" STANDARDS OF CARE IN HOMES FOR THE AGED - A STUDY OF THE STANDARDS OF ST. FRANCIS HOME OF SAGINAW, MICHIGAN "

BY

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INTRODUCTION

In our society today, there is a steadily growing recognition that the health and life of society are best protected when the individuals of that society have the fullest opportunity for a meaningful and satisfying life. This is especially true in the past ten years with the concern for the problem of the older, aging group of people in their attempts to remain active members of society.

From statistical tables we are aware of the fact that our population is not only older but that life expectancy of the population is also increasing. We may well assume from these tables that our aging population will continue to increase. A detailed analysis of the American population is contained in Tables 1, 2 and 3 of Chapter I.

With this increase in the aging population, there exists the needs of these older people in their search for the security of a home as well as the needs to associate with other older people. These needs differ as widely as people themselves differ. In this search for a security of a home, these needs can be divided into four categories.

The first group are those who are old chronologically, but are still very vigorous and able to produce. Industry and business no longer accept them because they have reached the age of sixty-five. These people are obliged to retire on an income which is not equal to the standard they enjoyed as wage earners. These persons must make new arrangements for living.

The next group comprises the segment of the aging, which has passed the stage of good health without actually becoming ill. They too, are faced with a limited budget and must adjust to declining physical and mental faculties. They are sensitive to the noise of youngsters, must avoid stairs, and must be within easy walking

distance to services. Their housing needs must be devised so that they can care for themselves as long as health permits. These people are self sufficient within the limitations of health and finances.

The third group of the aged are those who cannot care for themselves completely. These may have a disability which hampers them in their self sufficiency, as the arthritic woman who cannot do her own cleaning. Such individuals can maintain their own privacy and independence with some provision of household help without the limits of group care living.

The fourth group, with which this paper is concerned, is that which comprises those of the aged who can best be served by a group care facility. In this group care service, we consider the boarding home, convalescent home, nursing home or home for the aged. Service in these group care facilities is directed to those aged people who need the personal, medical or nursing care and comradeship of fellow aged that they are unable to receive in their own home.

Group care services should not ignore the balance between security and independence. Institutional placement should not be considered as a last step to the grave but rather should strive to rehabilitate all who have a potential for living more independently and be concerned with the individual's adjustment to the community. It is a hopeful goal that the individual be permitted to maintain independence as he might have in his own home under more favorable circumstances. The individual should not deteriorate into the condition of helplessness and degeneration as sometimes does occur within this setting.

It is hoped that this paper will provide a means of evaluating the program of St. Francis Home for the Aged in Saginaw, Michigan within the fourth category.
A study of practices in the various boarding homes for the aged in the State of Michigan, rules and regulations for licensing as Standards in the State of Michigan.

for the care of the aged [1] and the "Standards of Care for Older People in Institutions" as prepared by the National Committee on the Aging of the National Social Welfare Assembly [2] are used as a basis to study and to evaluate the practice of St. Francis Home for the Aged in Saginaw, Michigan. Possibly, if indicated, the program of St. Francis Home might well be modified or expanded.

[1] State of Michigan, Department of Social Welfare, Rules and Regulations for Inspection and Licensing of Convalescent Homes and Homes for the Aged, Lansing, Michigan, March 1954, 6pp.

[2] National Committee on the Aging of the National Social Welfare Assembly, Standards of Care for Older People in Institutions, Section I, Suggested Standards for Homes for the Aged and Nursing Homes, 112pp. Section II, Methods of Establishing and Maintaining Standards in Homes for the Aged and Nursing Homes, National Social Welfare Assembly, New York, 1953, 112pp.

HISTORY OF ST. FRANCIS HOME

An increasing number of requests, on the part of the aged population of the Diocese of Saginaw, Michigan, has been received during the past decade for a home where these aged persons might live their lives to the fullest extent. While it is true that there are a large number of homes for the aged in the State of Michigan, these homes apparently did not seem to satisfy the need as it was expressed from frequent requests.

The requests of these people expressed the wish to be able to live in a Catholic atmosphere. Embodied in this Catholic atmosphere is the ability to enjoy religious services and devotions, companionship of other Catholic people and the kindness and charity of the religious sisters. The welfare of their souls for eternal salvation can be better protected in a Catholic atmosphere.

Most Reverend Stephen S. Woznicki D.D., Bishop of Saginaw, a man who is very conscious of social welfare and aware of these requests, enjoined upon Father Ralph M. Richards, Diocesan Director of Catholic Charities to make a preliminary study of the extent of these requests. Father Richards contacted various pastors within the Diocese of Saginaw and reported that the need was sufficiently great and services inadequate to warrant the consideration of establishing a home for the aged.

Suitable quarters were found in the Fall of 1951, in a building which formerly housed St. Luke's Hospital. It is this building, located at 1407 Janes Street in Saginaw, Michigan, that is presently known as St. Francis Home . The Diocese of Saginaw purchased this building as well as two other buildings, to house the Sisters who were to care for the residents and to house the domestic help in the Home.[1]

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[1] Father Ralph M. Richards, Director of Catholic Charities, Saginaw, Michigan, personal interview.

Extensive remodling was done in the newly acquired building to meet the needs of the aged and to meet the highest standards for care of these people. Ramps replaced steps, handrails were installed, decorations were made and equipment was purchased with the needs and the comfort of the aged of primary consideration. The total cost involved in obtaining and renovating the structure was over $320,000.[2]

The Diocesan League of Catholic Women[3] undertook as their major project, to equip and maintain the equipment of the new Home as well as to offer volunteer services to the residents and Sisters.

The services of the Bernardine Sisters of Reading, Pennsylvania,[4] with Sister Victoria as superior, were obtained to care for the residents. The Home has been fortunate in obtaining among the Sisters, a trained social worker, a registered nurse and registered physio-therapists. During the Fall of 1953, five Sisters of the Bernardine Order arrived in Saginaw, Michigan to undertake their new duties.

A board of directors was appointed by His Excellency Stephen S. Woznicki, to establish procedures and policies for the Home. There were seventeen members appointed to the board. The Most Reverend Bishop serves ex-officio as chairman. This board is represented by members from the four branch agency areas of the Catholic Charities of the Dioces of Saginaw, namely, Saginaw, Bay City, Bad Axe, Alpena. Two physicians, two business men, an attorney, a representative of the local public Social Welfare Board and representatives of the League of Catholic Women complete

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[2]Minutes of Board of Directors of St. Francis Homes, Saginaw, Michigan.

[3]League of Catholic Women is a volunteer group of Catholic Women, which has as its purpose, the uniting of Catholic Women for the promotion of religious, intellectual and charitable work.

[4]Bernardine Sisters of Reading, Pennsylvania are primarily a teaching order of Sisters. They operate general hospitals in the Eastern part of the United States.

the roster of the Board of Directors. The Board of Directors meets quarterly during the year and may be called for meetings of an emergent nature.[5]

As soon as the site for the present Home was acquired, applications were accepted by the four branch areas of Catholic Charities of Saginaw, namely, Saginaw, Bay City, Bad Axe and Alpena. These applications were processed through Catholic Family Service of Saginaw, Michigan with the assistance of the Admissions Committee of the Board of Directors. Presently, applications are still processed in the same manner. The Admissions Committee is composed of the Medical Staff, Administrator of the Home and Catholic Family Service representatives.

St. Francis Home for the Aged was duly licensed as a convalescent home to care for 62 persons, having complied with the rules and regulations of the State of Michigan Department of Social Welfare.[6] This type of license was secured in order to insure the highest standards of care as well as for a long range plan to provide convalescent care in the future.

There were 168 applicants for admission, of which 28 were men and 140 were women. Of this number, 24 were rejected because of medical reasons, 48 made no response to repeated efforts to contact them after their applications had been placed, death claimed 13 of the applicants before their applications could be processed, withdrawals accounted for 19, 12 applicants were placed on the waiting list.

On September 8, 1953, the first resident was admitted to St. Francis Home. At present 11 men and 37 women are residents of the Home.

St. Francis Home was duly incorporated as a non-profit corporation and By-Laws of St. Francis Home were duly stated.[7] The purposes of incorporation are stated in

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[5]Minutes of Board of Directors, op.cit.

[6]State of Michigan Department of Social Welfare, A Directory of Licensed Home for the Aged . Lansing, Michigan, April 1954, p.35.

[7]Appendix A. By-Laws of St. Francis Home, Saginaw, Michigan.

the Articles of Incorporation as follows:

> To establish, provide, equip, furnish, manage and maintain, for benevolent and charitable purposes, a home for the care and support of aged persons. To receive gifts, donations, bequests and devices of real and personal property of whatever nature or kind from any person or from any source, and receipts, gifts, donations, bequests, and devices from persons taken care of in said home or elsewhere and any other source of revenue for the maintenance and support of said home.[8]

Imbued with the positive philosophy that Catholic social welfare programs can best be served by a Catholic agency and because of the influence of religion in the lives of people and in the philosophy that charity and service are the responsibility of the Catholic Church, the Diocesan program for the aged was instituted.

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[8]Appendix B. Articles of Incorporation of St. Francis Home, Saginaw, Michigan.

SCOPE AND METHODOLOGY

This study has been encouraged by the Catholic Family Service of Saginaw, Michigan to evaluate the program of St. Francis Home for the Aged in Saginaw, Michigan. Although the institution has been in operation since September of 1953, the director of Catholic Family Service is interested in the evaluation of its program of service to the aged. The services of St. Francis Home for the Aged have been added to the services which Catholic Family Service of Saginaw, Michigan, an established social work agency, now performs.

For the purposes of this study, the term "aged" will be confined to persons who have reached their sixty-fifth birthday. The terms "Convalescent Home" and "Home for the Aged" are those defined by the Michigan Social Welfare Act, Act 280, P.A. 1939 as amended:

> A Convalescent Home is defined as a home or institution operated by an individual, partnership, corporation, or other group, which for a valuable consideration, provides planned continuing nursing care and treatment for 4 or more aged persons, in addition to maintenance and personal services and which possesses equipment, facilities and staff consistent with the requirements of such nursing care and treatment.
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> A Home for the Aged persons is defined as a home or institution operated by an individual, partnership, corporation, or other group which for a valuable consideration provides maintenance and personl service on a planned and continuing basis to 4 or more aged persons. Such maintenance and personal service does not include nursing care and treatment except in the case of minor temporary illness.[1]

In the attempts to evaluate the program of St. Francis Home for the Aged, the program was compared with the programs offered by various boarding homes for the aged in the State of Michigan. Further evaluation was made with the "Standards of Care for

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[1] Michigan Public Act 280, 1939 as amended, "Michigan Social Welfare Act".

Older People in Institutions" as prepared by the National Committee on the Aging of the National Social Welfare Assembly.[2]

Evaluating the program of St. Francis Home for the Aged with "Standards of Care for Older People in Institutions"[3] was encouraged by Mrs. Mary Guiney of the United Community Services of Detroit, Michigan. A regional meeting was held in New Orleans, Louisiana, in 1953 to discuss and evaluate these proposed standards and to evaluate the standards of care of older people in institutions in the southern part of the United States. Another regional meeting was scheduled to take place in April of 1954 at St. Louis, Missouri for the same purpose. It was suggested that these standards have considerable approval of many in the field of the aging, as embodying sound philosophy of the aging, as well as of institutional care for the aging.[4]

In seeking information of practises of the various boarding homes for the aged in Michigan, a questionnaire [5] was devised with the assistance of one prepared by the Wisconsin State Board of Health, Division of Hospitals and Nursing Homes.[6]

Data was sought by means of this questionnaire in regard to admission policy, physical arrangements, cost of service, ages of residents, professional and recreational services. Early attempts were made to seek financial information, as to institutional salaries, cost of operation, per capita costs. These attempts were not successful, probab-

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[2] National Committee on the Aging of the National Social Welfare Assembly, Standards of Care for Older People in Institutions, Section I, Suggested Standards for Homes for the Aged and Nursing Homes, 112pp. Section II, Methods of Establishing and Maintaining Standards in Homes for the Aged and Nursing Homes, National Social Welfare Assembly, New York: 1953, 112pp.

[3] Ibid.

[4] Mrs. Mary Guiney, personal interview, March 29, 1954.

[5] Appendix C. Questionnaire.

[6] Wisconsin State Board of Health, Division of Hospitals and Nursing Homes, Preliminary Survey, Nursing, Boarding, Convalescent and Rest Homes for the Aged, Infirm or Chronically Ill. Madison, Wisconsin, 1952.

ly because of the confidentiality of such information.

Although St. Francis Home for the Aged in Saginaw, Michigan is classified as a Convalescent Home for the Aged by the State of Michigan Department of Social Welfare,[7] questionnaires were sent to homes listed as Boarding Homes for the Aged because of the present admission policy of St. Francis Home for boarding care only. St. Francis Home does meet the requirements for a Convalescent Home. The classification was sought by the Board of Directors, with a view to future expansion of the program after evaluation of the present program.

In the April 1953 directory of licensed homes for the aged in the State of Michigan, 108 homes are classified as boarding homes for the aged with a capacity for 1,730 beds. Questionnaires were sent to boarding homes, whose capacity was for more than 10 persons, in order that a comparison might be more equitable. The capacity for St. Francis Homes is listed for 62 persons. Homes listed with a capacity for more than 10 persons number 58 with a total bed capacity for 1,338 beds.[8]

Case records and pertinent data in regard to St. Francis Home were made available. Personal interviews were held with various people, who were associated with St. Francis Home, in order to gather background information and historical data. Minutes of the Board of Directors were utilized to provide information in regard to the planning involved and setting policies of the Home.

Census figures have been used to analyze the national population. Death rates and longevity trends were used as a means of evaluating the extent to which services for the aged might be needed.

This study comprises six chapters. Chapter I, Concept of the Aging Problem. Chapter II,"Standards of Care for Older People in Institutions" as proposed by

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[7]Appendix D. Convalescent Home License of St. Francis Home, Saginaw, Michigan.

[8]State of Michigan, Department of Social Welfare, A Directory of Licensed Homes for the Aged . Lansing, Michigan, April 1953.

the National Committee on the Aging of the National Social Welfare Assembly.[9] Chapter III, Standards of the State of Michigan for the care of the aged[10]. Chapter IV, Policies and practises of various Boarding Homes for the Aged in the State of Michigan as they relate to "Standards of Care for Older People in Institutions".[11] Chapter V, Policies and services of St. Francis Home in Saginaw, Michigan. Chapter VI, Summary and evaluation of the program of St. Francis Home in Saginaw, Michigan.

It is hoped that this study will serve as a means of evaluating the services of St. Francis Home in Saginaw, Michigan, with suggestions to modify or to expand its services, if indicated. It is expected that this study will be of assistance to Catholic Family Service and to the Board of Directors of St. Francis Home in providing progressive service to the aged. This study will also be of use to the writer in his interest in the problems of the aging and as a basis for a more comprehensive study at a later date.

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[9] National Committee on the Aging of the National Social Welfare Assembly, Standards of Care for Older People in Institutions, Section I, Suggested Standards for Homes for the Aged and Nursing Homes, 112pp., Section II, Methods of Establishing and Maintaining Standards in Homes for the Aged and Nursing Homes, National Social Welfare Assembly, New York, 1953, 112pp.

[10] State of Michigan, Department of Social Welfare, Rules and Regulations for Inspection and Licensing of Convalescent Homes and Homes for the Aged. Lansing, Michigan, March 1954.

[11] National Committee on the Aging of the National Social Welfare Assembly, op. cit.

CHAPTER I

CONCEPT OF THE AGING PROBLEM

In our American culture, emphasis is placed on youth, which appears to be very little in keeping with our mounting aging population. Table 1, "Population of the United States 1950 and 1850", reveals the fact that the median age increase from 18.9 years to 30.1 years. For the ages 30 years and over, the proportion of persons in the total population at each ten year level was greater in 1950 than in 1850. This gain increased progressively with each age group. In the older age group, 50 to 59 years, the proportion of increase was more than twice as great as in 1850. The greatest gain occurs in the group of persons 70 years or over, where the portion is more than three times as great.

TABLE 1

POPULATION OF THE UNITED STATES BY AGE 1950 AND 1850

	Number		Percent	
Age	1950	1850	1950	1850
Total	150,697,000	23,191,876	100.0	100.0
Under 10 years	29,565,000	6,743,185	19.6	29.1
10 to 19 years	22,094,000	5,423,744	14.7	23.4
20 to 29 years	23,420,000	4,279,958	15.5	18.5
30 to 39 years	22,794,000	2,827,577	15.1	12.2
40 to 49 years	19,048,000	1,847,806	12.6	8.0
50 to 59 years	15,504,000	1,110,226	10.3	4.8
60 to 69 years	11,010,000	610,301	7.3	2.6
70 years and over	7,262,000	349,079	4.8	1.5

Source: C. Tibbits and H.D. Sheldon, "A Philosophy of Aging" Annals of the American Academy of Political and Social Science, CCLXXIX, January, 1952, p3.

Along with this proportional increase in population within a century, it is possible to see a decreasing mortality rate as well as an increase in the life term expectancy of the population. Table 2 indicates that within a ten year period the mortality rate of the population has decreased rather significantly for both sexes. Table 3 shows that the future life term expectancy within this ten year period for both sexes has also increased. Although the change is not so dramatically indicated, yet the increase is sufficient to realize that the population is expected to live longer.

TABLE 2

ANNUAL RATE OF MORTALITY PER 1000 LIVING AT AGE INDICATED BY SEX
1939-41 to 1949

Period	At Birth		Age 25		Age 45		Age 65	
	M	F	M	F	M	F	M	F
1939-41	48.12	37.89	2.12	1.45	7.66	5.23	36.85	26.43
1949	32.5	25.0	1.6	.8	6.4	3.8	35.9	21.9

Source: "Selected Life Tables Values 1909-11 to 1949". Statistical Abstract" U.S. Department of Commerce, U.S. Government Printing Office, 1953 No. 66 p.70.

TABLE 3

AVERAGE FUTURE LIFE TERM IN YEARS AT AGE INDICATED BY SEX
1939-41 to 1949

Period	At Birth		Age 25		Age 45		Age 65	
	M	F	M	F	M	F	M	F
1939-41	62.81	67.29	47.76	51.38	25.87	28.90	12.07	13.56
1949	65.9	71.5	49.3	54.2	26.7	30.8	12.4	14.6

Source: "Selected Life Tables Values 1909-11 to 1949". Statistical Abstract" U.S. Department of Commerce, U.S. Government Printing Office, 1953 No. 66 p.70.

From these tables we are aware of the fact that our population is older. Further, mortality rates have decreased and life expectancy has increased. There is the indication that we may expect our population to continue to grow older. Further implication from these tables, is that we need to examine the aging population in the role that is ascribed to it and the problems associated with this role.

National economy and value is geared to speed and efficiency. Growing old in this culture is something that is, at times, denied, or even apologized for. Along with this thought, many of our statements tend to increase the feeling that youth is to be sought and aging denied. Statements as the following, "you are only as old as you may think", and "someone is sixty years young", tend to place emphasis on youth.

The process of aging involves numerous interrelated elements of biological, psychological and sociological nature. Aging in itself is complicated on the one hand by disease processes and restriction and on the other hand by culture so that it is difficult to describe or measure it.

As aging is a part of living, it can never be arrested without ending life. This does not imply that changes which are consequent to the passage of time in the living organism are not amenable to change. We are all aware of physiological changes concomitant with the passage of time, the debility to the human body and deterioration of faculties.

While we consider the needs of older people, it is well to remember that older people have the needs that are common to all people and also that they have special needs due to the fact that they are older people.

We find these needs common to all of us;emotional security and affection which is met by receiving love and by living in a world where things are predictable and usually come out in a favorable or at least in a tolerant way; Secondly, social recognition and status met by receiving respect from people who count in one's world; Thirdly, a sense of worth

and self respect met by living up to one's ideals; Fourthly, adequate food, clothing, shelter and health.[1]

Along with these needs common to all of us, the older person has a problem created for him because the physical body and society itself make it difficult for him to meet the needs common to all of us.

The aged person best by physiological changes is in conflict between what he would like to do and what he is able to do. In our society, the aged person must sell his talents in open competition with all age groups. This is brought about by premium placed on speed and efficiency required in our industrial society. The devaluation of the qualities of experience and wisdom in favor of speed and efficiency hardly promotes for recognition and status.

In our industrial society, new employment after the age of 45 is increasingly difficult to obtain. Usually compulsory retirement begins at the age of 65. The tremendous task of earning a livelihood and rearing a family leaves little time for the development of skills that may facilitate engaging in other useful and satisfying activities upon reaching retirement age. The older person then finds himself in retirement, usually without a job, without the social relationships that he enjoyed in his laboring capacity and especially without the substitute activity.

Social roles of persons in family units change with age. The increase in prestige, security and respect are not always assured in our society for the aging person. In many situations, the parent after completing his role as family protector and provider may now assume a dependent role upon his family. This seems to bring out an inconsistency in the ideals of our society for independence and success. There is no definition of the role of the aged person which may and frequently does cause stress within the family unit.

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[1] R.J. Havinghurst, Social and Psychological Needs of the Aging. Annals of the American Academy of Political and Social Science, Philadelphia, January, 1952. p.11.

Another phenomenon that exists in our society is the fact that family members may be widely separated. With the promotion of education and degrees of specialization, family members scatter to different regions so that they leave the familial area entirely. The aged person, faced with a situation described, maintains a home alone and without assistance.

There develops a kinship among older people for association with persons of their own age groupings or with those who may be undergoing similar difficulties. This kinship and the wish to be with other aged persons is demonstrated in a study made of residents in a trailer park in Florida. These residents were asked to cite their reasons for preference for living in a retired community. Association, same status and interests were reasons most frequently cited. Loneliness and "Don't feel out of place" were reasons mentioned next in frequency.[2]

Society in promoting the compulsory retirement age at 65 years has not taken into consideration the fact that the person is faced with the problem of maintaining himself on an income,less than he received while in the labor force. The retired person usually has the same financial obligations as he had when steadily employed. Census figures report that 43 percent of families in the United States with a head of 65 years of age and older had a cash income of less than $1,500 in 1950; and for the same year, 39 percent of those 65 years old and older and living alone or with non-relatives had a cash income of less than $550.[3]

The process of aging seems to be a process brought about by physiological changes and sociological concomitants. While it is true, that progress has been made in geriatrics to decrease and to alleviate the confining effects of physiological change, the needs of the aging person have not been satisfied by our society. Steps

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[2]G.C. Hoyt, "The Life of the Retired in a Trailer Park", American Journal of Sociology, Vol. LIX No.4, January ,L954, p.367.

[3]U.S. Bureau of the Census. Current Population Reports, Consumer Income, Ser. P-60, No.9. Government Printing Office, Washington., 1952, p.25.

have been taken in industry to reconsider the compulsory retirement changes in favor of a more flexible plan. Society still needs to plan for the aging population in terms of adequate, low cost housing and financial security. Society today, is steadily recognizing the fact that the health and welfare of its members are best protected when the individuals of that society have the fullest opportunity for a meaningful and satisfying life. Community planning in regard to providing this opportunity for our older population would perhaps, be the logical place to begin.

CHAPTER II

STANDARDS OF CARE FOR OLDER PEOPLE IN INSTITUTIONS

Protection against exploitation of the sick and helpless in our society has been a long established principle, especially when the care of these people is entrusted to others. Through programs of state and local agencies of accreditation, protection has been established and developed in institutions for children, medical facilities and mental hospitals. Rules have been set up whereby, administrators, staffs and boards of directors may be governed in the care of those entrusted to them.

Although there is increasing activity throughout the country in regard to the aged population, the amount of protection offered these people in institutions is a long way from the progress and protection that is offered to others.

The impact of the mounting aged population offers a challenge to incorporate this group into our cultural and social life. The scope and meaning of this challenge is making its impression on our society. Awareness of the needs of these people and lack of satisfaction of them have brought about efforts from many parts to alleviate and correct injustices toward the aged.

Shocking reports of inhumane treatment of aged persons in institutions, deaths as a result of condemned buildings, have brought about a recognition of the aging problem. With this awareness, national and local bodies have concerned themselves with the improvement of standards in homes for the aged. National religious groups and welfare groups have proposed standards which they felt were desirable. Among these groups interested in institutional care for the aged is the National Committee on the Aging of the National Social Welfare Assembly.

The National Committee on the Aging of the National Social Welfare Assembly,

organized in 1950, includes many individuals representing national agencies who have had a long time interest in the development of a definitive set of standards as a nationwide goal for institutions caring for older people.

A project committee was formed in 1951, and was called the Committee on Standards for Sheltered Care. This was a two year project. Membership in the committee was composed of representatives of national voluntary organications, federal and state governmental agencies, business and medical, legal and social work professions and executives and board members of homes for the aged and nursing homes.

The result of this project is found in the publication of "Standards of Care for Older People in Institutions", comprising two sections. Section I, "Suggested Standards for Homes for the Aged and Nursing Homes". Section II, "Methods of Establishing and Maintaining Standards in Homes for the Aged and Nursing Homes".[1]

The underlying philosophy of this committee was that congregate living should provide for all the residents an environment that is consistent, hopeful and affirmative. The needs of each resident should be given equal consideration without discrimination or partiality. Appropriate services should be available to residents who are ill and disabled to insure responsible diagnosis, prompt and competent treatment to aid in the achievement of recovery and under all circumstances, sympathetic and continuous care.

Standards are goals toward which institutional programs should be directed. They represent the community group opinion of desirable care for older people. When institutional practises have been able to meet minimum requirements, desirable standards come to be accepted over a period of time as minimal. The goals

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[1]National Committee on the Aging of the National Social Welfare Assembly, Standards of Care for Older People in Institutions, Section I, Suggested Standards for Homes for the Aged and Nursing Homes, 112 pp., Section II, Methods of Establishing and Maintaining Standards for the Homes of the Aged and Nursing Homes, National Social Welfare Assembly, New York, 1953, 112 pp.

themselves are gradually raised as community understanding and institutional services develop. Improvement of institutional practises thus become a dynamic process.

For the purposes of this study the standards of care have been condensed. Details of the various recommendations were deleted but the principle ideas were retained. The proposed standards in this form are included in Appendix E.[2]

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[2]Appendix E. Standards of Care for Older People in Institutions.

CHAPTER III

STANDARDS FOR HOMES FOR THE AGED IN MICHIGAN

The impetus of federal legislation within recent years because of the acceptance of public assistance recipients in nursing homes and homes for the aged, has led to visitations of these homes by welfare groups. The Hill-Burton Act, Public Law 725 placed many of these institutions under the jurisdiction of the state agencies concerned with the needs of the chronically ill, and focused attention on medical needs of older people. Particular emphasis was placed on those persons in county homes and county hospitals.

Amendments to the federal Social Security Act of 1950, embodied in Public Law 734, made provisions that a state plan for Old Age Assistance, Aid to the Blind and Aid to the Permanently or Totally Disabled provide, if the plan includes payment to individuals in private or public institutions, for the establishment or designation of a State authority or authorities to be responsible for establishing and maintaining standards for such institution.[1]

The Michigan Social Welfare Act, Act 280 P.A. 1939 as amended imposes upon the State Department of Social Welfare statutory provisions in its regulations for homes for the aged.

The act provides that the Michigan Social Welfare Commission shall inspect and license convalescent homes and homes for the aged which are privately operated

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[1] U.S. 81st Congress, 2nd sess. Public Law 734, Titles I,X and XIV of the Social Security Act.

for a valuable consideration for four or more aged persons not including members of the householder's immediate family.[2]

The purpose of these rules is for the maintainence and enforcement of standards for the care, treatment, health, safety, welfare and comfort of the individuals in convalescent homes and homes for the aged and for the maintenance and operation of such homes in such a manner as to promote safe and adequate accomodation, care and treatment.

Regulations of Michigan include certain basic requirements; that the premises be safe; that the institution maintain a healthful environment; and that the services provided be adequate to meet the needs of the residents served.

The law designates without limiting, the areas to be covered by the standards including:

1. Location and construction of the home and all conditions within the home necessary to insure healthful, safe, sanitary and comfortable environment for all residents.

2. Number and qualifications of all personnel, including management and nursing personnel.

3. Medical and nutritional services.

4. Administration of the home.

These standards imply the basic minimum requirements for homes for the aged. In contrast to standards proposed by the National Committee on the Aging of the Social Welfare Assembly, the Michigan requirements are basic but do not limit the extent to which these standards might be improved.

Standards established by the State of Michigan are made a part of and are

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[2] State of Michigan Department of Social Welfare, Rules and Regulations for Inspection and Licensing of Convalescent Homes and Homes for the Aged. Lansing, Michigan, March 1954.

included in Appendix F.[3] General features of the regulations were retained . Embodied in the original standards are those for convalescent homes. Detailed analysis of these regulations is not made nor are the reasons for them explained. Segments of the regulations as they pertained to boarding homes were included. It is the purpose of these regulations to set minimum standards for homes for the aged. Embodied in these regulations is the philosophy that group care services should provide opportunities for the aged person to enjoy his life to the fullest extent.

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[3] Appendix F. Standards for Homes for the Aged in Michigan.

CHAPTER IV

POLICIES AND PRACTISES OF BOARDING HOMES FOR THE AGED IN MICHIGAN

Within the State of Michigan, many group care services for the aged have been organized and licensed. According to the Directory of Licensed Homes for the Aged, in April 1953, there were a total of 514 homes for the aged. A further breakdown of these homes reveals the fact that 406 homes were licensed for convalescent care with a capacity for 8,420 beds, 108 homes were licensed for boarding care with a capacity for 1,730 beds.[1]

Attempts were made to study the programs of various boarding homes for the aged in the State of Michigan. No attempts were made to consider the programs of the various convalescent care homes. As was pointed out earlier, this study is concerened with the programs of boarding homes for the aged in the State of Michigan in order to evaluate the program offered by St. Francis Home in Saginaw, Michigan.

Boarding homes with a bed capacity of more than ten beds were contacted by means of a prepared questionnaire.[2] This was done so that a more equitable comparison might be made with the program offered by St. Francis Home, which has a bed capacity for 62 persons. A total of 59 boarding homes with a capacity for more than ten persons was listed in the Directory of Licensed Homes for the Aged.[3]

Information was sought in regard to type of legal ownership, classification

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[1] State of Michigan Department of Social Welfare. A Directory of Licensed Homes for the Aged, Lansing, Michigan , April 1953.

[2] Appendix C. Questionnaire.

[3] A Directory of Licensed Homes. op.cit.

of the home, admission policy, age of residents, number and type of bedroom facilities, financial responsibility for care, monthly rates, professional services and recreation.

A total of 59 questionnaires was sent to the boarding homes. Responses to these questionnaires were made by 26 homes. Follow up letters and personal contacts were made in instances where it was possible. Approximately 40 percent of the homes responded to the questionnaires.

Table 4 indicates the groupings of the various homes in terms of capacity, number of questionnaires and responses in each grouping. The capacity of these homes ranged from 11 persons to 96 persons. One home had a capacity for 96 persons. More homes were within the capacity range of 11 to 19 persons and 20 to 28 persons. The number of responses were centered within this capacity range.

TABLE 4

RESPONSES TO QUESTIONNAIRES SENT TO BOARDING HOMES FOR THE AGED WITH A CAPACITY FOR MORE THAN 10 PERSONS IN MICHIGAN

Capacity	Questionnaires	Responses
Total	59	26
11 to 19 persons	30	13
20 to 28 persons	15	6
29 to 37 persons	8	5
38 to 46 persons	5	2
47 persons or more	1 [a]	0

[a]One home had a capacity for 96 persons.

Several items on the questionnaire proved somewhat confusing and for that reason replies were somewhat meaningless. Residence of applicants were therefore, tabulated on a local or statewide basis. Lack of clarity for information requested in type of care and rate for each was left unanswered in all but two responses.

Type of legal ownership of the responding homes were as follows:

Non-profit Corporations	12
Church Affiliation	9
Individual Ownership	5
Total	26

In describing the type of service, that the individual home provided, all responses classified the service as a Boarding Home for the Aged and Boarding Home.

Admission policies produced the following responses:

Sex	Male only	4
	Female only	15
	Male and Female	7
	Total	26
Age	Under 65 years	3
	65 years or older	23
	Total	26
Religion	Protestant	8
	Catholic	3
	Jewish	0
	Non-sectarian	14
	No response	1
	Total	26

A further analysis is made in Table 5 where a comparison is made on the basis of legal ownership of the homes and admission policy towards the religion of the applicants to the home.

TABLE 5

LEGAL OWNERSHIP OF HOMES AND ADMISSION POLICY TOWARD RELIGION OF APPLICANTS

Religion	Non-profit Corporation	Church Affiliation	Individual Ownership
Total	13	9	5
Protestant	1	6	1
Catholic	0	2	1
Non-Sectarian	10	1	3
No Response	1	0	0

Physical	Well only	26
	Ill but ambulatory	8
	Senile but ambulatory	1

The admission policy in regard to the physical condition of the applicants all responses accepted "well only" applicants, 8 homes stated that applicants who were ill but ambulatory could be accepted and 1 home accepted senile but ambulatory applicants as well.

Color	White	26
	Negro	1

In this classification one home did not restrict its applicants on the base of color.

Residence	Local	12
	Statewide	11
	No response	3
	Total	26

Admission policies in regard to the various categories listed, showed that more home limited their intake to women alone. Only 3 homes accepted applicants who were under 65 years of age.The physical condition of applicants is probably realistic in view of the medical restrictions of the licensing law. All responses considered the acceptance of "well only" applicants. The color of the applicant was restricted almost entirely to the white person. One home did not restrict the acceptance of applicants on a racial basis.

The actual number of residents in the various homes numbered 232 men and 598 women. The responses to the breakdown of the capacity of the homes by sex was incomplete and no attempt was made to classify them. It probably would have served a better purpose if the information were available to determine the extent to which the capacity for these homes is being utilized.

The youngest male resident was 50 years old and the oldest male was 95 years. The average age of male residents was incomplete but did range from 75 years to 92 years.

The youngest female resident was 66 years old and the oldest female was 95 years.

The average age of the female residents was listed incomplete but did range from 74 years to 85 years.

Room accomodations for residents indicated that these home had available 451 one-bed rooms, 62 two-bed rooms, 20 three-bed rooms, 6 four-bed rooms. There were 20 over four-bed rooms. One home responded that its facilities were entirely over four-bed rooms. There were no indications as to the number of bed facilities in the over four-bed room accomodations. Only one-bed room facilities were provided in 9 homes; only two-bed room facilities were provided in 6 homes.

The majority of the homes were in agreement in accepting cases receiving Old Age Assistance, Federal Old Age and Survivors Insurance, private payments. Three homes limited acceptance of applicants to those who were able to pay privately. Nine homes accepted applicants who were church or private agency placements in addition to those described above.

The monthly rates for care ranged from no charge to a maximum charge of $125. Most of the monthly rates as charged by the various homes were within the range of $50 to $75.

Nineteen of the homes had a regular house physician on call while the remaining 7 homes had no regular physician on call. In 17 homes, visits of the doctor were scheduled only when needed. A doctor's visit was scheduled on a monthly basis in 9 of the homes.

Meals were scheduled at regular periods. Breakfast was served from 7:30 A.M. to 9:00 A.M. Lunch was served between 11:30 A.M. and 1:00 P.M. Dinner was served from 5:00 P.M. to 6:30 P.M. All but 2 homes permitted the residents to have snacks outside of the regularly scheduled meal times. One of these home permitted snacks only at times and the other only when needed.

Recreational facilities and activities provided for the residents were numerous and varied. Most of the activities listed on the questionnaire were checked. The least

mentioned activities were wood carving and rug weaving. Library facilities were not provided in about half of the homes.

Professional personnel employed in these homes indicated a very large use of attendants. Responses to this section of the questionnaire were not complete. In many instances, number of professional personnel employed and the extent to which they were employed on a full or part time basis was not disclosed. Four registered nurses were employed on a full time basis. Practical nurses were employed on a full time basis in 9 homes. Attendants were utilized in 15 homes on a full time basis. Social workers were employed in 6 homes, 2 on a full time basis and the others on a part time basis. Chaplains or the services of the chaplain were available in homes that responded to this section of the questionnaire. Six of the homes that made responses did not list the employment of professional personnel.

In the attempts to analyze the information gathered from these boarding homes, we must presume that these homes have met the minimum standards of licensing regulations of the State of Michigan. This presumption is based on the fact that the licenses might be revoked or may not be issued if these homes failed to meet, substantially the provisions of the law.

In the questionnaire that was sent to these homes, no attempts were made to consider the extent to which they complied with the provisions of the Michigan licensing provisions.

The extent to which the privacy of the individual resident was maintained might well be judged from the living accomodations provided in the various homes. Only in one instance, were facilities provided entirely for more than four-bed rooms. The number of single room accomodations and two-bed rooms would appear to indicate a trend away from the old dormitory style arrangements of the early part of the century to a more individualized plan.

Although medical services in many of the homes were not on an established basis, the services of a physician were made available as the needs of the residents required.

Recreational facilities provided a variety of activities from which the residents could make a choice. These facilities were available but the extent to which they were utilized is not known.

The cost of care seems to within reasonable limitations of the income of the aged persons. While cost of care ranged from no charge to $125 per month, the average range was within the ability to pay of public assistance recipients.

The information concerning the use of professional personnel was incomplete. From the available information, it would appear that the use of professional people is not used to any great extent except in a few homes.

Data sought and received does not lend itself to a thorough evaluation with the standards as proposed by the National Social Welfare Assembly. This is a recognized weakness of the questionnaire. More suitable data may have been obtained had the opportunity been available to revise the questionnaire.

CHAPTER V

ADMISSION POLICIES AND SERVICES OF ST. FRANCIS HOME

St. Francis Home for the Aged exists to provide care and service for aged persons who reside, or have resided, within the Northeastern section of the State of Michigan.

St. Francis Home is a brick, three story, fireproof building. It contains two separate wings, one for male residents and the other for female residents. It contains identical equipment for both wings. Sun parlors or recreation rooms are located on each floor as well as two large common rooms for joint recreational purposes.

A chapel for religious services and business offices are located on the main floor. Parlors for receiving and entertaining guests are also situated on this floor.

A dining room which is shared by both sexes is located in the basement along with kitchen and food service facilities. Seating arrangements in the dining room are made so that four residents are seated to a table.

Handrails and ramps have been installed to reduce hazards of falling and to provide ease of locomotion for the residents. Stairways are located in both wings for the protection against fire hazards. A fire alarm system and an automatic sprinkler system are installed.

Separate infirmaries under the supervision of a registered nurse are located in each wing of the home. The infirmaries are equiped to provide care for minor medical needs and to comply with medical directions for the care of residents.

House telephones are located strategically on each floor to facilitate communication and for the purposes of an emergency.

Toilet facilities of stool, lavatory bath and shower are provided on the basis of one complete facility for every three rooms. Some of the private rooms already have these facilities.

Although monthly rates of care have been established, adjustments are made to accomodate recipients of Old Age Assistance grants. At the present time, 20 residents are able to pay privately while 24 are recipients of Old Aged Assistance grants.

I
ADMISSION POLICIES

Application Process.

Applicants for admission to the Home may apply to any of the four branch agencies of the Catholic Charities of the Diocese of Saginaw, namely, Saginaw, Bay City, Bad Axe and Alpena. They are required to fill out an application blank.[1] Applicants are responsible for making available information about themselves, marital status, work history, relatives, medical status, means of support, insurance and burial arrangements. The applicant is further required to state his reasons for requesting admission to the Home.

Needs of Applicants.

Admission to the Home is based on the needs of the particular applicant. Each request is considered on the basis of how the individual's needs may best be met.

The person, who finds it difficult to live by himself because of loneliness, absence of family to take interest in him, self protection because of physical weakness, possibility of neglect, may be considered for admission.

The person , who may not be able to live with his children or family, because of financial burdens or the possibility of jeopardizing the existing family unit, may likewise be considered.

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[1]Appendix G. Application for Admission to St. Francis Home.

Religion.

Although by its very sponsorship, the Home is Catholic, consideration for admission is given regardless of religious affiliation. The needs of the applicant and the date of application are the basis of acceptance.

Color.

There are no restrictions as to the color of the applicants in the consideration for admission.

Sex.

Both males and females may be accepted. Married couples may be considered although facilities are not arranged to permit the sharing of the same facilities.

Age.

A person may be admitted who has reached his sixty fifth birthday. Certain conditions may prove the exception, where there is a proximity to the age of sixty five and hardship of the applicant.

Health.

Although St. Francis Home is licensed as a Convalescent Home , the board of directors has limited admission to the "well aged". An applicant must be in satisfactory health or if an impairment does exist, it must not be such that would incapacitate the applicant or require total bed care or constant assistance on the part of the personnel.

The extent to which an applicant meets the health requirements of the Home is determined by two staff physicians who conduct the examinations. This is done to insure uniformity in ascertaining the physical condition of the applicants.[2]

Medical examinations of applicants are conducted at the Home on each Thursday of the week. This procedure is carried out for a threefold purpose; to enable the applicant to examine the facilities of the Home, to enable the medical staff to

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[2]Appendix H. Medical History for St. Francis Home.

determine the health condition of the applicant, to enable the administrator of the Home as well as the Social Worker from Catholic Family Service to interview the applicant and to determine the extent of need of the applicant.

Residence of Applicants.

Applications are considered from persons who are residents of the area known as Saginaw Diocese. This comprises the sixteen counties of Northeastern Michigan. Applicants who had formerly lived in this area and wish to return to it are also given consideration.

Financial.

Applicants are accepted who are recipients of County relief, Old Assistance grants, Federal Old Age and Survivors Insurance and those who are able to pay from private sources.

When applicants are unable to meet financial requirements, efforts are made to obtain assistance through Social Welfare supplementation. Applicants who may not meet requirements under this provision may be accepted on a free basis.

Persons possesing property are required to dispose of the same prior to admission to the Home. This amount realized from the disposition of property is deposited in their own bank account and is drawn upon to provide for their care. Should this amount be depleted, proper referral is made within legal requirements, to the Social Welfare Board or for Old Age Assistance grants.

Should a resident be deceased before the amount of money is his account is depleted, the balance reverts to his estate or is disposed of in accordance with any wills that may have been drawn up by the resident.

On admission to the Home, the new resident is required to prepare a statement as to the disposition of personal property and possesions in the Business Office of the Home. This is required so that the Home may dispose of these effects in accordance with the requests of the individual.

Rates for Care.

Rates for care are computed on a weekly basis for the type of room accomodations.

$35.00 weekly for one-bed room.
$30.00 weekly for two-bed room.
$27.50 weekly for three-bed room.
$25.00 weekly for four-bed room.

There are no additional costs for medical attention in the case of public assistance recipients. Recipients of Old Age Assistance grants,who may be in need of hospitalization or extensive medical treatment, may receive supplementation through the Social Welfare Board. Private paying residents are expected to assume costs for their own medical care.

Old Age Assistance recipients receive $70 monthly, of which they retain nine dollars for their own personal use and contribute $61 towards their board and care.

The fact that Old Age Assistance recipients and Public Welfare recipients do not receive sufficient grants to pay for room accomodations, does not automatically imply that they will be placed in four-bed rooms. Room placements are determined on the basis of available accomodations and on the basis of how the individual's needs may best be met.

Residents are permitted to retain their health and life insurance policies. They are also permitted to make their own plans in regard to burial arrangements.

Life-term contracts are not accepted as a financial requirement for admission.

Probation and Discharge.

The first three months of residence is considered to be a probationary period. If the resident fails to make a satisfactory adjustment during this period, the resident may be discharged.

A resident may be discharged if he fails to meet the standards of the Home in regard to health.

A resident who requires extensive hospitalization or medical treatment that is not provided in the Home or who is transfered to the County Infirmary for the same

reasons may be discharged. The individual may be readmitted to the Home after treatment only if the health requirements are met.

A resident may be discharged from the Home at any time who may flagrantly violate the rules of the Home.[3]

II
SERVICES FOR RESIDENTS

Health.

Periodic physical examinations are performed by staff physicians. Two physicians, on a rotating basis are on call for any emergency.

Weekly visits to the Home are made by staff physicians on Thursday of each week. An intern from St. Mary's Hospital, Saginaw, Michigan, makes his services available to the Home on Monday of each week.

Emergency service is performed at St. Mary's Hospital and ambulance service is provided by two ambulance services on a free basis.

A registered nurse is maintained on a full time basis . Services of a registered practical nurse is available. Five physio-therapists are also available on a full time basis.

Religion.

A chapel is maintained in the Home. Catholic devotions and services as well as daily Mass are provided. A resident Catholic chaplain is available.

Residents of religious faiths other than Catholic are permitted to receive visits and ministrations of the clergy of their own faith.

Meals.

Well balanced meals are provided under the direction of a full time dietician. Meals are served in the dining room on an individual basis because of special diets required by the residents.

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[3]Appendix I. House Rules for Residents of St. Francis Home, Saginaw, Michigan.

Breakfast is served at 8:30 A.M., Lunch at 11:30 A.M., Dinner at 4:45 P.M. Snacks and lunches are permitted outside of the regularly scheduled meal time. Kitchenettes are provided for this purpose on each floor.

Social Needs.

Visitors are permitted anyday of the week until 8:30 P.M. Residents are permitted to leave the Home to visit relatives, friends or for business purposes.

Letter writing is encouraged and no censorship of incoming or outgoing mail is permitted.

Participation in social affairs of the Home and in the community is encouraged.

Recreation.

Two large sun parlor recreation rooms are available to the residents of each wing as well as two community recreation rooms. The following activities are made available and are promoted for use by the residents:

Cards and chess	Library	Seasonal parties
Gardening	Movies in the Home	Supervised walks
Group reading	Movies in town	Television
Group singing	Needlework	Entertainment from groups
Knitting	Piano	
Sewing	Radio	

Beauty and barber shop facilities are provided at the Home on a free basis through the courtesy of volunteer groups.

Social Work.

A Social Worker from the Catholic Family Service is assigned to the Home and visits the residents on a weekly basis to provide casework and counseling services. The services of the Social Worker are available to the residents in helping to meet exigencies as they arise.

Clothing.

Residents are required to provide their own clothing. In cases where residents are unable to provide them, the St. Vincent De Paul Society makes them available.

Every effort is made at St. Francis Home to provide a home like atmosphere within the limitations of a group care setting. Attempts are made to insure privacy for each resident. The needs of the individual resident are of primary importance. Independence and security of the resident is fostered . St. Francis Home strives to provide every opportunity for a meaningful and satisfying life to the aged residents.

CHAPTER VI

SUMMARY AND EVALUATION OF THE PROGRAM OF ST. FRANCIS HOME

The aged population is rapidly becoming a new generation, of which the community has only recently begun to be aware. Traditionally, America has regarded itself as a young country full of young people. Probably a greater share of the population believes that this is still true. Our communities therefore, must understand the nature of the aging process and the situation of the older people in the community. The needs and problems of older people not only affect the older people themselves, but also the other members of the community.

It has been discussed in another part of this study that older people have needs that are common to all people. The satisfaction of basic needs is more difficult for the older person because of health, finances and living quarters. Needs of older people are not independent nor can they be isolated. All needs are interrelated and are brought on by other needs.

Interest in the problems of the older people is increasing and so is the experience in ways and means of solving them. Action at various levels of society has been taken toward improvement of the situation of the people in the community. In some communities, programs for the aging have resulted from the impetus supplied by an agency which has already provided a service to the aging, but which recognized the need for additional services. Specifically constituted committees for the aging with representatives from many communities have been formed.

This study has been concerned with only a segment of the aging problem as it relates to institutional services. Emphasis was placed on that group of older people

who need personal, medical and protective care which they were unable to obtain in their own homes. Particular concern of this study was directed to the evaluation of St. Francis Home and the extent to which it compares with state and national standards and with other institutions for the aged in Michigan.

Laws concerning care of older people, even though they may be soundly conceived and properly administered, can establish requirements of only a minimum nature. They provide a level, below which no institution should operate. There are many elements, tangible and intangible, above this level which should be a part of the facilities and services for the older people. Laws can protect the individual but they cannot assure the happiness of the individual.

The rules and regulations of Michigan for the licensing of institutions for the aged stipulate the minimum requirements. Implied in these regulations is the awareness of the needs of the older person which are common to all; adequate food, health, housing and protection. Privacy of the individual is recognized in the stipulations for living arrangements and restrictions of passage through sleeping rooms.

These regulations protect the welfare of the individual in that failure to provide adequate and humane treatment and failure to meet the minimum requirements may result in revoking of the license or the refusal to grant a license.

Standards of care as proposed by the National Social Welfare Assembly establish not only the minimum requirements but also suggest elements to insure the happiness of the individual. The implication of these standards involves a community responsibility toward the aging problem. It is an important responsibility of communities, especially public assistance agencies, to know thoroughly the community resources they use and pay for. It is only through knowledge of these needs and potentiality of older people , that individuals and agencies can appraise the adequacy of institutional care. Support of poor institutional

practises through payments by public welfare sources or voluntary agencies retard the development of community responsibility in this field.

Material obtained from questionnaires directed to boarding homes for the aged in Michigan, yielded information about physical facilities, services and policy. Scope and quality of service can only be inferred because of deficiencies in the questionnaire. An assumption is made, that these homes maintain at least the minimum standards for care. This assumption is based on the fact that these homes have been licensed by the State of Michigan as having substantially met the provisions of the statute.

Changes in attitude toward institutional care for the aged can be seen in these homes. In the majority of them, the use of dormitory living has given way to more individualized accomodations. Recreational facilities were made available to the residents which is a further indication of progress away from the concept of the institution as a terminal facility.These homes, generally, provided care at a cost which was within the financial limitations of the residents. This in turn maintains the self respect and independence of the older person.

The services and policies of St. Francis Home have been described in another chapter of this study.The Home not only meets the standards for boarding care for the aged but has met the requirements to improve these standards in that it has been licensed for convalescent care .

Substantially, St. Francis Home standards compare favorably with the proposed national standards. Policies and services are directed toward the satisfaction of the needs of the residents within the limitations of group care facilities.

The Home attempts to meet the basic needs of the residents. Admission and accomodations are made on the basis of how the needs of the individual may best be met. The ability to pay is not a measure by which services are provided.

Social needs are met by providing and encouraging participation in group activities of the Home and community. Freedom to visit friends and to write to them and to remain in contact with the community are esential features of the rules of the Home.

The program is geared to provide, as far as possible, an atmosphere which these people may have enjoyed in their own homes. Eating facilities and living accomodations are arranged on a small group basis. Dining tables are shared by four residents, There are no more than four residents assigned to room accomodations. Freedom to select friends and to receive visitors, have pocket money help to maintain independence and self respect.

The staff of the Home have experience and training to qualify them for the particular duties assigned to them. The use of professional staff on a full time basis is greater than described in the boarding homes of Michigan, and those suggested in state and national standards.

Health facilities are also provided to a much greater degree than has been found in other homes and in suggested standards. Weekly visits of physicians, registered nurse on duty at all times, emergency facilities are made available to the residents.

Like any new project, growth is dependent upon the willingness for self evaluation and plans to improve. The extent to which a program accepts these, to that extent will it become an asset to the community.

Residents of a home for the aged can be made to feel that this is their home, if they are permitted to have something to say about how things might be run. A step in this direction, is the appointment of a representative of the residents, who may carry suggestions to the staff and in turn may be consulted in regard to matters of the home.

Establishment of a house news organ can serve many purposes. Individuals

recognition through this medium and are also brought up to date about any new developments in the home.

Operation of a home for the aged can be facilitated, when classifications of duties have been established. Functions of staff members and responsibilities of the personnel insures frictionless operation at the various levels . A written personnel policy, containing classification of duties and responsibilities, salaries and benefits, is a means whereby the staff is more content and services to the residents more adequate.

Staff relationships have more value, when members of it, can feel that they are participating in the setting of standards and policies. Staff conferences can further staff development and the improvement of services.

Attendance at conferences and participation in educational opportunities are of real value to members of the staff in their attempts to grow professionally and to provide progressive service to residents.

As the needs of older people become better identified and as forward - looking programs develop, institutions for the care of the aged will be called upon to provide more and more specialized services. The mounting incidence of chronic illness of the older people will make demands on institutions for services that are related to their specific needs.

Regardless of the type of institution, the well being of the residents is determined by the services provided. Older people must be thought of as individuals who wish to live and act like other people. They need interests, friendship and activity. When these are provided, when the residents are given something to live for, the institution becomes a happier place for all.

APPENDIX A

BY-LAWS
OF
ST. FRANCIS HOME OF SAGINAW

ARTICLE I.

The Board of Trustees of said corporation may at any time provide for membership in said corporation.

ARTICLE II.

Sec. I. The affairs of the corporation shall be managed by a board of five trustees, any three of whom shall constitute a quorum. The board shall consist of five members; the Roman Catholic Bishop or Administrator, Vicar General, and Chancellor of the Roman Catholic Diocese of Saginaw, who shall be members of the board by virtue of their respective offices, and two elective members. The trustees set forth in the Articles of Incorporation shall constitute the first Board of Trustees and the two elective trustees shall hold office until the next annual meeting of the corporation. At the first annual meeting of the corporation thereafter, the two elective trustees shall be elected by the said members of the board who are members thereof by virtue of their offices for a term of one year.

Sec. 2. Vacancies in the elective members of the Board of Trustees shall be filled by the remaining trustees and such appointee shall hold office until the next annual meeting.

ARTICLE III.

Sec. 1. The officers shall consist of a President, a Vice President and a Secretary-Treasurer.

Sec. 2. The duties of the officers shall be such as usually attach to such offices, and in addition thereto, such further duties as shall be designated from time to time by the Board of Trustees.

ARTICLE IV.

Sec. 1. Gifts, donations, bequests and receipts from persons taken care of in said home for the purposes specified in the Articles of Incorporation shall be given or made direct to St. Francis Home or to a designated trustee for the payment of the principal or income therefrom to the corporation. All disbursement of corporate funds shall be under the control of the Board of Trustees.

Sec. 2. Unless some designated special purpose accompanies a gift, donation or bequest the Board of Trustees may disburse the principal or income for any of the purposes specified in the Articles of Incorporation.

ARTICLE V.

The annual meeting of the Board of Trustees for the election of trustees and the transaction of such other business as may come before the meeting shall be held on the second Monday in January.

ARTICLE VI.

The books of account shall be audited annually.

ARTICLE VII.

These By-Laws may be amended by a majority vote of the Board of Trustees at any meeting, provided notice of intention to amend and the terms of the proposed amendment have been delivered to each trustee prior to the meeting.

APPENDIX B

ARTICLES OF INCORPORATION
OF
ST. FRANCIS HOME OF THE DIOCESE OF SAGINAW

These Articles of Incorporation are signed and acknowledged by the incorporators for the purpose of forming a non-profit corporation under the provisions of Act No. 327 of the Public Acts of 1931, as amended, as follows:

I.

The name of the corporation is "St. Francis Home of Saginaw".

II.

The purpose or purposes for which the corporation is formed are as follows:

To establish, provide, equip, furnish, manage and maintain, for benevolent and charitable purposes, a home for the care and support of aged persons. To receive gifts, donations, bequests and devises of real and personal property of whatever nature or kind from any person or from any source, and receipts, gifts, donations, bequests and devises from persons taken care of in said home or elsewhere and any other source of revenue for the maintenance and support of said home.

III.

The location of the registered office is: 1407 Janes Street, Saginaw, Michigan.

IV.

The name of the resident agent is: Eugene A. Forbes.

V.

Said corporation is organized on a non-stock basis.

Said Corporation is to be financed under the following general plan:

Gifts, donations, bequests and devises of money or any other property of whatever nature or kind and receipts, gifts, donations, bequests and devises from persons taken care of in said home, as set forth in Article II hereof.

VI.

The names and places of residence, or business, of each of the incorporators are as follows:

Stephen S. Woznicki	124 North Hamilton Street	Saginaw, Michigan
John J. Sonefeld	124 North Hamilton Street	Saginaw, Michigan
Eugene A. Forbes	124 North Hamilton Street	Saginaw, Michigan

VII.

The names and addresses of the first board of directors (or trustees) are as follows:

Stephen S. Woznicki	124 North Hamilton Street	Saginaw, Michigan
John J. Sonefeld	124 North Hamilton Street	Saginaw, Michigan
Eugene A. Forbes	124 North Hamilton Street	Saginaw, Michigan
Marjorie A. Chesher	2175 Shattuck Road	Saginaw, Michigan
Vincent A. Scorsone	1017 North Fayette Street	Saginaw, Michigan

VIII.

The term of the corporate existence is: "perpetual".

IX.

The affairs of the corporation shall be managed by a board of five trustees whose names have heretofore been affixed. Two trustees shall hereafter be elected as provided in the By-Laws of the Corporation, and the Bishop or Administrator, Vicar General and Chancellor of the Roman Catholic Diocese of Saginaw shall be members of the board by virtue of their respective offices.

X.

No incorporator, trustee, member or shareholder shall personally have any proprietary interest in any of the assets of the corporation. In case of dissolution the assets of the corporation shall not be distributed to the incorporators, trustees, members or shareholders thereof, but instead, after the payment of all obligations, the then remaining assets of the corporation, real or personal, shall be conveyed to the Roman Catholic Bishop of the Diocese of Saginaw, or Administrator of Saginaw, or his successors.

XI.

Neither the officers nor the trustee of this corporation shall ever receive any compensation for services rendered to the corporation in their official capacity. The foregoing provision, however, shall not prevent the payment for necessary clerical and administrative work of the corporation to be carried on by secretary, treasurer or by the agents or employees of the corporation.

We, the incorporators, sign our names this 29th day of February, A.D., 1952.

1. Stephen S. Woznicki
2. John J. Sonefeld
3. Eugene A. Forbes

STATE OF MICHIGAN
COUNTY OF SAGINAW ss

On this 29th day of February, 1952, before me personally appeared Stephen S. Woznicki, John J. Sonefeld and Eugene A. Forbes to me known to be the persons described in and who executed the foregoing instrument, and acknowledgedthat they executed the same as their free act and deed.

James A. Hickey
Notary Public

APPENDIX C

I. General Information:

A. Name of Home _____

Address _____

City _____ County _____

B. Type of Legal Ownership (Check only one)

1. Proprietary
   ___ individual
   ___ partnership
   ___ corporation

2. Non-Profit Corporation
   ___ non-profit association
   ___ church affiliation

C. Classification of Home: (check one that best describes your home)

___ Nursing Home
___ Convalescent
___ Rest Home
___ Home for the Aged
___ Boarding Home
___ Home for Chronically Ill
___ Infirmary
other (specify) _____

I. General Information:

A. Name of Home _____

Address _____

City _____ County _____

B. Type of Legal Ownership (check only one)

1. Proprietary
___individual
___partnership
___corporation

2. Non-Profit Corporation
___non-profit association
___church affiliation

C. Classification of Home (check one that best describes your home)

___Nursing Home
___Convalescent
___Rest Home
___Home for the Aged
___Boarding Home
___Home for Chronically Ill
___Infirmary
other (specify) _____

D. Policy on Admission of Residents or Patients (check)

1. Sex: male only ___ female only___ ___male and female

2. Age: under 65 ___ 65---75 ___ 75--85 ___85 or older

3. Religion: Catholic___ Protestant ___ Jewish___ ___other (specify)

4. Physical: Bedridden ___ Well only___ Wheel chair___

Ill but ambulatory ___ Senile ambulatory ___

5. Color: White ___ Negro ___ other (specify)

6. Residence: City or Town___ County___ Statewide___

II. Residents or Patients

A. Patients in the Home (number)
Male ___
Female ___

Capacity of Home (number)
Male ___
Female ___

B. Age of Residents ___
Age of youngest male resident ___
Age of oldest male resident ___
Age of youngest female resident ___
Age of oldest female resident ___
Age of average male resident ___
Age of average female resident ___

III. Buildings, Ground and Equipment

A. Size of grounds-----acres No. of floors ___ No. of bldgs. ___

B. Number of rooms for patients or residents

___ one-bed room
___ two-bed rooms
___ three-bed rooms
___ four-bed rooms
___ over four-bed rooms

IV. Please check below types of cases admitted:

___county, township or city relief
___Old age assiwtance
___Federal Old Age and Survivors Insurance
___Church or private agency placements
___Private full pay
___other (specify)

V. Range of monthly rates for care from $_____ to $_____

Is there an established scale of monthly rates for residents needing care? yes____ no_____

If yes please list below type of care and rate per each.....

_____$ PER MONTH
_____$ PER MONTH
_____$ PER MONTH
_____$ PER MONTH

VI. Professional services and facilities.....

Do you have a regular house physicism on call? yes___ no_____
Are doctors' visits scheduled? daily___weekly___monthly___only when needed

Recreational hobbies and facilities....(check if used)

____ cards and chess	____ LIBRARY	____ rug weaving
____ gardening, flowers	____ movies in the home	____ seasonal parties
____ group reading	____ movies in town	____ supervised walks
____ group singing	____ needlework	____ television
____ knitting	____ piana	____ wood carving
____ entertainment from groups etc...	____ radio	____ clubs

Hours for Meals.....Breakfast_____ Lunch_____ Dinner_____

Are residents permittedto have snacks other than at specified meal hours?
Yes_____ No_____

VII. PERSONNEL

	YES	NO	FULLTIME	PARTIME	HOW MANY
Registered nurse_____					
Practical nurse_____					
Attendants_____					
Social WORKERS_____					
Occupational therapists_____					
Physical therapist_____					
Dieticians_____					
Chaplains_____					

APPENDIX D

Michigan
Social Welfare Commission

Lansing, Michigan

A LICENSE IS HEREBY GRANTED TO

ROMAN CATHOLIC DIOCESE OF SAGINAW

To conduct a Convalescent Home For the Aged Persons under the provision of Act 280, Public Acts of 1939, as amended, to be known as,

ST. FRANCIS HOME OF SAGINAW

Located at 1407 Janes Avenue, Saginaw, Michigan, County of Saginaw, State of Michigan.

Approved Maximum capacity
62

This license will expire by operation of law on December 31, 1954 subject, however, to revocation by the Michigan Social Welfare Commission for the violation of any of the provisions of the statute under which it is issued, or for the violation of any of the respective rules and regulations adopted by the Commission.

ISSUED THIS 30 day of December 1953

MICHIGAN SOCIAL WELFARE COMMISSION

By W. J. Maxey
Secretary

LICENSE NO. 371

APPENDIX E

STANDARDS OF CARE FOR OLDER PEOPLE IN INSTITUTIONS

I
NEEDS AND SERVICES

Personal and Social Needs of Older People in Institutions.

The older individual has a universal need to be regarded as an individual. Group care always results in some loss of autonomy and privacy. Within this framework, attempts must be made to find some balance between the group welfare and the desires of the individual. Every individual resident should have independence in the degree that it is possible.

Residents should be permitted to choose their own friends, write and receive mail uncensored and promptly. The person should be able also to choose his own clothing.

Efforts should be expended to preserve, if possible, the feeling of security and independence to the individual, such as he might have in his own home. Use of the telephone, reception of visitors in privacy and the freedom to visit should be afforded. The human being is a social animal and it is a natural reaction to strive to remain in contact with society.

Personal accomodations and personal possessions can help the resident to maintain individuality. Rooms that are bright and cheery may very well make the spirits a little brighter. Where facilities are not available for private accomodations, screens should be provided to insure privacy to the individual.

The self respect of the individual is promoted and maintained by cleanliness and good appearance. The factor of good healthe enters into the matter of cleanliness and appearance. The home should be responsible for the cleanliness of the person by making bathing facilities accessible and such that meet the particular needs of the resident.

Some homes are new developing self government and activity programs. These programs are somewhat slow in gaining participation until such time as the resident is able to understand that the security of the home is not jeopardized by participation. Residents are still members of the community whether in the institution or outside of it. If they have enjoyed this right and priviledge within their own homes, this program might well be promoted to further the concept of the resident being an individual human being.

Older people are also social beings. Many of the aged seek group care because of loneliness. Even group care will not prevent loneliness if there is nothing to do or nowhere to go. There is no need to "push" the individual into constant activity. What is necessary, is the fact that activities are available and that the resident may participate freely and actively without losing the security of the home.

The ability to do something about the home encourages and maintains the feeling of respect, esteem and personal accomplishment. In many homes, residents are given tasks, no matter how small with responsibility placed upon them to see to it that they are done. Many times there is conflict should someone else take over or the suggestion made that someone else do it. To the individual, there exists the tremendous need to be assured that they are still individuals capable of doing something.

Many of the aged persons, as they grow older, find more comfort and consolation in religious services than they did when they were younger. Adequate provision for the fullfillment of these wishes should be provided according to the religious belief of the resident.

Admission Policies

The aged person seeking group care does so for various reasons. Health factors, physical weakness which make it difficult to carry on alone. The loneliness of the individual and absence of families and friends, brings the aged person to seek shelter. Financial security or the lack of it, creates tremendous fear in the older person that he may not be able to satisfy his minimum needs. Family tension and inability live with his family because of the presence of children and lack of understanding of his role, tends to isolate the older person. Self protection brings the older person to seek group care because of the lack of safety and health factors.

With the population growing older and the inevitable incidence of chronic illness, group care services are very badly needed by this aging group.

Limitations enjoined because of licensing procedures will determine the extent of care and service to the aged person. It would appear that residents seem happier and are able to adjust in homes where both men and women are accepted even though the proportion of one is greater than the other.

Financial arrangements of care should be reasonable and within the aged person's ability to pay and still maintain some semblence of independence. Admission should be arranged with the understanding that the resident may leave if he so desires. The trend is towards the pay as you go plan rather than to life-care contracts.[1]

Admission of an aged person should be done with the individual's understanding of the facilities provided. Consideration must be given to the individual request as to how the individual's need may be met. Facilities in the community should be explored in order to determine the extent to which the individual may be able to maintain himself without group care services.

The transition in taking up a new residence can be a trying situation for the aged person. His routine is upset, the need to conform with some form of regimentation, strangeness of new people and scenes are all factors in the period of adjustment. Casework services should be provided for the residents. The fact that a person is elderly does not indicate that he is not beset with

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[1]Life-Care Contract is a specified sum of money required of the applicant for board and care as a prerequisite for admission.

personal problems that require some assistance in adjusting to them.

Residents in the home should have pocket money available to them. This provides the individual with the sense of personal responsibility and helps to avoid the feeling of dependency upon the home in not being able to care for himself. Should residents be unable to provide this for themselves, some fund should be made available in order to provide this. Along with this, a plan of work by residents and remuneration for the same is to be considered. Within limitations of the condition of the individual, jobs might be provided. Pay for these services can help in providing pocket money without the danger of the feeling that this is charity but rather something the resident has earned.

Food Service

Nutrition, probably is one of the great factors affecting health. As the person grows older, he is less active and hence the metabolism rate is low. The need for high caloric food is not great.

The dietician is an important member of the staff. It is this person who arranges and sometimes helps prepare the meals for the residents. Since most of the aged require special diets, the service is on an individual basis. Menus should be varied and attractive.

Dining facilities should be such that would promote a friendly atmosphere. Placement of four or six residents prompts congeniality. It has been found that residents eat more of the needed food and have fewer eating problems when meals are eaten together and enjoyed.

Health Care

Every home should make arrangements with a doctor, if one is not assigned to the staff, to give advice and to accept emergency calls.

It is also highly recommended that a registered nurse be a member of the staff. This is made to assure competency in following medical directions for the residents.

A room should be made available for residents who have become seriously ill. This protects the other residents and also insures the comfort for the ailing individual.

A well equiped infirmary is also required. The infirmary in the boarding home should not be set up to render hospital care. It is to deal with minor or temporary illness that may occur in any group setting.

Recreational activities should be providid because living in a group and learning no group activities makes for inactivity. This reduces boredom and the preoccupation of the resident with himself. Occupational and physical therapy, in their aims to help the resident to retain and improve his normal patterns of functioning are essential. A group worker is another person who may assist the directing and assembling of an activity grogram and work with the therapists.

A resident requiring extreme supervision to prevent injury to himself and others should not be cared for in the homes for the aged. Locking of rooms

at any period of the night is a hazard to the safety of the individuals.

It is important to realize that many of the homes are not sufficiently endowed to provide all of the recommended services. The use of and the awareness of existing facilities in the community should be made by the facility offering care to the aged. Casework services can be provided by contacts with social agencies as needs arise. Voluntary services from groups may be encouraged for planning and participation in group activity. Local library facilities should be explored for use by the residents. Consultation with state and local health departments can be had in regard to food and nutrition.

II
PERSONNEL

Qualifications for Personnel

Perhaps the greatest asset of a person, employed in a group care service for the aged, is the genuine liking for this group. The older resident is very quick to be aware of the employee who is not warm, friendly and interested. The reactions of the residents to these employees will be in accordance with the personality and attitude of the employee.

Professional staff as medical, therapy, social work, should be properly trained within the standards of their profession.

The director of the home directs all functions of the home in keeping with the policies established by the board of directors. This is done to assure that the home is being directed to the best interests of the individual resident and the residents as a group. It is the duty of the director to interpret and administer the policies that were formulated; coordinate activities of all departments; maintain high professional standards and to insure the safety and protection of the residents. The director must assume leadership and control of the home within the limitations of the policy.

The director is directly responsible to the board of directors. This person is responsible to the entire board and not to individuals or committees of the board.

The relationship of the director to the staff is important in promoting harmony and coordination. Leadership and the assumption of responsibility for the operation of the home and decision making within the staff relationship is important in providing service.

In the employment of personnel, it is important to select kind and patient persons. Competency on the part of the personnel and their attitudes have a decided effect of the happiness of the resident.

In general there should be one employee to five so called "well" residents as are generally accepted in boarding homes.

Personnel Practises

The size of the staff should be sufficient to insure adequate service to

the residents without requiring the help of the residents. A written code should be prepared. This sets up specifications or requirements for staff, salaries and benefits.

The salary scale should be appealing to attract adequate staff. The description of specific duties should be incorporated in written form in a manual of personnel practises. This assures the employee of what is expected in the particular classification. Job classifications can be used as a basis for recruitment and also as a means of determining the need for further staff.

Problems that arise between the employee in regard to their position should be resolved by means of a definite plan where these can be discussed.

It is particularly important in employment of staff, that opportunities be given for staff development. Staff meeting, in service training, participation in educational opportunities and conferences should be considered as a part of the program for employees. It is in this way, that service can be adequate and be improved.

Living arrangements for personnel, who are obliged to live away from their homes, should be apart from the quarters housing the residents. Surroundings should be pleasant and relaxing to provide at least some semblance of the comforts of their own homes.

III
SPONSORSHIP AND ADMINISTRATION

Governing Board.

Authority for every non-profit group care facility should be clearly defined and responsibility specifically placed. For this reason, the institution should be incorporated as a non-profit organization. Responsibility and obligations of the corporation are fixed and the right to acquire property is defined.

The setting up of a constitution and by-laws states the broad purpose of the institution and establishes a responsible governing body, and the intent to develop a service program in the public interest.

The role of the governing board is that of determining policy and the administrator of the institution is delegated authority and responsibility for developing and carrying through the program in accord with the policies.

Board membership should be broadly representative of the community served by the home. These should men and women of varying ages, professions and occupations. The board should consist of not less than fifteen members nor more than twenty. Members should be selected on a continuing as well as on a rotating basis. There should be no compensation for membership.

The board should meet at least quarterly and preferably monthly. The director of the facility should be a participant at these meetings. Minutes should be recorded. Members should attend meetings regularly and be in touch with the facility and be aware of the program.

Functions and Responsibilities.

The board is responsible for formulating general policies governing the function of the institution, admission, discharge, medical care and personnel. The board has a responsibility for relating the service program to the work of other agencies in order to coordinate community programs for older people.

Records.

When an aged person enters the home, pertinent records for each one should be maintained and kept up to date, including admission, medical, nursing and social data. This material should be confidential information and residents should not be permitted to see their own records.

Suggested material for records:

1. Application form.
2. Admission agreement.
3. Information obtained at time of admission, as a social study, medical history, names and addresses of relatives or persons responsible for the resident.
4. Detailed inventory of personal possesions.
5. Individual's own financial records, expenditures and income.
6. Legal papers concerning agreement with the home, transferal of property, insurance papers, will, correspondence.
7. Chronological record of welfare of the resident.
8. Chronological medical history.
9. Accidents and injuries with dates, causes and extent.
10. Burial plans.

IV
PHYSICAL ENVIRONMENT

Most people, particularly those with restricted income or energy are better off when they are within access of community services. An urban location with pleasant surroundings is most desirable for an institution caring for older people.

The size of an institution should be related to its function. As yet, definitive standards have not been formulated to evaluate size in relation to purpose.

Living arrangements should be such that rooms should be light and cheerful. Where privacy of the individual is not possible, beds should be at least three feet apart. Bedrooms should open on to a hall and it should not be necessary to reach the outside of the room through another. Quarters for sexes should be separate except for married couples and passage to the hall should not be necessary through the rooms of the opposite sex.

Bathroom facilities should be adjacent to each room or between adjoining rooms. It is advisable to have at least one toilet for every six persons; one wash stand for every eight persons and one tub or shower for every ten people.

There should be a large living room available to all residents and accessible to them. Also, smaller rooms or sun parlors on each floor, if possible should be made available.

Stairs for the use of residents should be avoided as much as possible. Each floor should have at least two well separated exits. Provisions for ramps and elevators should also be made. Fire hazards as, open faced heaters and fireplaces should be protected with a metal screen.

All rooms and every part of the building should be kept clean and orderly and free of offensive odors. Regular cleaning should be done by the housekeeping staff, leaving only the tidying of the rooms to the residents themselves.

APPENDIX F

STANDARDS FOR HOMES FOR THE AGED IN MICHIGAN

I
BUILDINGS AND EQUIPMENT

In the consideration of licensing of any home, plans and specifications for the building or buildings must be submitted to the State Department of Social Welfare and State Fire Marshal..

All buildings shall be in a safe, sanitary condition and suitably located. Stairways must be equiped with handrails and stairways suitably lighted. Lighting facilities are to be such to protect against possible hazards to the residents.

Living arrangements for staff and families of the staff are to be properly segregated from the quarters of the residents.

Sanitation facilities are to comply with community standards as determined by the state and local health departments.

Quarters are to be arranged so that passage through them is not through sleeping rooms.

Individuality of the resident is encouraged by the provision for storage and wardrobe space for each resident. Privacy of the seriously ill is guaranteed by provision of rooms for this purpose.

Overcrowding of facilities which do not promote cheerful living is contained in the regulation which permits no beds to be placed in hallways.

II
PERSONNEL

The number of personnel required in boarding homes is not specifically stipulated. Sufficient staff should be available for 24 hours of service according to the needs of the residents and requirements of the State Fire Marshal.

Staff should be qualified and responsible people of suitable age, character and temperament and ability to funtion in their duties and to provide adequate and proper care for the residents.

III
MEDICAL AND NUTRITIONAL SERVICE

Residents are, at all times, to be treated humanely and suitably provided with whatever may be necessary for their needs , safety, comfort and well being.

Physical examinations before and after admission of residents by a physician are prescribed to insure medical care and protection against contagion.

Seriously mentally disturbed residents may not be accepted. Should a resident evidence a serious mental disturbance, he is to be removed from the home.

Food service to residents must be adequate both in preparation and in balance. Supplementary food and diets must be provided as prescribed in writting by a physician.

IV
ADMINISTRATION

Life-care contracts are frowned upon unless the home can furnish evidence of fulfilling such contracts.

The administrator of the home must be free from family business or other obligations which might interfere with the operation of the home and care of the residents.

Records are to be maintained for each resident:

1. Name of resident.
2. Date of birth.
3. Last address of resident.
4. Date of admission.
5. Religion.
6. Church and pastor.
7. Name, address and telephone number, if available, of relatives or persons responsible for his admission.
8. Amount of weekly or monthly fee.
9. Inventory and disposition of personal property, money or valuables possesed by the resident at time of entrance, death and discharge.
10. Name, address and telephone number of resident's physician.
11. Date of discharge or death.
12. Cause of discharge or death.
13. Such additional information as may be prescribed or found necessary or desirable.

Application for a license shall be denied or a license may be revoked for failure to meet substantially the provisions of the standards or for cruelty or indifference to the welfare of residents.

APPENDIX G

APPLICATION FOR ADMISSION TO:

ST. FRANCIS HOME
1407 JANES ST.
SAGINAW, MICHIGAN

Telephone: 5-5111

Name_____ Maiden Name_____

Address_____ Telephone_____

Age_____ Date of Birth_____ Place of Birth_____

Citizen?_____ How long in U.S.?_____ In Diocese of Saginaw_____

Parish_____ Pastor's Name_____

MEANS OF SUPPORT, FINANCIAL RESOURCES - STATE THE INCOME

PUBLIC: Old Age Pension $_____ Blind Assistance $_____
Railroad Retirement $_____ Veterans Benefits $_____
Social Security Benefits $_____ $_____

PRIVATE: Pensions $_____ From Whom _____
Annuities $_____ From Whom _____
Dividends $_____ From Whom _____
Savings $_____
Property $_____
Relatives $_____ From Whom _____
Other Sources $_____ From Whom _____

INSURANCE:

Society or Company	Policy No.	Amt. of Insurance	Beneficiary

Reasons why you wish to live at St. Francis Home:

BURIAL ARRANGEMENT:

Lot _____ Owner of Lot _____

Cemetery _____ Holder of Deed _____

Signature _____

Address _____

Date of Application: _____
Referred by: _____

APPLICATION FOR ADMISSION TO:

ST. FRANCIS HOME
1407 JANES ST.
SAGINAW, MICHIGAN

Telephone: 5-5111

Name _____ Maiden Name _____

Address _____ Telephone _____

Age ____ Date of Birth _____ Place of Birth _____

Citizen? _____ How long in U.S.? _____ In Diocese of Saginaw _____

Parish _____ Pastor's Name _____

MARITAL STATUS

Single _____ Married _____ Widowed _____ Divorced _____ Separated _____
Marriage _____ Church _____
Spouse: If living where _____
If deceased when _____ Cause of Death _____

WORK HISTORY, PREVIOUS OCCUPATION:

Kind of job (Kind of work done during most of working life, even if retired _____

Kind of Business or Industry _____
If presently employed for how long _____
Social Security No. _____ Union Membership _____
Were you in U.S. Armed Forces _____ Which War or Dates of Service _____
Father's name _____ Mother's Maiden name _____

RELATIVES

Children	Address	Occupation of Son or Daughter's Husband	Telephone

Other Relatives	Address	Relationship	Telephone

MEDICAL STATUS

Present Medical Needs _____

Name and Address of Physician _____
Telephone Number of Physician _____

APPENDIX H

[illegible] for the Child

Present Full Name _____ Date of Birth _____

[illegible]

Father _____
Mother _____
Brothers _____

Sisters _____

Remarks:

Have you ever had or been treated for any disease or disorder of: (Answer each

St. Francis Home for the Aged

Print Full Name _____ Date of Birth _____

	Age If Living	State of Health If Poor, Explain	Age of Death	Cause of Death	How Long Ill	Year of Death
Father.....						
Mother.....						
Brothers...						
Sisters....						

Remarks:

Have you ever had or been treated for any disease or disorder of: (Answer each separately)

	Yes or No	Name of Disease or Disorder	No. of Attacks	Date Mo. Yr.	Duration	Result
Brain or Nervous System.....						
Nose, Tonsils, Throat, Lungs, or Pleura....						
Heart, Blood Vessels or Blood.....						
Stomach, Liver, Intestines, Kidney or Bladder.....						
Genito-Urinary Organs or Rectum....						
Skin, Bones, Joints, Glands, Eye or Ear..						
Have you ever had arthritis, rheumatic fever, gout, tuberculosis, epilepsy, diabetes or syphilis?.....						
Have you ever raised or spat blood?.....						
Have you ever been advised to have a surgical operation?.						
Have you ever had a surgical operation?.						
Have you ever been in a santorium, hospital, asylum or other institution for observation, diagnosis, treatment or operation?..... (State where and when)						
Have you ever had any mental illness?.....						

Have you ever had any other illness or injury not mentioned above?..... _____

Have you ever had an electrocardiogram, x-ray or fluroscopic examination made?... _____
(State which) If "Yes" state why, when, and by whom.

Have you consulted or been treated by any physician, practitioner or specialist during the past five years? Yes____ No____

Name and Address	Reason for Consultation or Treatment	Date, Duration, Result

****

I have read the foregoing answers which are true, full and complete, and agree that such answers shall be part of my application.

Dated at _____ County of _____ State of _____
on the _____ day of _____ 19__.

Witness: _____
M.D.

_____
Signature of Applicant.
(To be written in presence of Medical Examiner.)

APPENDIX I

HOUSE REGULATIONS OF THE RESIDENTS OF ST. FRANCIS HOME

This is your home. These regulations are intended to make a peaceful, comfortable home for you and others sharing it.

I
MEALS

Residents are expected to go to the dining room unless illness or some valid reason prevents them. Continuous tray service will be given on doctor's orders only. Should a resident be absent from any meal, the Office is to be notified.

II
YOUR ROOM

No food (except fresh fruit) or dishes are to be taken from the dining room. Cookies, candies, etc. are to be kept in a glass or tin container.

No candles or electrical appliances such as irons, electric plates, heating pads or heaters are permitted. (Exception: Radio).

III
CARE OF YOUR ROOM

All physically able residents are to care for their rooms daily. Rooms and beds are to be aired each day upon rising. Beds are to be made after breakfast.

No unnecessary articles such as boxes, packages are to be kept in rooms (nothing under the bed). Surplus materials are to be placed in the storeroom. The top of the dresser should be kept neat.

The supervisor of the floor or the Sister Superior may inspect the rooms and closets at any time.

Lights must be out by 10:00 P.M. Allowance will be made when needed.

No smoking is allowed in your room. Use smoking facilities available.

No alcoholic beverages are permitted in your room without the knowledge of the Sister in charge.

IV
LAUNDRY

Laundry must be done in the laundry room. No washing of any articles is permitted in your room.

V
BATHING

Allresidents of the Home must take a tub bath at least once a week.

VI
VISITING HOURS

You may have visitors any day to 8:30 P.M. Out of courtesy to your roommate you are asked not to use bedrooms for visiting purposes. On each floor there is a large social room in which you may visit.

Residents are expected to be in by 10:00 P.M. When necessary an extension of time will be granted.

VII
LEAVE OF ABSENCE

If you are absent from the Home for any length of time, notify the Supervisor of the floor and then register in the book found in the Office, giving the address, telephone number or instructions as to where and how you can be reached.

VIII
CHAPEL

Attendance at all services is recommended.

IX
USE OF TELEPHONE

Residents use the Public Telephone to make calls. Incoming calls to the office will be accepted and the residents will return the call at the Public Telephone.

X
DISMISSAL

A resident may be dismissed for:

1. Continued failure to cooperate with the authorities of the Home.
2. Inability to live in a group so as to interfere with the harmony of the Home.
3. Conduct unbecoming a lady or a gentleman.
4. Continued violation of the rules.
5. Excessive use of alcoholic beverages.

BOARD OF DIRECTORS

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