



ELDERCARE RESOURCE SERVICES



INFO@ELDERCARERESOURCESERVICES.COM
WWW.ELDERCARERESOURCESERVICES.COM
"HELPING YOU HELP YOUR LOVED ONES"

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A FREE PUBLICATION ON ELDER ISSUES

NURSING HOMES

There are many changes occurring in Nursing Homes. There is new legislative law that Nursing Homes must provide cultural diversity. What this means is Nursing Homes must now try to adapt the residents' schedule to the Nursing Home—not the Nursing trying to adapt the resident to the facility. Nursing Homes must try to accommodate a resident's interests through the activity program. If someone likes to sleep later in the morning then the resident should be allowed to sleep late and have a late breakfast; though it may be a cold breakfast not a hot breakfast. The Nursing Home needs to individualize the

resident's needs not make the resident adapt to an institution. Slowly, Nursing Homes are changing their model, but it takes time and change is not always easy. Food is another place where Nursing Homes are changing. Some are adapting with more choices for the residents, different foods to satisfy the needs of the population, and individualizing meals. Nursing Homes are changing and change is good. If you have a relative entering a Nursing Home, inform the staff of your relative's schedule and ask how the facility will be able to accommodate your relative's personal needs and interests.

SENIOR SAVVY

Watch for our NEW monthly column in the MetroWest Daily News called "Senior Savvy". ElderCare Resource Services will be writing responses to **your questions** about seniors. This is a column available to anyone who is having a problem or concern about their aging relative. Our column will appear once a month on Tuesday. Look for our column. We will be able to provide education and help families find resources for their relative.

Our e-mail is:
Seniorsavvy
@eldercareservices.com



ABOUT US

ElderCare Resource Services is a geriatric care management company co-owned by Linda Sullivan RN, and Debbie Gitner LCSW. Our unique Nurse/Social Worker team are able to provide both psychosocial and medical consultation to our clients. Linda and Debbie work together on each case; Linda is able to answer and explain the medical aspects and Debbie can assist with services. Clients can call either one of us as we always work as a team. We are strong advocates for our clients giving them information to make them better consumers; getting their relative the best care possible. Together we are able to assist our clients and their families with information on Home Care, Assisted Living, and or Nursing Homes. Linda and Debbie each have over 30 years working with the geriatric population. Now is the time to plan for the future. Call us today if you have a question about our services. We'll be happy to chat.

VETERAN'S ADMINISTRATION BENEFITS

Many people may be eligible for a Veteran's Pension and not even know it. If your relative was a veteran and served at least 90 days in the U.S. Military, one of which was during a period of war and was discharged "other than dis-

honorably discharged", then a VA pension may add to your relative's income. The veteran must have a medical diagnosis stating assistance is necessary and that the senior can no longer work or drive. The surviving spouse may also be

eligible if he/she also needs assistance and does not drive. The surviving spouse must have been married to the veteran at the time of his/her death. Contact the VA to find out if your relative is eligible for a pension.

Member of:
 **The National Association of Professional Geriatric Care Managers**

"Helping you help your loved ones"

info@eldercareresourceservices.com

*Linda Cell: 508-958-8967
Debbie Cell: 508-733-3964*

*Phone: 508-879-7008
Toll Free: 866-280-2308
Fax: 508-460-3869*

*ElderCare Resource Services
29 Gano Road
Marlboro, MA 01752*

FREQUENTLY ASKED QUESTIONS

Q: My mother has a terminal disease, when will the doctor talk to the family about Hospice?

A: Sometimes a physician finds it difficult to talk with a family about Hospice. Remember, doctor's are trained to save lives and talking about death is difficult even for trained physicians. If you are thinking about Hospice then you should initiate the discussion with the physician. We have found the earlier Hospice becomes involved the greater the benefit to the family. When there is not a crisis everyone can have time to prepare, discuss, and take action. When Hospice becomes involved nearer the end it is more stressful for the family.

Q: My father is caring for my mother but he is losing weight, eating less, and not going out as he once did. I don't know what to do?

A: There are many reasons why your father may have changed his lifestyle; from a medical need to depression. It is important to contact your father's physician for a complete medical work up. If there is no reason for the weight loss then consider depression. Depression is highest in the elderly. They have lifestyle changes to cope with many of which are out of their control. Also, if possible consider hiring some help for your mother so your father can have time to go out, or time in the house that he is not solely responsible, and time for him.

Q: My caretaker has been rude to me and lately I've become scared when she is in the house. I'm scared if I tell someone the caretaker will retaliate. What should I do?

A: Talk with a relative or close friend or attorney or ElderCare Resource Services about this situation. If the caretaker was hired privately and you feel that you have spoken with the caretaker before then ask someone to take over. Remove yourself from the situation allowing the person to talk with the caretaker. If that does not help then arrange for caretakers before the previous ones are laid off. If keys were given to the caretaker—change the locks, and ask the police to monitor the home for a few weeks because you are worried about possible retaliation from a caretaker. If the caretakers are through an agency then speak with the agency about the person in the home. They want to know and need to know. Replacements can come from the agency. You can always contact the state's Elder Abuse through the state. There is no reason anyone should be scared in their own home. Change needs to happen.