, decisions involved in moving. This is a multi-stage process involving deciding where to go, downsizing, preparing the home for sale, selling the home, and moving. Downsizing alone is complicated. You have to decide what items to keep, taking into account the size and shape of the place to which you're moving; what to give away (and to whom); what to make available for auction; and what to toss. You want to do all this when you're confident you can carry through with minimal dependence on others.

If you move as a couple, consider as well that you want to move in time for each of you to make new friends and form a community friendship network before the first person in the couple dies. See point #3 under "Advantages." You may also want to move early in order to enjoy the opportunities listed under #2.

D.B.A.

## **Comparison Tools for Continuing Care Retirement Communities (CCRCs)**

After reviewing all the options for where to live in retirement, if you wish to consider a CCRC, what informational as well as qualitative/judgment factors should you consider when comparing choices? Possible factors are listed below in the form of questions. It is possible to convert the questions into a spreadsheet, however, so that information about several communities can be more easily compared. An individual, or each member of a couple, can rate several CCRCs for the qualitative/judgment factors in spreadsheet form if you create a simple rating system. Note also that you can substitute the factors that are important to you, as everyone's needs are different. The ones below can help you get started.

You could create similar comparison tools for senior residences that have rental-only contracts if this is of interest to you.

### **Informational questions to ask if comparing several choices of CCRCs:**

- Is there an entry fee, or an actual ownership share in a unit? What types of contracts are offered?
- Is a portion of the entry fee refundable or not? Under what circumstances? Is there a choice of a higher fee with a future return of equity, or a lower fee if with no return, or no return beyond a 2%/month amortization (with zero return after approximately 4 years)?
- Will monthly prices increase (beyond cost of living) as one moves from one's apartment to higher levels of care, whether on the same property or in a nearby health center? What are the options, and the costs associated with them, if spouses/partners each need different types of care?
- What are the entry fees (or purchase price) and monthly fees of the size of the unit one prefers – such as 2- bedroom, 2-bath? How much does a spouse/partner add to the entry fee and monthly fees?
- What have been the cost-of-living increases over the past 5 years?
- Is there a minimum or maximum age for admission?
- How large in square footage is the type of unit one prefers? Is there any storage space outside of the unit?
- Are full or partial kitchens available?
- Is access to laundry facilities inside or outside of the unit?

- How many meals per day are required in the meal plans? Or offered?
- Is a skilled nursing facility available onsite, offered under the same contract? Are skilled nursing rooms private or shared? Is one guaranteed placement within a reasonable wait in the on-site skilled nursing center if such help becomes needed? Is the skilled nursing center available for temporary needs, such as while recovering from surgery or a moderate stroke, as well as for future permanent needs? If for temporary reasons, is this available regardless of whether Medicare can cover the cost?
- Is there an assisted living unit in a health center, or are assisted living services offered in one's own unit?
- Is there a memory care unit? If not, how are such needs handled?
- Is it common for residents to incur additional costs to hire private aides either to maintain the ability to remain in independent living or to provide additional coverage in the skilled nursing center if more care is needed than is usually provided? If so, how much might this cost?
- Are there parking fees? Additional fees for a second car? Is EV charging available if this is needed?
- What community facilities are available, such as pools, gyms, meeting or private dining rooms, library, hobby or activity spaces?
- Is the governance of a facility for-profit or non-profit, and why might that matter?
- What role do residents play in the governance and in such matters as the food service?
- How many people are on the waiting list? How long is the typical wait once one gives an indication of readiness to move? (Sometimes long waitlists are deceptive if one is ready to move soon.) Is the desired type of unit generally available if moving directly from the outside, or more likely to be available by making an internal move, requiring that one start with a smaller unit?

**Qualitative/judgment questions to ask oneself if comparing several choices of CCRCs:**

- What is the likelihood of getting the desired unit in a reasonable amount of time?
- Do you feel there is good value for the cost?
- Do you like the location (urban, suburban, rural, etc.)?



- Do you like the setting/feel of the neighborhood surrounding the CCRC?
- Are you comfortable with the ambience? The feel of the building(s) and grounds?
- Is it a relatively new facility, or is it older, and possibly with deferred maintenance that might mean higher future costs for renovations?
- Will it be easy to entertain your family and friends, with available parking for them, etc.?
- Compatibility with other residents? Do you know anyone you can consult? Do people seem friendly?
- How diverse is the community? If not very diverse in terms of race, ethnicity, sexual orientation, or other factors important to you, are steps being taken to address this?
- Is it possible to visit for a meal, and possibly meet other residents? Is it possible or desirable to visit several times?
- How do you rate the available community facilities?
- Quality of facilities for higher levels of care: Do they seem adequately staffed? Are you allowed to see government ratings for health facilities, which should be available?
- As you learn about the finances, does it appear to be financially stable? Are the finances transparent?
- Are there contractual or legal issues? Any pending lawsuits?
- Have plans been made for evacuation in case of wildfire, earthquake, flooding, etc.? If so, how sound are those plans, and do they protect you financially over the long-term?

Margaret Ann Fidler, with advice from David Abernethy and Michele Marincovich  
May, 2023