VELORA
SENIOR LIVING

FREE FAMILY GUIDE · 2026 EDITION

The Family *Decision Guide*

When it's time, how to talk about it, and how to choose, check and sign with an assisted living community in California.

Velora Senior Living · Assisted Living · Memory Care · Hospice Support · Respite Care
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Few decisions feel as heavy as deciding a parent or spouse needs more care than you can give at home. This guide breaks it into steps: how to recognize when it's time, what each type of care in California really means, how to check a community's record, and exactly what to ask and sign.

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About this guide. Written by Velora Senior Living for families in California. It is general information, not legal, medical, tax or financial advice. Rules and dollar amounts change, usually each December and January; every figure here shows the date it applies to. Facts were checked in November 2026.

CHAPTER 1

Is it time?

There is rarely a single moment. More often, small problems pile up until a fall, a hospital stay or an exhausted caregiver forces the question. Planning before a crisis gives your family time to choose well, and the best communities often have waitlists.

Look at the everyday tasks

Care professionals sort daily needs into two groups. **Activities of daily living (ADLs)** are bathing, dressing, grooming, eating, toileting and moving from bed to chair. **Instrumental activities (IADLs)** are managing money, shopping, cooking, transportation and medications. Trouble with IADLs often comes first; needing help with ADLs every day is a strong sign that more support is needed.

Signs worth taking seriously

- ☐ Falls, near-falls or new bruises
- ☐ Missed, doubled or confused medications
- ☐ Weight loss, spoiled food, skipped meals
- ☐ Unpaid bills, scams or unusual purchases
- ☐ Getting lost in familiar places, or leaving the stove on
- ☐ Withdrawing from friends and activities
- ☐ Declining hygiene or a home that is no longer kept up
- ☐ Care needs beyond what family can safely do, such as lifting or incontinence care
- ☐ Night-time wandering, exit-seeking or agitation
- ☐ The caregiver's own health, sleep or mood is suffering

> **Tip:** Watch for a pattern across several areas rather than one bad day. Write down what you notice, with dates, to share with the doctor and family.

CHAPTER 2

Starting the conversation

Many older adults fear losing independence more than they fear the risks of staying home. The aim of the first conversation is not to win; it is to open a discussion you will return to.

- **Start early and in private,** before a crisis, at a calm time of day.
- **Lead with what they value** — safety, company, good meals, no more home repairs — rather than what they can no longer do.
- **Ask, then listen.** “What worries you most about the house these days?” often opens more than a list of concerns.
- **Involve them in every choice:** which communities to see, which suite, what to bring.
- **Bring in a trusted voice** such as their doctor, a faith leader or a geriatric care manager.
- **Visit together for a meal or an activity,** not just a sales tour.

> **If they refuse:** Respect their right to decide while they are able, and keep the door open. Respite stays let a loved one try community life for a few weeks without committing.

CHAPTER 3

Your options in California

Names vary between states, so it helps to know the California terms and who licenses each type of care.

Setting	What it provides	Licensed by
Assisted living (RCFE)	Non-medical care around the clock: meals, help with daily activities and medications, activities. Velora is planned as an RCFE.	CDSS Community Care Licensing
Board and care	An informal name for a small RCFE, often six beds in a house.	CDSS Community Care Licensing
Memory care	Not a separate license: an RCFE that advertises dementia care must meet extra rules for training, programs and safety.	CDSS Community Care Licensing
Skilled nursing facility	24-hour medical and nursing care.	CDPH
Home care	Non-medical aides in your own home. Agencies are licensed and aides are background-checked and registered.	CDSS Home Care Services
Home health and hospice	Medical care at home; hospice focuses on comfort at the end of life.	CDPH

RCFE stands for Residential Care Facility for the Elderly. An RCFE that keeps residents on hospice needs a hospice waiver from CDSS, so if hospice matters to you, ask whether the community holds one.

CHAPTER 4

Checking a community's record

Every licensed community in California has a public record you can read in a few minutes.

- Open the **CDSS care facility search** (ccld.dss.ca.gov/carefacilitysearch) and search by name, city or license number.
- Confirm the license is active and the capacity fits. The license must also be posted inside the community.
- Read the reports from recent visits, complaint investigations and citations; the tool shows about five years.
- Pay close attention to **Type A citations**, which CDSS uses for deficiencies that posed an immediate risk to residents' health, safety or personal rights. Ask the community what happened and what changed.
- For the complete public file, contact the CDSS regional office, or call Community Care Licensing at (844) 538-8766.

> **Remember:** A brand-new community will have a short record. Ask how its leaders ran other communities, and read the program descriptions it is required to provide.

CHAPTER 5

The tour checklist

Visit at least twice, once at a mealtime and once in the late afternoon. Bring this list.

First impressions

- ☐ Clean, bright and free of odors
- ☐ Residents dressed, engaged and treated with respect
- ☐ Staff greet residents by name
- ☐ Outdoor space residents can use safely

Care and staffing

- ☐ Staff numbers on day, evening and night shifts
- ☐ Who is in charge when the administrator is away
- ☐ Training beyond the state minimum, especially dementia care
- ☐ How medications are stored, given and recorded

Daily life

- ☐ A posted activity calendar, with options for different abilities
- ☐ This week's menu and how special diets are handled
- ☐ Transportation to appointments and outings
- ☐ Visiting hours and how families stay informed

Memory care (if needed)

- ☐ The written dementia program description
- ☐ How doors, alarms and outdoor areas keep residents safe
- ☐ Activities adapted for memory loss
- ☐ How the team handles agitation without restraint

The paperwork

- ☐ A blank copy of the admission agreement
- ☐ The fee schedule and level-of-care pricing
- ☐ History of rate increases
- ☐ Notice and refund policies

CHAPTER 6

Questions to ask

California sets no daytime staff-to-resident ratio for assisted living, so ask for real numbers by shift. These questions also have regulatory answers you can compare:

- **Night staffing.** A community of 16 to 100 residents must have at least one awake staff member and another on call who can arrive within 10 minutes. Ask how many are actually awake at night.
- **Training.** Direct care staff need 40 hours before and soon after starting (12 on dementia care) and 20 hours a year. What does the community add?
- **Medications.** Staff who assist with medications in larger communities need 24 hours of training and a passed exam, plus 8 hours a year. Who assists at night?
- **Activities.** Communities of 50 or more residents must have a full-time activity lead and a written program. May I see this month's calendar?
- **Changing needs.** What care can you provide as needs grow? When would a resident have to move?
- **Hospice.** Do you hold a hospice waiver, and which hospice agencies do you work with?
- **Costs.** What exactly is included? How is the care level set, and how often is it reviewed?

CHAPTER 7

Paperwork and your rights

Before admission

- **Medical assessment (form LIC 602A):** completed by a physician, nurse practitioner or physician assistant within the year before admission. Communities may ask for a more recent one.
- **Appraisal and Needs and Services Plan (LIC 625):** the community's assessment of what support your loved one needs, used to build the care plan.
- **Admission agreement:** the contract. Anyone can ask for a blank copy before deciding.

What California law guarantees

- The agreement must spell out services, fees, refund rules, visiting policy and the grounds for eviction, and attach the residents' rights. Damage deposits and liability waivers are not allowed.
- **Rate increases need at least 90 days' written notice** giving the amount and the reason (changes in level of care are handled separately).
- **Eviction** requires 30 days' written notice and one of the reasons allowed by law, such as non-payment or needs the community can no longer meet. Shorter notice needs CDSS's prior approval.
- Prepaid monthly fees are refunded on a prorated basis when a resident moves out.
- The Residents' Bill of Rights protects dignity and privacy, the right to choose one's own doctor, pharmacy and hospice, to have private visitors, to manage one's own money and to refuse care, and freedom from abuse and retaliation.

> **Questions about rights?** The Long-Term Care Ombudsman helps residents and families for free: Merced County (209) 385-7402, or the statewide 24/7 line (800) 231-4024.

CHAPTER 8

Legal documents to prepare

Put these in place while your loved one can still make and sign decisions. An elder-law attorney can help.

Document	What it does	Good to know
Advance health care directive	Names a health care agent and records treatment wishes.	California provides a statutory form; give copies to the agent, doctors and family.
Durable power of attorney for finances	Lets a trusted person handle money and property.	The statutory form must be notarized.
POLST	A medical order for life-sustaining treatment, signed with a physician, NP or PA.	Use the official California form from capolst.org.

CHAPTER 9

Moving day and the first month

- Bring familiar furniture, photos and bedding so the new suite feels like home from the first night.
- Label clothing and make a simple list of routines, favorite foods and what comforts your loved one.
- Expect ups and downs in the first weeks; adjustment often takes about a month.
- Visit regularly but not constantly at first, and get to know the staff on each shift.
- Ask for an early care-plan review after the first few weeks.

Read more: *What to Expect During Your Loved One's First Month in Assisted Living* at veloraseniorliving.com/what-to-expect-first-month-assisted-living.

CHAPTER 10

Where to get free help

These agencies help Merced County and California families at no cost.

Who	Phone	Online
Merced County Area Agency on Aging	(209) 385-7550	countyofmerced.com/1475/Area-Agency-on-Aging
HICAP — Medicare Counseling	(800) 434-0222	countyofmerced.com/1485/Health-Insurance-Counseling-Advocacy-Pro
Merced County Long-Term Care Ombudsman	(209) 385-7402	countyofmerced.com/1493/Ombudsman
Statewide Ombudsman Hotline (24/7)	(800) 231-4024	aging.ca.gov/Programs_and_Services/Long-Term_Care_Ombudsman
Merced County Veterans Service Office	(209) 385-7588	countyofmerced.com/2242/Merced-County-Veterans-Service-Office
Valley Caregiver Resource Center	(800) 541-8614	valleycrc.org
Alzheimer's Association 24/7 Helpline	(800) 272-3900	alz.org/norcal
CDSS Community Care Licensing	(844) 538-8766	ccld.dss.ca.gov/carefacilitysearch
California Department of Aging	(800) 510-2020	aging.ca.gov

Sources

1. Family Caregiver Alliance, Residential Care Options — caregiver.org/resource/residential-care-options-right-time
2. CDSS, Residential Care Facilities for the Elderly consumer guide and facility search — cdss.ca.gov; ccld.dss.ca.gov/carefacilitysearch
3. 22 CCR §§87415, 87457, 87458, 87507, 87219, 87224, 87632 (Title 22 regulations)
4. California Health & Safety Code §§1569.261–.269, 1569.625–.626, 1569.655 (as amended by SB 1406, 2024), 1569.682, 1569.69
5. Office of the Attorney General, Advance Health Care Directives; Probate Code §§4401–4402; capolst.org