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## The Difference Between Institutionalized and De-institutionalized Assisted Living Communities

Not all **assisted living communities** are alike. In fact, the differences can be astounding. When researching where you want to spend your senior years, your choice in housing could make the difference between thriving and looking forward to each new day...and just getting by. Do not make this decision lightly. This article will compare and contrast large, institutionalized assisted-living communities with smaller, de-institutionalized assisted living communities, often called mini-assisted living homes or “**personal-care homes**” because of their true family-like setting.

All assisted living communities are similar in that they offer a type of care that combines housing and services in a residential environment that strives to maximize the individual functioning and autonomy of residents. They offer adults help with daily living activities such as housekeeping, medication supervision, dressing, grooming and transportation. They're a middle road between **independent living** with in-home health care and nursing homes or hospitals.

Beyond this common definition of an assisted living community lie differences ranging from living quarters, environment, and culture, to medical care, personal care, and staff to resident ratios. The following list details some of the differences you'll want to consider when deciding between moving into a large, institutionalized assisted living community versus a quaint, Personal Care Home.

## **Large Assisted Living Communities (Institution-Directed Culture):**

- Usually contain 30 beds or more.
- Staff provides standardized “treatments” based upon medical diagnosis.
- Staff to Resident ratio is 1:15 during the day and 1:25 at night.
- Schedules and routines are designed by the institution and staff, and elders must comply.
- Work is task-oriented and staff rotates assignments.
- As long as staff know how to perform a task, they can perform it “on any patient” in the home.
- There is a high-turnover rate of staff members, making the development of relationships difficult.
- Decision making is centralized.
- There is a hospital environment.
- Meals are typical “cafeteria” food
- Structured activities are available when the activity director is on duty.
- Most have a point-system in place to determine the level of care needed, which determines the final price. That final price will change once level of care changes.
- There is a sense of isolation and loneliness.

## **Person-Directed Culture (Personal Care Homes):**

- Are usually licensed for 3 to 10 beds.
- Staff enters into a caregiving relationship based upon individualized care needs and personal desires. The focus is on person-centered care.
- Staff to Resident ratio is at least 1:3 during the day and at least 1:6 at night.
- Elders and staff design schedules that reflect their personal needs and desires.
- Work is relationship-centered and staff have consistent assignments.
- Staff bring their personal knowledge of elders into the caregiving process.
- With low staff turn-over and few residents, long-term, family-

like relationships are formed between residents and staff members.

- Decision making is as close to the elder as possible.
- The environment reflects the comforts of home.
- Menus and activities are customized to cater toward the individual tastes and desires of each resident.
- Spontaneous activities are available around the clock.
- Personal Care Homes do not have a corporate business model; there is no top-bottom approach as most owners of Personal Care Homes are caregivers themselves.
- There is a sense of community and belonging.

As you can see, there is a lot to consider when choosing an assisted living situation...and the decisions don't end there! If you have decided that a de-institutionalized Personal Care Home is right for you, the next step is to choose which one can meet your needs and desires the best. Again, it is important to do your research because no two Personal Care Homes are alike. Here are some things to consider:

#### **What To Look For In A Personal Care Home:**

- Some Personal Care Homes have live-in caregivers, other rotate staff in shifts, depending on the needs of the residents.
- Some Personal Care Homes have rooms that are small and can't accommodate much furniture, other's offer spacious suites.
- Some Personal Care Homes are equipped to **care for Diabetics** and residents **living with Alzheimer's/Dementia**, others are not.

Safe Haven at Lenox Park in Atlanta, GA is a de-institutionalized Personal Care Home set in a large, elegant house with walking distance to a twenty-five acre park with two lakes and lush landscaping. Safe Haven offers a home setting and is designed to accommodate only six residents at a time, resulting in a family atmosphere.

Each resident lives in his or her own spacious suite and enjoys customized meals and daily activities at their individual time and choosing. Daily activities range from gourmet meals and personal

fitness training to computer classes, manicures, and day trips to sporting events and symphonies...and that's just to name a few. It's no exaggeration to say that the services and amenities offered at Safe Haven at Lenox Park rival those of the most exclusive spas and retreats.

The staff at Safe Haven is comprised of attentive, **highly-trained caregivers** who develop close bonds with the residents. Caregivers at Safe Haven are carefully selected for their personalities as well as their training. To that end, Safe Haven is fully-equipped to meet the medical and emotional needs of all residents, including those with Diabetes or Alzheimer's/Dementia.

When choosing where to enjoy your senior years, remember to do research and consider all your options. If you're looking for a de-institutionalized Personal Care Home, be sure to visit **Safe Haven at Lenox Park in Atlanta, GA.**