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ELDERCARE RESOURCE SERVICES



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

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A FREE PUBLICATION ON ELDER ISSUES
TEL: 508-879-7008

FATHER'S DAY GIFTS

Father's Day is approaching and the question is: what should we get dad? Dad has everything; or now that he is homebound or has memory loss what could he use?

Here are just a few suggestions for someone with memory loss. The Alzheimer's Association has some suggestions and another site to compare is: <http://www.jaxgames.com/>. Some games for younger children are also good for Seniors with memory loss.

When playing a game you are spending time with your parent and interacting together. That will leave a happy memory.

For someone who is homebound purchase nice

note cards and stamps and encourage your relative to send notes to family members. This connects them with family. They can send cards to grandchildren. The Seniors today will send notes.

A picture frame or collage or photo album of family pictures. If there is memory loss write the names of the family members on the picture.

Music is soothing and can change a mood from negative to positive and can also start a dialogue. Purchase an I-pod and head phones and add music that is a favorite for your relative. Add songs that are their favorite not in the genre they prefer. Some music brings back

happy memories and some songs can cause someone to cry. Musicandmemory.org is a place to read more about the benefits of music.

Bring an audio recorder or a way to video and ask your relative about their past, their childhood, their parents, days in the armed services, etc. . Many times memories from way back are still there. Ask about family members, their childhood, their experiences in life etc. If the session goes well then record another session.

This is a one of a kind memory that can be played over and over.

ABOUT US

ElderCare Resource Services is a certified aging care management company co-owned by Linda Sullivan RN, CMC, and Debbie Gitter LCSW, C-SWCM. Our unique Nurse/Social Worker team is able to provide both psychosocial and medical consultation to our clients. Linda and Debbie work together on each case. Families can consult with either of us. We are strong advocates for our clients giving them information to make them better consumers; getting their relative the best care. Together we are able to assist our clients and their families with information on Community Services, Home Care, Assisted Living, and Nursing Homes. Linda and Debbie have over 35 years working with the geriatric population. Now is the time to plan for the future. Call us if you have a question about our services. We'll be happy to chat. Look for our monthly column in the Metro West News '[Senior Questions and Answers](#)'

UPDATE ON EXPANED ESTATE RECOVERY

Governor Baker in his Fiscal Year 2017 budget included an expansion of Mass Health's right to recover decedents' estates to include probate and non-probate property. This change would effect existing estate plans for many Seniors. As a result of calls to the state legislators, the budget recommendations

released by The House of Representatives did not include this provision.

In the middle of May the Senate will release its budget recommendations. Watch for their report and continue to contact your State Senator's to oppose this provision if it comes up in the state budget.

Also, contact your representative to thank them for listening to you and not including this in their proposed 2017 budget.

We would like to thank everyone who called their legislators.

Stay tuned for more information.



Certified Members:

Aging Life Care Association

ELDER PROTECTIVE SERVICES

In Massachusetts there is an agency called Elder Protective Services. Doctor's, Nurse's, Social Workers, Police, Fire and EMT's are mandated reporters if they see elder abuse or if they think abuse is taking place. Elder Protective Services will then investigate the cases.

Elder abuse can be financial, verbal, or physical. Financial exploitation can include financial scams. Another situation that is a reportable situation is if a senior at home leaves their home and becomes lost and has a dementia diagnosis or memory loss. For example, a senior during the winter walks out of their home looking for their 'home' without a winter coat and is just walking along on the sidewalk, is considered an elder at risk.

All reports are confidential and the investigator is mandated by law

not to release the name of the person who put in the report. If someone comes into the ER disshelved and unkempt the ER staff may put in a report to Elder Protective Services to investigate when the Senior returns home. This is considered self neglect which is defined as having unmet needs for clothing, food, safe and secure shelter, personal care, supervision and medical needs that result in immediate risk of serious harm with the Senior not being able to manage in the community.

If someone should no longer remain at home the state will work with the family to bring in services at home, or they have the right to move someone out of their home. The state does not want to move anyone out of their home and they try other solutions first. Anyone 60 or older is considered an 'elder' by Elder Protective Services definition.

The hotline telephone number is: 800-922-2275. This is a confidential line

and can be called at any hour of the day or night. After a verbal report is submitted a written report needs to be completed within 48 hours. During the investigation the Senior needs to speak with the elder protective services worker. He/she needs to talk about what is going on in the home or what occurred. It is the only way changes can be made. The investigation is comprehensive and at the end of the investigation the state will send the person who put in the report their conclusions. It is very common for the case to stay open a few months with follow up from the state.

Linda and Debbie are teaching "The ABC's of Elder Care" at Keefe Tech on May 19th at 6:30 PM—8:30 PM. Not to late to register—call Keefe at 508-935-0202.

FREQUENTLY ASKED QUESTIONS

Q: My husband went to the hospital for shortness of breath. While there his heart stopped and he was put on a vent. He is also a diabetic and has dialysis three times per week. My husband always told me he wanted to be resuscitated and to try. While at the hospital I felt pressure from the doctor's and the nurse's to change my husband to a do not resuscitate. My husband came off the vent and was more confused initially. The first few days he was most confused but able to answer questions and recognized me. The doctor told me that this is the best it's going to be while my husband when he was just 1 1/2 days off the vent. I feel the doctor's were making generalizations and statements about my husband's life without giving him a chance. My question is: as his

health care agent should I follow my husband's wishes or follow the doctor's comments and recommendations and make him a DNR?

A: Your husband chose you as his health care agent to make the tough decisions. Your role as health care agent is to follow your husband's wishes. As Health Care Agent you should be informing the medical staff about your husband's wishes—you are his voice when he cannot speak. It is also your role to make decisions after hearing from the physicians. You do not have to change your husband's code status from full code to DNR. You need to follow your husband's wishes. The Honoring Choices web site has some good reading material for you and your husband and if you google "5 Wishes" you

can read even more. This would be a good dialogue with your husband now that the crisis is over. It is not easy making tough decisions but your role is to follow your husband's wishes if he cannot speak. You did what he would have wanted and did the right thing.

Q: My wife moved into an Assisted Living and what I was promised never occurred. I feel the marketing person spoke on behalf of the facility but she did not know what they can and cannot do. Do I have a legal case against the facility and can I get my money back?

A: Contact the Ombudsman Office in Boston at (617) 727-7750 to voice your complaints. They may be able to advise and assist you. The Ombudsman office has a wealth of information.